

CCAR

Connecticut Community for Addiction Recovery

Optional Survey: every question (Including your name) in this survey is confidential and optional. If you feel uncomfortable with responding to any question, just skip it and go on to the next question. CCAR will use the information gathered from this survey to help formulate future policy and advocacy agendas.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Ethnicity: _____

Concerning CCAR, check ALL that apply. I have...

- | | |
|--|---|
| <input type="checkbox"/> Attended a CCAR General Membership Meeting | <input type="checkbox"/> Attended Area Chapter membership meeting |
| <input type="checkbox"/> Attended Recovery Walks! 2000 | <input type="checkbox"/> Attended a CCAR Legislative Day |
| <input type="checkbox"/> Attended a CCAR training event | <input type="checkbox"/> Heard a CCAR member speak live |
| <input type="checkbox"/> Seen the CCAR documentary "Putting a Face on Recovery" | |
| <input type="checkbox"/> Seen the CCAR documentary "Putting a Face on Recovery" on a cable access television station | |
| <input type="checkbox"/> Seen the CCAR CD-Rom "Putting a Face on Recovery" | |
| <input type="checkbox"/> Seen a CCAR member on any television show | <input type="checkbox"/> Read a newspaper article about CCAR |
| <input type="checkbox"/> Have heard a CCAR member on the radio | <input type="checkbox"/> Read a copy of the CCAR Recovery Herald |
| <input type="checkbox"/> Visited the CCAR website www.ccar-recovery.org | <input type="checkbox"/> Seen a CCAR Recovery poster |
| <input type="checkbox"/> Seen a Recovery Walks! T-Shirt (prior to today) | <input type="checkbox"/> Seen a Recovery Walks! promotional flyer |
| <input type="checkbox"/> Heard about CCAR from someone else | <input type="checkbox"/> Seen a CCAR button |

Please tell us how you found out about this walk and why you came.

Please, in a sentence or two, describe CCAR and what you think CCAR does and/or provides:

Issues of importance to me (please rank numerically with 1 the highest priority)

- ___ More access to and availability of treatment
- ___ Provide treatment for addicted persons rather than send them to prison
- ___ Provision of community recovery support services – transportation, housing, mentoring, child care, education, job training, etc.
- ___ Parity/Insurance payment to cover persons in treatment
- ___ Having a recovering person working as a certified counselor in treatment
- ___ Reducing the stigma associated with addiction treatment and recovery
- ___ Putting a face and a voice on person in recovery from alcohol and drug addiction.
- ___ More advocacy programs like CCAR
- ___ Other: _____

Please tell us about yourself (all information is confidential)

- I am a person in recovery from _____
How long have you been in recovery _____
- I am a family member with someone in recovery
- I am a family member with someone still actively using
- I am in recovery/survivor from a family members' addiction
- I am a friend or ally of the alcohol and drug recovery movement.
- I am currently being treated in an addiction treatment program
- I am still actively using alcohol and/or other drugs

To be completed by person in recovery from alcohol and drug addiction.

The following questions will help us gauge the impact of recovery. The questions on the left ask about some conditions just before you started recovery (i.e., “your bottom”) and the questions on the right ask about those same conditions now.

Before Recovery

Year recovery started _____

Were you employed Full-time? Yes No

Were you employed Part-time? Yes No

What was your income \$ _____

What was your level of education?

- | | | |
|--|---|---|
| <input type="checkbox"/> No High School Degree | <input type="checkbox"/> High School Degree | <input type="checkbox"/> Some College |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Doctorate Degree |

Did you vote regularly? Yes No

Did you pay taxes? Yes No

What was your marital status? _____

Your status as of today

Today, are you employed Full-time? Yes No

Today, are you employed Part-time? Yes No

Today, what is your income \$_____

Today, what is your level of education?

- No High School Degree
- High School Degree
- Some College
- College Degree
- Masters Degree
- Doctorate Degree

Today, do you vote regularly? Yes No

Today, do you pay taxes? Yes No

Today, what is your marital status? _____

What started you on your road to recovery?

What is your biggest challenge to maintaining your recovery today? _____

Would you be willing to meet with a CCAR member or staff member to discuss this survey in more detail? Yes No

Do you want to be added to the CCAR mailing list? Yes No

Please provide us with any other comments about your recovery, or about CCAR. _____

Thank you for your time.

CONNECTICUT COMMUNITY FOR ADDICTION RECOVERY (CCAR)

RECOVERY WALKS! SURVEY

All survey information is confidential and optional (including your name). If you are uncomfortable responding to any question, please feel free to move on to the next question. CCAR will use information gathered from this survey to help formulate future policy and advocacy agendas.

Section I. General Information

1. I would describe myself as:

- A. Asian
- B. African-American
- C. Latino/Hispanic
- D. Native American
- E. White
- F. West Indian/Caribbean
- G. Other _____-

2. Concerning CCAR, I have . . . (please check ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Attended a CCAR General Membership Meeting | <input type="checkbox"/> Attended Area Chapter membership meeting |
| <input type="checkbox"/> Attended Recovery Walks! (before this year) | <input type="checkbox"/> Attended a CCAR Legislative Day |
| <input type="checkbox"/> Attended a CCAR training event | <input type="checkbox"/> Seen a CCAR Recovery poster |
| <input type="checkbox"/> Seen a CCAR button | <input type="checkbox"/> Seen a Recovery Walks! promotional flyer |
| <input type="checkbox"/> Seen a Recovery Walks! T-Shirt (prior to today) | <input type="checkbox"/> Heard about CCAR from someone else |
| <input type="checkbox"/> Heard a CCAR member speak live | <input type="checkbox"/> Read a newspaper article about CCAR |
| <input type="checkbox"/> Heard a CCAR member on the radio | <input type="checkbox"/> Read a copy of the CCAR Recovery Herald |
| <input type="checkbox"/> Seen a CCAR member on any television show | <input type="checkbox"/> Seen the CCAR documentary "Putting a Face on Recovery" |
| <input type="checkbox"/> Seen the CCAR documentary "Putting a Face on Recovery" on a cable access television station | <input type="checkbox"/> Seen the CCAR CD-Rom "Putting a Face on Recovery" |
| <input type="checkbox"/> Visited the CCAR website www.ccar-recovery.org | <input type="checkbox"/> Seen a Recovery Walks! lawn sign |
| <input type="checkbox"/> Seen a Recovery Walks! billboard | |

3. Of the following services, which do you think CCAR provides? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Training |
| <input type="checkbox"/> Treatment: Detox | <input type="checkbox"/> Treatment: Residential |
| <input type="checkbox"/> Treatment: Outpatient | <input type="checkbox"/> Recovery Support Group |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Help with Treatment Grievances | <input type="checkbox"/> Access to Treatment |
| <input type="checkbox"/> Not sure what CCAR does | |
| <input type="checkbox"/> Other _____ | |

4. Please tell us how you found out about this walk and why you came.

- | | | | | |
|------------------------------------|-------------------------------------|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Family Member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Flyer | <input type="checkbox"/> Website | <input type="checkbox"/> Email | |

I came because: _____

5. Please rank the following issues of importance to you from 1 through 14 with 1 being your highest priority.

- _____ Easier access to available treatment
- _____ More advocacy programs like CCAR
- _____ More treatment resources
- _____ Provision of treatment for addicted persons rather than send them to prison
- _____ Provision of community recovery support services – transportation, housing, mentoring, childcare, education, job training, etc.
- _____ Work site mobile programs
- _____ Reducing the stigma associated with addiction treatment and recovery
- _____ School based programs for young people
- _____ Parity/Insurance payment to cover persons in treatment
- _____ Confidentiality of medical records
- _____ Research into addiction treatments/clinical trials
- _____ Having a recovering person working as a certified counselor in treatment
- _____ Putting a face and voice on persons in recovery from alcohol and drug addiction
- _____ Other _____

Section 2: Recovery information about myself (all information is confidential)

1. The following best describes my current status: (check one only please)

- I am recovering from:
 - Alcoholism
 - Other Drug Addiction
- I am a family member with someone in recovery
- I am a family member with someone still actively using
- I am a survivor from a family member's addiction
- I am a friend or ally of the alcohol and drug recovery movement
- I am a professional treating someone in recovery
- I am currently being treated in an addiction treatment program
- I am still actively using alcohol and/or other drugs

The following questions are for those who checked "I am in recovery from" in question one above.

If you are not in direct recovery, please move on to Page 6, question 4.

2. I have been in recovery for: (check one only please)

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years

- 20+ years
- N/A

3. During recovery I have relapsed –

- Never
- 1 time
- 2 times
- 3 times
- 4 times
- 5+ times

4. What support(s) would have helped prevent your relapse?

- AA, NA or other 12 Step Support Group
- Outpatient Therapy
- Intensive Therapy
- Religious Organization
- Sober Housing
- Employment
- Nothing
- Other _____

The responses to questions in the following Section A refer to some conditions before you began recovery (i.e. “your bottom”) and will be compared to the responses in Section B referring to your present status.

A. BEFORE RECOVERY

Please tell us the year you began recovery. _____

1. I was a student:

- Full Time
- Part Time
- I was not in school

2. I was employed:

- Full Time (40 hrs/week)
- Part Time (20-39 hrs/week)
- Less than 20 hours/week
- Unemployed

3. My income was:

- Less than \$10,000/yr
- \$10,000-\$20,000/yr
- \$21,000-\$30,000/yr
- \$31,000-\$40,000/yr
- \$41,000-\$50,000/yr
- More than \$50,000/yr

4. I was steadily employed for more than one year:

- Yes
- No

5. What was your level of education?

- No High School Degree High School Degree Some College
 College Degree Masters Degree Doctorate Degree

6. Did you vote regularly?

- Yes No

7. Did you pay taxes?

- Yes No

8. Type of housing:

- Homeless Shelter Public Housing
 Stayed with friends/Family Rent Own Home Other

9. What was your marital status?

- Single Married Common Law Divorced Partner/SO

B. Your Status As Of Today

1. I am a student:

- Full Time Part Time I am not in school

2. I am employed:

- Full Time (40 hrs/week) Part Time (20-39 hrs/week)
 Less than 20 hours/week Unemployed

3. My income is:

- Less than \$10,000/yr \$10,000-\$20,000/yr \$21,000-\$30,000/yr
 \$31,000-\$40,000/yr \$41,000-\$50,000/yr More than \$50,000/yr

4. I am steadily employed for more than one year:

- Yes No

5. What is your level of education?

- No High School Degree High School Degree Some College
 College Degree Masters Degree Doctorate Degree

6. Do you vote regularly?

- Yes No

7. Do you pay taxes?

- Yes No

8. Type of housing:

- Homeless Shelter Public Housing
 Stayed with friends/Family Rent Own Home Other

9. What is your marital status?

- Single Married Common Law Divorced Partner/SO

Section 3: Recovery Information

1. What started you on your road to recovery?

- Family/Friend Intervention
 Criminal Justice Intervention
 Medical Intervention
 Employer/ Job Intervention
 Escalating Personal Consequences
 Other _____

2. What is your biggest challenge to maintaining your recovery today?

- | | |
|---|---|
| <input type="checkbox"/> Access to AA, NA or other 12 Step support groups | <input type="checkbox"/> Psychological dependence |
| <input type="checkbox"/> Family pressure | <input type="checkbox"/> Lifestyle change |
| <input type="checkbox"/> Learning to be part of the recovering community | <input type="checkbox"/> Peer pressure |
| <input type="checkbox"/> Lack of coping skills | <input type="checkbox"/> Physical dependence |
| <input type="checkbox"/> Living environment | <input type="checkbox"/> Employment situation |

3. What type of support has been MOST instrumental in your recovery?

- AA, NA, or other 12 Step Support Group
 Family Support
 Halfway/Sober House
 Outpatient Treatment
 Inpatient Rehab
 Inpatient Detox
 Religious Organization

4. Would you be willing to meet with a CCAR member or staff member to discuss this survey in more detail?

Yes (if yes, you will need to fill in optional information below) No

5. Would you like to be added to the CCAR mailing list? Yes No
(if yes, you will need to fill in optional information below)

6. Please provide us with any other comments about your recovery, or about CCAR.

(optional)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Thank you for your time.



Memorandum

To: Phillip Valentine
CT Community for Addiction Recovery
465 Silas Dean Highway
Wethersfield, CT 06109

From: R. Kelly Myers
Director of Research

Subject: Survey Analysis

Date: March 8, 2002

Situation Analysis

This is a proposal to key enter the results of a self-administered addiction recovery survey, analyze the results and prepare a final report for Connecticut Community for Addiction Recovery (CCAR). RKM Research and Communications has extensive experience conducting systematic surveys, and we look forward to working together on this exciting project.

Approach

Our approach stresses flexibility, innovation and collaboration. RKM Research and Communications will work closely and collaboratively with project staff from CCAR to carefully analyze the results of the research and prepare a final report containing information useful to CCAR for the purpose of future planning.

Why RKM Research and Communications?

We strongly believe that our experience and approach ensures the success of the project.

- 1 **Broad Experience.**- Our experience enables us to deliver a superior product.
 - We have broad experience working with a variety of customers, including public agencies, media organizations, public and private corporations, and not-for-profit organizations.
 - We have broad experience working in a variety of industries, including health care, financial services, telecommunications, manufacturing, utilities and transportation.
 - This background creates an advantage in experience and knowledge.

- 2 **A Partnership Approach.**- We are committed to working collaboratively with our customers to ensure that we draw on the knowledge and strengths of the companies and organizations with whom we work. We view ourselves as a partner with a shared commitment to improving the organizational performance of our customers.

- 3 **State-of-the-Art Facility.**- We have a state-of-the-art facility, equipped with the most advanced CATI-based hardware and software. Our facility is also equipped with a fully-networked high speed digital printer, color laser printers, digital facsimile machine and T-1 telephone service.

- 4 **Organizational Structure.**- Our organizational structure enables us to deliver a superior product. Senior researchers are co-located with our field staff of supervisors and interviewers. Researchers provide direct training to interviewers, and interviewers provide direct feedback to researchers during pre-tests and during the administration of projects. This interaction enhances the quality of our work through shared experiential learning between senior researchers and interviewers.

- 5 **Data Collection Efficiency.**- Our state-of-the-art facility and unique organizational structure makes us more efficient. This enables us to be cost competitive, and to design, execute and report on research projects on a more timely basis.

Scope of Work

RKM Research and Communications will be responsible for the following:

- 1 Entering the results from the survey into a centralized electronic database.
- 2 Analyzing the results using advanced statistics.
- 3 Coding all open-ended questions.
- 4 Preparing a comprehensive set of univariate (frequency distribution) and bivariate (crosstabulation) tables (estimated 80 pages).
- 5 Preparing a graphic presentation which summarizes major findings (estimated 30 pages).
- 6 Writing a final written report (estimated 10 pages).

Deliverables

Final Report

RKM Research and Communications will submit a final written report that includes the following:

- 1 A methodological preface outlining the research design and achieved response rate.
- 2 An executive summary of major findings.
- 3 A written analytical report separated into sections which discuss the findings in detail, drawing inferences and conclusions from the results of the survey.
- 4 Color graphics which illustrate and summarize important findings.
- 5 A detailed set of crosstabulation tables in WinCross format.

Power Point Presentation

One of the most important ultimate goals of this research project is to ensure that the data are accessible to everyone interested in the results of the study. This represents an important challenge since many people have limited experience interpreting statistics. Our general approach is to make the results accessible to a diverse audience, including novice and expert. We show all relevant statistics and tests for statistical significance for the advanced analyst, and graphics and narrative text which illustrate and describe all substantive findings in summary form for those with less experience interpreting data.

In addition to a detailed written report, RKM Research and Communications will prepare a PowerPoint Presentation to summarize the results, and will be used to present the results to CCAR.

Budget

The total cost of the project will be based on the final scope of the research design. Due to our efficient organizational structure, we are able to conduct the research at a competitive cost.

CATI Programming:	\$ 250
Data entry:	\$1,200
Data analysis	\$ 750
Open-ended questions:	\$ 500
Graphics:	\$ 250
Report writing	\$1,750
Printing / copying / postage	\$ 225
TOTAL	\$4,925

This estimate includes all costs associated with the project. It is estimated that approximately 350-400 interviews were completed.