

# RISING!

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## Recovery Community Support Services: A Key Component of Recovery-Oriented Care

by Tom Hill

Getting along without substances is hard enough, but only one of many challenges facing people in early recovery. Support from others in recovery is often needed, for example, to help find a drug-free place to live, land a job, reconnect with family members, find low-cost dental care or get citizenship restored.

Treatment providers and mutual support recovery programs, notably 12-step groups, both provide important help. But neither can address all the educational, informational and social needs of early recovery.

### New Supports for Recovery

A new avenue to help has emerged via the Recovery Community Services Program (RCSP). This program, funded by the federal Center for Substance Abuse Treatment (CSAT), began in 1998 and has supported 43 projects. Initially, RCSP was intended to organize the recovery community to provide public education and affect systems and policy change. In 2002, RCSP changed its focus and began enabling peers in stable recovery to help others avoid relapse and move into long-term recovery. The emerging services include recovery centers, peer coaching and mentoring and a variety of educational and skill-training services. RCSP currently includes 28 community-and faith-based organizations.

RCSP projects reflect diversity in culture, ethnicity, gender, race, sexual orientation, religion and co-occurring conditions such as physical and mental disabilities, HIV/AIDS, Hepatitis C and/or homelessness. Some focus on issues such as child welfare, trauma or ex-offender status. All projects value, respect and affirm each person's paths to recovery, including mutual support, treatment, medically-assisted, faith-based and/or independent routes.

### Peer Services

RCSP *recovery centers* house recovery activities and services and create a public space where people can hang out and socialize. Peer-directed activities include support groups, educational workshops and learning circles in which people can learn

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**The Power of Our Stories: Speaking Out for Addiction Recovery is a new training video from**



*Faces & Voices. Thanks to recovery advocates Dona Dmitrovic of the Johnson Institute; Chris Kelly of Advocates for Recovery through Medicine; and James McClain of Oxford House —who practice telling their stories with trainer Julia Ritchie — and to the other prominent individuals from the recovery community including Ron Williams of the Recovery Association Project; the Rev. Marcus Harvey of STRENGTH, Inc., Representative Jim Ramstad (R-MN), co-founder of the Congressional Caucus on Addiction, Treatment and Recovery; and historian Bill White. Visit [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org) to view or order the video!*

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*Faces & Voices of Recovery*  
[www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)



## NEWS FROM FACES & VOICES

*Rising! Recovery in Action* is a quarterly publication of Faces & Voices of Recovery. "Letters to the Editor" and your thoughts and ideas can be sent to [info@facesandvoicesofrecovery.org](mailto:info@facesandvoicesofrecovery.org). We welcome your feedback!

We are grateful to the Robert Wood Johnson Foundation and people in the recovery community for their support of this resource for people in recovery from addiction to alcohol and other drugs, their family members, friends and allies who are mobilizing to make recovery a reality for millions more Americans.

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### *To Recovery Advocates Everywhere:*

*In January, Faces & Voices initiated an action alert after learning that no new funding was planned for the Recovery Community Services Program (RCSP). This critical program is dedicated to organizations that assist people no longer using alcohol or drugs. A cut would have meant that \$2.5 million would not be available to support a new round of grantees pioneering this vital and effective approach.*

*The cuts were restored, in large part because of the outpouring of your letters and emails and because:*

- *the response to our alert was quick and significant and*
- *we were fortunate that the recipients of the responses — Substance Abuse and Mental Health Services Administration Administrator Charles Curie and Center for Substance Abuse Treatment Director Dr. Westley Clark — have been outspoken supporters of the services recovery community organizations are providing.*

*We thank them for their positive action and we thank you for your advocacy. Bill White's column on page 6 helps us to better understand peer-to-peer activity in recovery-oriented care systems.*

### **Advocacy with Anonymity**

*Bill, a recognized and long-time advocate for those in recovery, encourages us to stand up and speak out. The principle of anonymity — an important part of many 12-step programs — is a sometimes appropriate but also unfortunate barrier to speaking out. John T. O'Neill wrote in an editorial in Findings, a publication of the Betty Ford Center, that anonymity "is a useful reminder of the humility that lies at the heart of recovery. . .yet it was never meant to prevent recovering people from publicly sharing their miracle of recovery as long as they do not acknowledge their membership in AA or claim to speak on behalf of AA. This means that recovered persons should feel free to speak out on behalf of progress to defeat addictive disease."*

*In Faces & Voices of Recovery's new video, The Power of Our Stories, people show the face and voice of recovery through their stories. The power is in the stories of success.*

*O'Neill highlighted the Betty Ford Center program You Don't Have to Be a Star to Shed New Light. Some say that Susan Rook, former Faces & Voices staff member, was the first to assert, "By our silence we let others define us." The message is loud and clear for recovering people, their family members, friends and allies. We need to develop a strong recovery advocacy movement in every community.*

*For those still addicted to alcohol and other drugs, recovery communities need to intensify the search for ways to provide chances, choices and reason for change. ●*

*Merlyn Karst, enjoying long-term recovery, is chair of the Faces & Voices board of directors and a founding member of Advocates For Recovery-Colorado and active with the Betty Ford Center Children's Program-Colorado.*

## Support Services ● continued from page 1

to manage basic finances, prepare nutritious meals or communicate more effectively. Recovery centers can be powerful statements to the community, helping defy and overcome stigma.

*One-on-one coaching or mentoring* is a popular service, with the roles of recovery coaches or mentors differing from project to project. Coaches and mentors primarily aim to help their peers establish recovery goals and access resources that will help get life on track.

*Basic skills workshops, learning circles or educational activities* constitute the third type of service, and range from discussions of peer groups' problems to specific services like training in job readiness skills.

### Peers Become Peer Leaders

The RCSP projects offer opportunities for people who want to serve beyond their mutual support program or to give back in new ways. Every person who receives peer services is looked upon as a potential peer leader. And, what distinguishes peer services from professional services, is that the person being helped also helps the helper. Most peer service programs incorporate the same mutual healing axioms as 12-step programs: 1) those who help others get helped in return and 2) you keep it by giving it away.

Peer services function as a conduit to and from treatment and stress the importance of mutual support groups. However, the work done by peer leaders in RCSP projects is clearly distinct from the professional work done in treatment settings and the close sponsorship and guidance work done in mutual support groups. Because peer support programs establish new kinds of relationships between people at different stages of recovery, peer programs have had to create appropriate roles and peer-based ethical codes. Peer leaders need to be well grounded in the nuances of ethical behavior, and, as in any service organization, close supervision is a must.

### Definitely Recovery-Oriented

Recent national efforts have aimed at developing recovery-oriented systems of care. Recovery support services are already here. It should not seem all that radical to design systems that support recovery as the final outcome, with peer services as a strong and stable component.

In their brief tenure, RCSP grantees have had an impact both in the recovery community and on addiction treatment. The grantees have demonstrated the power of recovery and shown that the recovery community, with help and resources, is capable of giving back far more than anyone dreamed possible. Recovery peer service pioneers are building an airplane that is already airborne, with significant and highly creative results. ●

*Tom Hill, a fellow in the Robert Wood Johnson Foundation's Developing Leadership in Substance Abuse program, launched Common Strength, an organizing project. He works with RCSPs at Health Systems Research in Washington, DC.*



Photo courtesy of Connecticut Community for Addiction Recovery (CCAR)

*Connecticut Community for Addiction Recovery (CCAR) opened the state's first Recovery Community Center in February 2004 — the Windham Recovery Community Center.*

*'Every person who receives peer services is looked upon as a potential peer leader.'*

## QUESTIONS FOR JOE POWELL & XOSHI GUERRA

**Q. You are leaders of the Association of Persons Affected by Addiction (APAA) in Dallas, a Recovery Community Services Program (RCSP) grantee. What services do you provide?**

**A.** We give information, emotional and instrumental support and companionship for recovery. Instrumental support includes classes in healthy living, job readiness, Recovery 101, Dual Recovery Anonymous, recovery safe haven, re-entry support groups and Hero's Journey, in which members come together and share their success stories. Everyone who walks through the door becomes a member. We have about 800 members. Signature Volunteers help with the enrollment process, and speak with members; they get training in leadership, communication and quality customer service and are stewards of the recovery community and APAA advocates.

**Q. How has APAA partnered with other agencies to provide these supports?**

**A.** We had to educate the community, including treatment centers, and find those that would support recovery. We're in five courts. Other partners are faith-based organizations, community centers and city agencies.

**Q. Dallas received 24,000 people who were evacuated because of Katrina. How have you worked with Katrina survivors?**

**A.** We were first responders. We had to go to the Red Cross to get into the Convention Center to provide support groups for people in recovery, seeking recovery and those who came out of treatment and were struggling with detox. We're surveying all the survivors from New Orleans for emotional and substance use problems.

**Q. How are these folks doing?**

**A.** I think they are still lost. They are stuck in their own problems and emotional issues. Right now we have to go through the crisis stage, taking care of their basic needs — food, furniture, all that. There's a whole lot more for APAA to do.

**Q. Why do you think it is important for individuals and organizations that are providing recovery support services to also be advocates?**

**A.** It gives a lot of folks hope when you know that somebody is fighting for you. That's what Faces & Voices does, and that's what APAA does too. Our own recovery is a platform we have now. Recently, at the Martin Luther King Parade, they gave me the "Let Freedom Ring" bell to ring. We've got to let freedom ring loud to celebrate the freedom in recovery to do all the things that we do today. ●

*Joe Powell is the executive director and Xoshi Guerra is the operations director of APAA in Dallas. Joe serves as the Gulf Coast regional representative to the Faces & Voices board of directors.*



*Photo courtesy of Association of Persons Affected by Addiction*

*The APAA Team from left to right: Chester McGee, Robert Koonce, James Wright, Xochi Guerra, Joe Powell, Pat Fioretti, and Mary Spears.*

*'It gives a lot of folks hope when you know that somebody is fighting for you.'*

# A New Texas Alliance, Ready or Not

by Ben Bass

In October 2004 the El Paso Alliance, an organization of people in recovery from addiction, picked up a simple set of tools and began providing peer-to-peer recovery support services. These services complement professional assistance and traditional peer supports found in mutual support fellowships.

The Alliance's Casa Vida de Salud, a sober housing project, effectively bridges medical detox and the recovery community. The project immerses people with co-occurring disorders and criminal justice-involved people in the culture of recovery. The vital peer nature of the organization and the services we provide must be preserved. So, ready or not, we, along with Association of Persons Affected by Addiction in Dallas (see *Questions for...*, page 4) are forming an association of similar peer organizations called Texas Recovers! to ensure the continuity of this peer-ness. ●

*Ben Bass is the director of the El Paso Alliance.*  
[www.recoveryalliance.net](http://www.recoveryalliance.net)



*Photo courtesy of El Paso Alliance*

*Casa Vida de Salud residents Lola Jauregui and Chava Villegas.*

# Story: Foundation for Recovery

by Kathy Brazell

At the Recovery Association Project (RAP) in the Northwest, all activities are based on Story.

The thrust of RAP's story: people must become leaders of the organization and develop significant relationships to design and provide recovery support services appropriate to their own communities. Personal empowerment involves and retains people because they have ownership. Personal stories are the foundation for all services and activities. Leaders discover interests of members to address current recovery issues and new service needs. As a result, RAP members either design services to fill the gap or go into action to educate the public and advocate for those things the recovery community cannot effectively provide. Services at the two RAP centers include classes, resources, mentorship and social activities. These all are combined with leadership training and activism. RAP builds services on existing strengths and mobilizes the broader community through public education and activism. ●

*Kathy Brazell is executive director of the Recovery Association Project in Portland, Oregon.* [www.rap-nw.org](http://www.rap-nw.org)



*Photo courtesy of Recovery Association Project*

*RAP leaders, Portland Mayor Tom Potter (in t-shirt) and Oregon Governor Ted Kulongoski (far right) meet at RAP's annual Recovery Month event, Hands Across the Bridge.*



## THE VOICE OF HISTORY

*'The recovery coach. . . is guided by a philosophy that recognizes the legitimacy of multiple pathways of recovery.'*

### QUICK STUDY

*Recommendation 3-1. Health plans and direct payers of substance use disorder treatment services should:*

- *Pay for peer support and illness self-management programs that meet evidence-based standards.*
- *Provide consumers with comparative information on the quality of care provided by practitioners and organizations and use this information themselves when making their purchasing decisions.*
- *Remove barriers to and restrictions on effective and appropriate treatment that may be created by co-payments, service exclusions, benefit limits, and other coverage policies.*

*"Improving the Quality of Health Care for Mental Health and Substance-Use Conditions," Institute of Medicine of the National Academies, 2005.*

## New Recovery Supports Create Opportunities

Historically, there are five types of sponsorship and peer-based recovery support services. While such roles date from the 18th and 19th centuries, they have expanded dramatically in recent years. Services now include:

- **mutual support** within addiction recovery mutual aid societies such as through sponsorship rituals in AA
- people in recovery working in **nonclinical roles** like outreach workers, detox techs, house managers and case managers to provide pretreatment and in-treatment recovery support
- people in recovery working as addiction counselors or as physicians, nurses psychologists or social workers or other **clinical roles** in primary addiction treatment
- people in recovery providing person/family-focused **recovery support services** after primary treatment
- people in recovery working as **systems change agents** such as community organizers, educators and policy advocates

The proliferation of paid recovery support specialists such as recovery coaches and personal recovery assistants is a point of some controversy within communities of recovery.

### If there are sponsors, why is there a need for a recovery coach?

In spite of key similarities between these roles (for example, their recovery focus and service relationships are grounded in moral equality and emotional authenticity), there are marked differences. While the sponsor works *within* a particular framework of recovery (e.g., a 12-step program), the recovery coach is trained to work *across* the span of religious, spiritual and secular frameworks of recovery.

While the sponsor is free and even expected to impose his or her view of recovery on the sponsee, the recovery coach refrains from imposing such biases and is guided instead by a philosophy that recognizes the legitimacy of multiple pathways of recovery. Where the sponsorship relationship is based on reciprocity (the sponsor is there first and foremost to strengthen his or her own sobriety), the recovery coach relationship is based on a fiduciary relationship in which the recovery coach has a legal and ethical obligation to those receiving recovery coaching services. Compared to the sponsor role, most recovery coaches have more hours available per week to devote to recovery support services, work with a larger number of people at a time, perform duties that far transcend traditional sponsorship roles, are involved in activities such as advocacy that would be specifically precluded as a sponsor and are guided by organizational codes of ethics and professional supervision.

*continued on page 7*

## Couldn't the existence of paid recovery coaches potentially undermine the service ethic within local recovery support groups?

The answer here is, "Absolutely!" Peer-based recovery support services must be an adjunct to the recovery supports provided by recovery mutual aid societies, not a replacement of those supports. ●

*Bill White is the author of Slaying the Dragon: The History of Addiction Treatment and Recovery in America. His advocacy articles can be found at [http://www.facesandvoicesofrecovery.org/resources/publications\\_white.php](http://www.facesandvoicesofrecovery.org/resources/publications_white.php).*



*Photo courtesy of Connecticut Community for Addiction Recovery (CCAR)*

*Supporters of recovery gather to celebrate the Grand Opening of the Connecticut Community for Addiction Recovery's (CCAR) New London Recovery Community Center September 23, 2005.*

## In Memoriam

We remember and celebrate the life of Joel Hernandez, who passed away from cancer in February. Joel was profiled in our last issue of *Rising!* He will be missed and remembered for his humility, courage and strength. Our deepest sympathy to his family and gratitude to him for his service.

## A LPHABET SOUP

**RCSP**

### **Recovery Community Services Program** <http://rcsp.samsha.gov>

*The Recovery Community Services Program (RCSP) is a grant program of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. Grants fund peer-to-peer recovery support services to help people seek and/or sustain recovery from addiction to alcohol or other drugs.*

*When it started in 1998, RCSP funded mobilizing and organizing in the recovery community. Today 30 grantees, most of them recovery community organizations, provide peer services. Grantees allow peers to meet the needs identified by people seeking and sustaining recovery. Services include mentoring and coaching; creating and leading recovery learning circles and other supports at recovery centers and jails; linking individuals with housing, jobs and education, and hosting social activities.*

## Building Peer-Driven, Peer-Led Recovery Support Services

[www.rcsp.samhsa.gov/beginnings/highlights.htm](http://www.rcsp.samhsa.gov/beginnings/highlights.htm)

*This virtual toolbox is actually a meeting report that can help guide you through the process of defining, shaping and implementing peer recovery support services.*

*The report contains important information and a framework for thinking about peer recovery support services. It summarizes a July 2002 meeting held by the federal government after refocusing the RCSP program on support services delivery. Grantees met to discuss key issues that they faced as recovery community organizations thrust into the role of service providers.*



Photo courtesy of Recovery Association Project

*Tools in this virtual box include:*

- *remarks of recovery community historian Bill White, addressing the key questions that groups need to weigh*
- *summaries of institutes on Using Focus Groups to Design Peer Recovery Support Services; Building the Power of Community Through Story and Relationships; and Stigma in Our Work, In Our Lives*
- *handouts on topics like Avoiding Stigmatizing Communication, Peer-Driven Services as Part of a Recovery Management Model, and Exercises to Help You Begin Using Participatory Processes in Your Group* ●

In 2005, nearly 1500 recovering people and their supporters joined hands bridging Oregon and Washington.



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