

WORKING TOGETHER FOR RECOVERY: An RCSP Gathering

■ Launching a Learning Community Gathering

Meeting Overview

Working Together for Recovery: An RCSP Gathering was aptly billed as a Learning Community Gathering. This was not a meeting for experts to pass on their wisdom to passive listeners. Each participant came to the meeting both as an expert, with valuable knowledge and experience to share, and as a listener, with a sense of humility about one's limitations.

The process of planning and presenting *Working Together for Recovery: An RCSP Gathering* was different from the processes leading to many grantee meetings. This meeting was planned, designed, and in large part, delivered by RCSP grantees. It was truly a meeting by and for the grantees.

The purpose of the meeting was to link participants in support of recovery and to foster a community of teachers and learners to share promising approaches and other lessons attained through RCSP efforts.

The meeting was designed to offer a variety of learning opportunities. Formats included plenary sessions, workshops, and community dialogues. The workshops were grouped by subject matter into six tracks: Community Organizing, Treatment and Recovery Cultures, Outreach and Inclusion, Anonymity to Advocacy, Spreading the Word, and Building a National Movement. Three different presentation styles (speaker presentations, interactive, and hands-on) were used so that people could attend workshops conducted in the way they learn best.

■ Welcome and Community-Building Activities

Rick Sampson

**Director, CSAT Division of State and Community Assistance
Rockville, Maryland**

After welcoming the participants and reviewing the origins of the RCSP, Rick Sampson concluded by saying, “Building community means letting go of power, turning power over to where it belongs, to the community itself. It gives me great pleasure, and I regard it as an RCSP accomplishment, to turn this meeting over to you, the grantees, and to your Conference Facilitation Team. This hard-working group has designed the overall flow of the program and will facilitate this morning's community-building session.” The Facilitation Team members are:

Ilene Baker, People With Recovery & Disabilities (PWRD)

Roberto Garcia, Connecticut Community for Addiction
Recovery (CCAR)

Tom Hill, SpeakOUT: LGBT Voices for Recovery

Amalia Gonzalez del Valle, Partners in Recovery Alliance
(PIRA)

Joe Powell, Association of Persons Affected by Addiction
(APAA)

Iona Starr, Santa Barbara Community Recovery Network
(CRN)

Elizabeth Burden, Consultant

Cathy Nugent, RCSP Project Officer

Conference Facilitation Team


The Grantee Meeting got off to an energetic start with a series of community-building activities led by the Conference Facilitation Team. These activities were designed to enable participants to experience their personal connection to their grantee team, and to see how their own project team fits into the larger RCSP community. The applause and cheers had the amplifying effect of seeming to double the number of participants—more than 200—in the large meeting room.

Unlike some conferences, at this one, the participants in the audience were the experts—those who have created recovery community organizations (RCOs)—and, thus, know more about the process than anyone else, even the specialists on hand to offer advice. Therefore, a Call for Presentations had asked grantees to share their experiences at the conference. The Facilitation Team presented the goals for *Working Together for Recovery: An RCSP Gathering*, which included the following:

- Feeling connected to other RCSP grantees;
- Exchanging knowledge, ideas, and approaches that appear to be working;
- Gaining new skills, and honing old ones; and
- Exploring directions for a possible national recovery movement.

"We are finding our roots in our communities, in the diversity of this country and the diversity that exists in the continuum of recovery from addiction. We need leaders who have a vision for social justice, and who hear the people. Issues in the recovery community are issues of social justice. We are happy to know that you have supported us in these endeavors, Dr. Clark, and that we are part of your vision."

Amalia Gonzalez
del Valle

 Congratulations from H. Westley Clark, M.D., J.D.,
M.P.H., FASM, CAS

Introduction of Dr. H. Westley Clark

In her introduction of Dr. Clark, Facilitation Team member Amalia Gonzalez del Valle, PIRA, saluted Dr. Clark's actions as Director of CSAT. She stressed the value of his work in bringing diverse consumers together under the RCSP umbrella to have a positive impact on a major health crisis (addiction) by bringing recovery into the public view.

"The more recovery voices are heard, the easier it will become to confront societal issues now being ignored. The harder it will become to deny the recovering alcoholic and addict the tools needed to reenter the community as a contributing and enfranchised citizen."

*Dr. H. Westley
Clark*

Congratulations

**H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director, CSAT**

Dr. Clark applauded those in the recovery community, who are raising their voices as people who are proud of their recovery, and the contributions they are making to their families and communities. Dr. Clark also mentioned that the National Treatment Plan that CSAT is developing includes recovery community involvement as a critical component, and he thanked the many recovery community members who participated in public hearings across the country.

Clark then introduced Rev. Dr. Kenneth Robinson as one of the "ten outstanding community health leaders today."

Keynote Presentation

Many Voices, One Choir

**Rev. Kenneth Robinson, M.D.
St. Andrews A.M.E. Church
Memphis, Tennessee**

Rev. Dr. Robinson took up Clark's observations about the importance of the recovery community lifting its voices to challenge societal biases, enlighten public opinion, and join in the search for community healing from the miseries of alcoholism and other drug addiction.

"One voice can be lonely, and no one may hear it. Where there are many voices, each reflecting the singer's unique experiences but where each singer is singing a different song, there may be noise but not music. But a choir with many diverse voices, singing the same music, in different parts but in harmony—that will bring the crowd to its feet and move hearts and souls to a new understanding of what the spirit can accomplish."

Working Together to Reduce Stigma

Andrea Barthwell, M.D.

President and CEO, BRASS Foundation

Oak Park, Illinois

One of the most important achievements of the recovery community will be getting the public and policymakers alike to recognize the effects of policies and practices that stigmatize people in recovery or trapped in addiction, Dr. Barthwell said. She urged everyone in the recovery movement to target a particular group of people to work with, to encourage them to pause and reflect on the effects of stigma on addicted and recovering people.

The emotional impact of addiction stigma is sometimes as harmful to the individual as the direct effect of the disease itself. "Often, those who are stigmatized endorse stigmatizing attitudes and practices, turn on themselves, and make the attitudes part of their self-image, thus turning the stigma further inward," she said.

- **What Is Stigma?**

Stigma comes from a Greek term referring to marks of disgrace, originally applied to the body of wrong-doers, that are used to reveal something unusual and bad about the moral status of the carrier. These marks cause other people to distance themselves from the person carrying them, who is socially contaminated.

In today's culture, the marks indicating wrongdoing may not be applied to peoples' bodies, but they are written in employment records, college loan and housing applications, and the like. Some are not written, but stay alive through word of mouth. Some stigmas are held more strongly about particular races or classes of people than about others.

"Social contamination is an integral property of addiction stigma."

Dr. Andrea Barthwell

- **The Effects of Stigma**

The major effect of stigmatization is to reduce one's life chances, to a greater or lesser degree, depending on demographic factors, such as

race, or ethnicity, gender, socioeconomic status, sexual orientation, or criminal justice status.

Stigma toward addicted and recovering people causes institutional discrimination, which can be seen in many areas: criminal and juvenile justice, education, employment, housing, insurance, health care, and human service systems. As recovering people and their families know, stigma influences public support and public policy, inhibits the provision of care for addiction, delays the advance of knowledge about the disease, and decreases one's chances in many areas, including access to a job and income.

- **Overcoming Stigma Toward Addiction and Recovery**

Barthwell advocated for national public information programs, envisioning public service campaigns, comprehensive community-based health communications campaigns, and media advocacy. Such activities would be aimed at changing attitudes. She also stressed the importance of campaigns that would shift the focus away from individual behavior to broad policy change.

The recovery community can make an invaluable contribution to such campaigns, working "to put a human face on recovery, to exalt recovery, and to recruit people who are highly respected in the community to carry the message to places where it does not have easy access." Barthwell said a central challenge of the new decade will be to build the capacity of the recovery community—the entire recovery community, in all its diversity—to make this contribution.

■ **Luncheon Presentation**

**Slaying the Dragon—The History of Addiction Treatment
And Recovery in the U.S.**

William White, M.A.

Lighthouse Institute

Bloomington, Illinois

Historian William White challenged RCSP meeting attendees to consider lessons from the history of addiction recovery and advocacy

that can be sources of technical guidance, individual and organizational protection, refreshment and renewal, and unquenchable hope. Perhaps, he said, if we listen carefully to history's stories, history will not have to be repeated.

White has studied and listened carefully for many years, and his presentation contained gems of wisdom to guide developing Recovery Community Organizations. You can read his guiding thoughts, which he refined after the experience of speaking to the audience of 200 people devoted to developing this movement in their local communities, at <http://www.treatment.org/Topics/rcsp.html>. An excerpt appears to the right.

"The recovery movement will need to formulate and introduce a new set of kinetic ideas to guide its educational and advocacy work. I believe the following ideas will become central to this new movement:

- *Recovery is a reality.*
- *There are many paths to recovery.*
- *Recovery flourishes in supportive communities.*
- *Recovery is a voluntary process.*
- *Recovering and recovered people are part of the solution; recovery gives back what addiction has taken."*

William White

■ Closing Presentation

Building a Movement with Spirit

Terry Tafoya, Ph.D.

Executive Director, Tamanawit Unlimited

Seattle, Washington

Dr. Tafoya told Native American stories to illustrate the healing vision in the recovery community, saying that Native people carry these stories in their hearts because they know the importance of sharing them. He told one story about Coyote.

"Coyote could make his eyes leave his body, but then a crow ate them. Other animals gave him eyes. But the mouse's eyes enabled him to see very little, and the buffalo's eyes caused him to see more than he could process. Coyote pitied himself, but when he began to see the world in new ways, through the eyes of the other animals, he ultimately came to understand how healing occurs.

"In the recovery community, you may need different sets of eyes at different times. Each perspective offers a unique way of understanding. Remember the mouse, who sees small, important details, and the buffalo, who sees the larger picture. A rigid, fixed point of view can be pathological.

"Only those of you who know how to deal with stress will be able to sustain yourselves. Viewing your situation with different eyes, from time to time, will help you to deal with that stress."

Track One Workshops Community Organizing—Methods and Models

From the Inside Out: Basic Principles and Practices of Community Organizing Within the Recovery Community

Catalina Vallejos-Bartlet, Consultant
Catherine Nugent, RCSP Project Officer

Workshop Aims

Building on the experiences RCSP members have had in organizing communities, this two-session workshop had the aim of helping participants:

- See themselves as community change agents;
- Understand basic principles, practices, and approaches of community organizing;
- Learn and practice a six-step approach to community organizing; and
- Learn organizing skills that can have immediate application at home.

This workshop was highly interactive, drawing on participants' learning from their efforts to date. Several terms and ideas emerged from the discussions and activities, which are summarized here.

Community organizing, perhaps the most basic tool of recovery community organizations (RCOs), can be viewed as the art of getting a group of people to coalesce around common problems or goals, mobilize resources, and develop and implement strategies for achieving goals set collectively by members of the group.

Community organizing brings people together to:

- Improve a social condition;
- Alter a social structure; and
- Enhance group relationships and group capacity to address common problems.

If the community organizer can organize individuals to bring about changes to benefit the recovery community, people may gain a sense of empowerment they have never experienced before.

Tips from the Workshop

Getting the recovery community organized consists of many tasks: getting the word out, getting people from different recovery backgrounds to accept and communicate with each other effectively, getting family members involved, and helping people cut through stigma-based fear to be able to articulate goals they would like to achieve. The skillful organizer does not expect that members of the group will necessarily embrace the goals he or she desires. It may be difficult, but good organizers often forego their own goals until people in the group have articulated and attempted to achieve their own.

Role of the Organizer

- Be a facilitator, rather than the expert.
- Encourage development of the community's voice.
- Practice humility.
- Develop leadership in others.
- Share successes.
- Build and reinforce capacity.
- Create an understanding of community that reaches the hearts of people.

Workshop participants were guided through six steps of community organizing.

- **Step 1. Identify the issue**

The facilitator can build understanding that it is possible to convert shared private concerns into public issues. Speak to the group about what changes they would like to see. It is important to help the group to select one or two issues they—not the facilitator—are excited about. One important task of the facilitator is to help them select an issue that is winnable. (See checklist below.)

- **Step 2. Identify supporters**

It is important to identify people or groups who have the potential or power to help create the desired change, and to define how they may be able to help. Identification comes through discussion of who or what groups are most affected by the issue. These groups can be asked for support.

- **Step 3. Identify opponents**

It is just as important to identify who has the power to prevent or hinder the implementation of the change desired, and to discuss what messages might help change their minds and hearts.

**Checklist
For Selecting an Organizing Issue**

In selecting an organizing issue, think about the following questions. If you can answer these questions affirmatively, chances of mobilizing support are good. Will the issue . . .

- Result in a real improvement in peoples' lives?
- Give people a sense of their own power?
- Alter the relations of power?
- Be worthwhile?
- Be winnable?
- Be deeply and widely felt?
- Be easy to understand?
- Have a clear target?
- Have a clear time frame that works?
- Be non-divisive?
- Build leadership?
- Set up your organization for the next campaign?
- Have a pocketbook angle?
- Raise money?
- Be consistent with your values and vision?

Organizing for Social Change: A Manual for Activists in the 1990s

- **Step 4. Select mobilization tactics**

Next, means of presenting the messages must be selected. Tactics can range from focus groups, speakouts, and town hall meetings, to asking people to join committees that address the problem. Others can be conducting learning circles, demonstrations, or marches. Still other tactics can be petition drives, letter-writing campaigns, teach-ins, and public testimony.

- **Step 5. Mobilize resources and conduct action**

Once the tactics have been determined, resources will be needed to carry them out in actions. These may be human or material resources, and people can be selected to recruit and obtain the needed resources. The action, such as the demonstration or the testimony, must be carefully planned, if it is to be conducted successfully.

- **Step 6. Assess effectiveness**

After the action has been conducted, this important step will provide learning that will enable the group to better plan its next community action.

Putting It Together: Getting Organized in Pennsylvania

Dona Dmitrovic

Greg Gaul

David Else

Pennsylvania Recovery Organizations Alliance (PRO-A)

Jay Youtz

Leslie Hayes

*PRO-ACT: Promoting Recovery Organizations—Achieving Community
Togetherness (PRO-ACT)*

PRO-A, based in Gaudenzia, a treatment provider in Harrisburg, and PRO-ACT, based in the Bucks County affiliate of the National Council on Alcoholism and Drug Dependence, both originated in organizations heavily invested in improving the quality of treatment and advocating on behalf of people with addiction and in recovery.

They became collaborators, with PRO-A organized at the State level and PRO-ACT concentrating its efforts in one area of the State. Their collaboration included this workshop, which was presented to give participants in other RCOs some ideas for overcoming barriers to organizing members from the recovery community into effective advocates.

Dona Dmitrovic, Greg Gaul, and David Else characterized the recovery community as a "600-pound gorilla that *can't* sit wherever it wants to" because it is not organized consistently at the local, regional, State, or national levels. Noting that the recovery community probably outnumbers other health care consumer groups, they said efforts to produce effective advocates have been lacking. As a result, the recovery community is dismissed in the policy arena. A key problem has been the difficulties grassroots organizations encounter when they try to agree on a functional organizational model that permits the sharing of power among units at different levels.

"It is important to make it clear to everyone that the recovery community organization speaks for people in recovery and their families, and that it does not represent treatment providers or programs."

Greg Gaul

Else and Gaul recommended that everyone read *Slaying the Dragon* (a book by William White) for an understanding of the obstacles faced in previous attempts to organize the community. One major obstacle is the confusion that results when the recovery group is perceived as a voice of treatment providers. Despite its efforts at clarity, PRO-A has often been viewed as a professional organization of treatment providers. When PRO-A was founded, it had treatment providers in key positions; the group's leaders had to make the difficult decision to ask the providers to become a separate group, which could support the recovery community organization. Jay Youtz described the important role providers can play by serving as resources who refer people in recovery and their families to the recovery organization.

Leslie Hayes talked about starting recruitment efforts with friends, asking them, in turn, to recruit their friends. She also described PRO-ACT's four-committee structure, which attracts committee members by allowing people to select committees to join based on their interests. The committees are (1) Educating the Community, (2) Amends in Action, (3) Public and Organizational Policy, and (4) Recreation and Celebration. She pointed to the latter committee as particularly important in gaining visibility for the organization, through activities such as the Tree of Hope (with lighted candles representing people in recovery) and social events.

One of the barriers to organization that had to be faced was that family members felt excluded; this barrier was overcome by meeting with the families and finding out what kinds of activities they were interested in and by meeting with family-oriented groups in other fields to learn how they kept families involved. Another barrier was the attitude of some members of 12-Step groups who did not understand the purposes of the recovery community; much energy had to be expended in working with these groups.

Board development was also seen as a critical step in an organization where board members come from different parts of a large State. At the time of the Grantee Meeting, PRO-A was planning a Statewide conference to educate grassroots members and was moving on plans to establish itself as a nonprofit corporation, which would give it an independent identity.

The RAP Story: The Gift of Relational Power

Ed Blackburn

Heather Lyons

Kimberly Matic

Bruce Tyberg

Recovery Association Project (RAP)

Workshop leaders presented the chronology of RAP, to show the project's accomplishments, which, by April 2000, had included:

- Persuading County Commissioners to support funding of a recovery mentor program;
- Getting County and Health Department action on heroin overdoses and the hepatitis C epidemic;
- Obtaining effective media coverage and making presentations at a city-sponsored "heroin summit;"
- Allying with a church in an effort to get city support for keeping open a homeless program;
- Obtaining a pledge from the City Commissioners to support the development of drug-free housing;

- Allying with another organization that, like RAP, brings together people from diverse groups who discover common ground through relational work; and
- Holding a leadership institute with 30 people in training.

Learning about these first-year accomplishments by RAP whetted workshop participants' appetite for learning about the process used to achieve them. That process is the organizing methodology of the Industrial Areas Foundation (IAF). Much was explained in a video developed to tell the RAP story, and the presenters provided additional information.

The IAF approach to community organizing has its own terminology, using concepts such as:

- Recovery of self
- Recovery of democracy
- Essential gifts and gift development
- Individual meetings
- Reflection groups
- Dominant power vs. relational power.

Once explained, these concepts are easy to grasp. In application, they enable people to organize quickly around personal and community issues.

The RAP organizing process consists of six stages, which are facilitated by organizers:

1. **Sharing stories**—In this stage, people are invited to share personal stories. In reflection groups, members of the group share what they have learned from hearing the stories and discuss the implications of this learning for community development activities. *Stories told by RAP members in the early gatherings of the organization identified problems in the community, many among persons in recovery.*
2. **Discernment**—In this stage, consideration is given to all aspects of the community changes sought. *Members decided they wanted to take action to effect change with respect to two problems: heroin overdose and an epidemic of hepatitis C among former and current IV drug users.*

3. **Research**—Here, members volunteer to gather all the information needed to develop a case that will produce a response from people in power, consistent with their authority, to achieve the ends desired. *Members gathered information about the two health problems and about the legislative authority of city agencies to deal with the two issues. A decision was made to approach the County Commissioner and Director of the Health Department to seek needed remedies.*
4. **Action**—A public meeting is held to gain the support and a pledge by officials to carry out the needed action. *Meetings were held with the officials, listing and supporting appropriate responses on the part of their agencies. Last September, a public meeting—an action—was held and attended by more than 100 supporters and an impressive number of public officials who had been invited. Once presented with the demands for new services, the officials acquiesced to make the changes.*
5. **Evaluation**—Immediately after the action, all leaders of the action lead the full group of enthusiastic participants to gather in an evaluation of the process and outcome. *This nearly final stage of the organizing process enabled participants in the action to evaluate their success and concentrate on what they might do differently the next time. Learnings from the experience were highlighted, and the group was ready to plan another action.*
6. **Celebration**—The concluding step is celebrating success. *The ambience in the room was electric, and the celebration of a major community victory was sweet.*

By participating in the organizing process, members of RAP discovered and developed skills, took action that led to social change, and increased their capacity to organize additional actions in the future.

■ **Contra Costa Community Partnership Model: Shared Leadership**

Amalia Gonzalez del Valle

Tom Aswad

Team PIRA

Partners in Recovery Alliance (PIRA)

Contra Costa, California

Workshop leaders and members told the story of PIRA's origin within the addiction services agency of Contra Costa County, where much previous work had gone into the development of an advisory board which was actively involved in the design of prevention and treatment services. The Substance Abuse Advisory Board (SAAB) is a group of community residents with a stake in the provision of quality services who meet monthly to advise and inform the managers of the County's prevention and treatment services. SAAB has one vote, along with the managers, on decisions about County services.

PIRA, like RAP, was organized using a well-developed theoretical approach to community organizing. PIRA's theoretical approach to mobilizing the recovery community originated in the Catholic concept of organizing cells within a community to bring about change. The process, *educare*, is built on the notion of "*el oro del barrio*," the gold of the neighborhood—its people. Important principles of *educare* are:

- Everyone has the capacity to contribute.
- Trust in each other can be built through sharing.
- Trust must be elicited before learning can take place.
- Everyone can be a teacher or a learner, shifting back and forth between the roles.

Educare has been called a "model of movement" because whenever someone new joins the group, the agenda changes. This approach is premised on caring enough about each other to listen patiently to what everyone has to say. The process of *conocimiento* is used, in which life experiences are shared in an open and simple way, beginning with where a person was born and learning about his or her family's values. Another important pillar of the *educare* process is *confianza*, which is similar, but goes beyond the English-language concept of trust and implies "a knowing of each other."

These principles were applied as community residents applied to the County Supervisor for representation in deliberations about the way prevention and treatment services are provided in Contra Costa County. This led to the 1992 creation of the Substance Abuse Advisory Board, which was instrumental in obtaining a grant from the Center for Substance Abuse Prevention to establish a Community Partnership to empower existing groups in the County to bring about changes that would affect alcohol and other drug use among community residents.

The grant from CSAT to start PIRA has enabled community residents to become more involved with the County, this time on behalf of recovery. Using the *educare* approach, PIRA concentrated on establishing a Speakers' Bureau in which PIRA members learn how to make presentations so they can speak on behalf of recovery throughout the County. PIRA members go into the community and work with schools and recovery centers to carry the message of the strengths of people in recovery. Working with these organizations, they are focused on building community coalitions aimed at addressing stigma by showing that people in recovery have integrity and want to give back to the community. They also have developed several shows on addiction on Contra Costa County Cable TV and have completed their website, which was designed and created by members with no previous experience, under the direction of a skilled website developer who gave his time *pro bono*.

One of PIRA's main goals is expressed in its motto: "When people defined as the problem stand up and become the solution."

PIRA's mission statement reflects the *educare* method: "We are a united voice, advocating for public policy and education. We partner with others to create and support a healthier Contra Costa County. We are your brothers, sisters, sons, daughters, mothers, and fathers. We are you."

Track Two Workshops

Treatment & Recovery Cultures—Barriers, Beliefs, and Bridges

The Addiction Recovery Perspective— During and Following Treatment

Robert Savage

Phil Valentine

Connecticut Community for Addictions Recovery (CCAR)

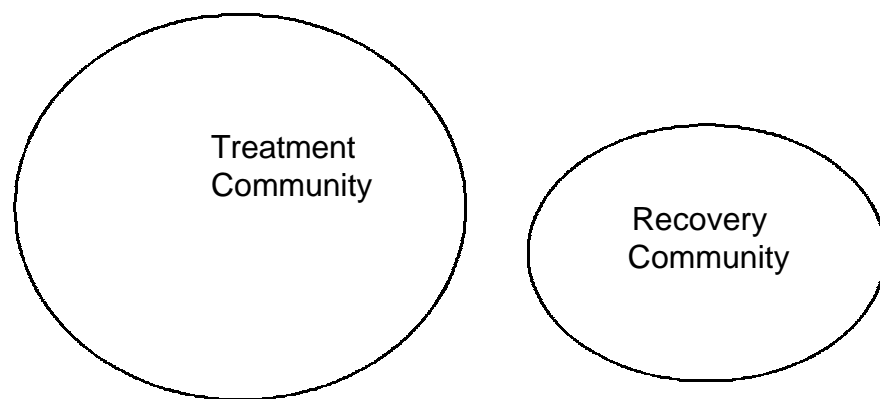
Wethersfield, Connecticut

Treatment providers are primarily involved in providing treatment to clients within their respective treatment modalities. They develop discharge plans for their clients to connect to the next treatment modality in the continuum, but generally do not fully utilize the assistance available within the recovery community to help support their clients' recovery.

Some refer clients to 12-Step programs in the hope that the programs will provide the necessary support, but there is no way of following up with those groups to determine results. Some have little or no understanding of the type of support that is provided by 12-Step programs and what the recovery community can provide.

Providers generally do not see the valuable role that the recovery community can play in supporting clients in their short- and long-term recovery process. As a result, most providers see the recovery community as playing a limited role in the recovery process of their clients. The treatment providers' concept of their relationship with the recovery community could be portrayed as follows:

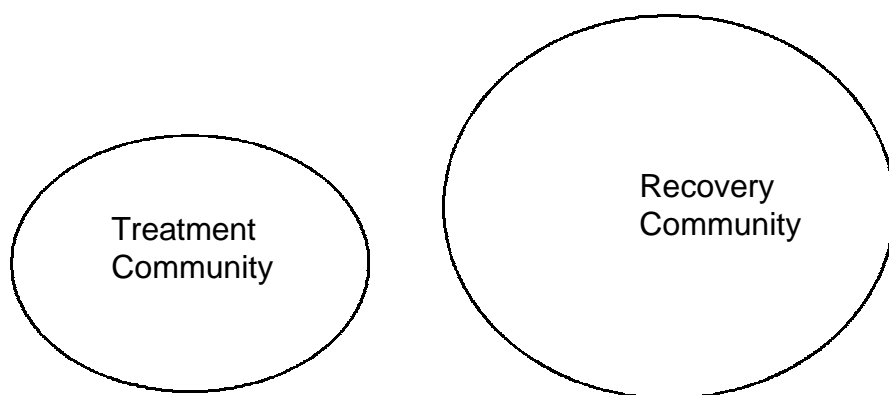
Perspective 1: From the Treatment Point of View . . .



The recovery community, on the other hand, sees treatment providers as playing a key role in *starting* an individual's recovery process. It generally plays a limited role with the individual in treatment. The main contacts of the recovery community with the providers are usually at the points of referring a person to treatment and when that person returns to the community. However, the recovery community can play a supportive role while individuals are in treatment and an even more significantly supportive role when the individuals return to the community as they progress through their recovery process.

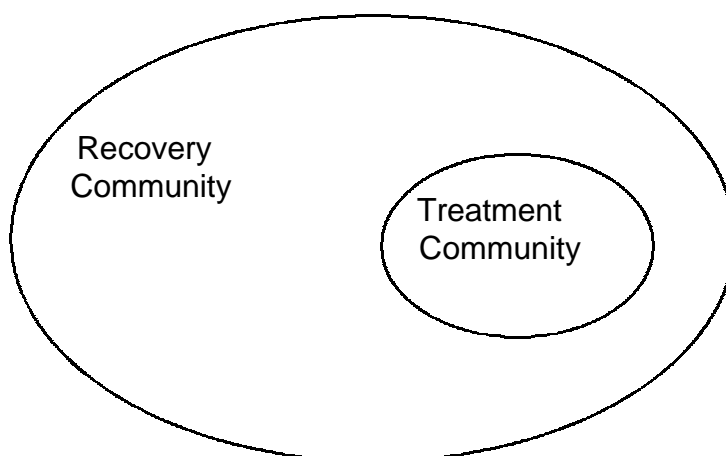
The recovery community's concept of its relationship with the treatment providers could be portrayed as follows:

Perspective 2: From the Recovery Point of View . . .



CCAR believes that the treatment community and the recovery community must come together to provide the necessary support that addicted persons need to start and maintain their recovery process. The ideal bridge in helping treatment providers and the recovery community to better understand each other's role in the recovery process is to have Recovery Support Services provided by recovering persons to the individuals while they are in treatment and when they return to the community. The persons entering treatment can use the recovering person as a role model for their own recovery, and the recovering persons, through their process of giving back, can reduce their own potential for relapse. The ideal concept of the relationship between treatment providers and the recovery community could be portrayed as follows:

Perspective 3: The Ideal Point of View...



Recovery Basic Premises and Recovery Core Values

To help reinforce an understanding of the positive elements of the recovery process for both mental health and substance abuse clients, CCAR joined forces with Advocacy Unlimited, Inc. (AUI), a mental health advocacy organization to develop recovery-based “Recovery Basic Premises and Recovery Core Values.” These basic principles and core values are designed for use in both mental health and addiction treatment programs to stress the recovery process. The Connecticut Department of Mental Health and Addiction Services is now in the process of having the treatment programs that they fund incorporate these recovery basic premises and core values into their treatment process. CCAR and AUI will provide training.

CCAR's Recovery Principles

CCAR and a mental health advocacy group jointly presented these premises to the Connecticut Department of Mental Health and Addiction Services in an effort to have them embedded as core values in the Department-funded treatment services.

1. All individuals are unique, and have specific needs, goals, health attitudes and behaviors, and expectations for recovery.
2. Persons with mental illness, alcohol or drug addiction, or both, share some similarities. However, management of their own lives and mastery of their own futures may require different pathways at times.
3. Regardless of the pathways, all persons shall be offered equal access and opportunity to navigate their road to recovery.
4. In order to provide access to the correct road, the Department must establish an infrastructure which will allow for easy navigation and progress to the person's destination. The infrastructure should not impede the journey. Instead, it should ease the travel and create safe transport to the destination.
5. The State currently has an infrastructure in place, and many of the pathways are in good shape. Some, however, are old and worn, having been designed and built before we had the technology that is currently available. So, some roads have pot holes, washed-out bridges, unsafe curves, and unnecessary detours.
6. There are a few different ways to approach the problems. Pot holes can be filled in and worn roadways can be given a fresh coat of black top. But these are short-term, quick fixes that will likely require continual maintenance.
7. Long-term and effective solutions will require reengineering and a significant commitment to rebuilding.

CCAR's Recovery Core Values

- The entire system must support the concept of recovery, not just in word, but in action.
- Persons in recovery must be involved at every level of service provision.
- Persons in recovery should be involved in all phases of program planning, staffing, and evaluation.
- The Department shall promote, use, and remain faithful to a new nomenclature that reflects recovery-based and person-first language (e.g., recovery plans, not treatment plans).
- The Department shall implement a systemwide training program for employees that will address the need for service provision that is rooted in a recovery-based model.
- The Department shall make every effort to provide services that are culturally diverse, relevant, and competent, as reflected by the service menu, hiring and promotion practices, the RFP process, etc.
- Representation by persons in recovery on boards, task forces, and committees remains important. The voice of the recovery community must be strengthened through the powers associated with decision-making roles, voting memberships, and actual oversight responsibilities.

Developing a Consumer Survey on Effective Treatment

Alex Brumbaugh

Sonya Baker

Marina Ross

Santa Barbara Recovery Community Network (CRN)

Santa Barbara Council on Alcoholism and Drug Abuse

Santa Barbara, California

CRN's Treatment Scorecard Project developed a survey to obtain views of consumers and people in recovery about addiction treatment and recovery services. Its aim is to see what components they believe are most important in treatment programs and systems of care. Copies of the three-part survey, which had been field tested at the time of the April meeting, were given to participants who might like to use it as a model survey in developing their own surveys.

The survey derived from CRN's concern that treatment programs are built from the top down, by providers, without input from clients or members of the recovery community regarding the make-up of services. There is a mantra in the treatment community: If a person doesn't make it, it's because he or she wasn't ready. CRN questions

"Perhaps the most interesting answer provided by a survey respondent was from a person who said that the most important component of her treatment was the treatment center's pet cat. She said that the cat was the first source of unconditional love she had ever known, and that this helped her begin to get well."

Alex Brumbaugh

the validity of that belief, and wants to find out from people who have received treatment whether there might be other reasons that do not lie with the persons being served. The aim of the survey is not to point fingers at treatment providers, but rather to present them with the voices of people in recovery as a source of information that could lead to improved treatment outcomes.

The survey, which has been tested, starts with a self-administered survey form (Part I), designed to obtain demographics of the survey population, with questions about whether they received treatment and their age, race, gender, drugs of choice, and treatment experience. Part II is conducted by a trained interviewer, who gives the respondent an opportunity to describe how people would get into their "fantasy" program, whether the program would be residential or outpatient, how long persons should be in treatment, whether taking prescribed medications would be permitted, what happens if someone relapses, whether the program would employ drug testing, and what would be the requirements for staff, types of staff, and the scope of services offered. Part III, self-administered, gives respondents the opportunity to rank the value of particular components of service, types of staff, adjunctive services, program philosophy, types of education and therapy, and support services.

Starting at the Treatment Center: From Self-Advocacy to Group Activism

Victor Kogler

Colleen Gumacal

Chris Wade

AWARE: Always Working Toward Advancing Recovery Environment

California Association of Alcohol and Drug Program Executives

Sacramento, California

The presentation emphasized the importance of building bridges with alcohol and other drug programs and government administrators, which AWARE could do because it is housed within an association of administrators of treatment programs. The California Association of Alcohol and Drug Program Executives, Inc. (CAADPE), AWARE's host agency, represents all modalities of treatment.

The aim of AWARE has been to engage members of the CAADPE program administrators and staff so that AWARE could conduct education and advocacy efforts with current clients and alumni as a means of building a voice of recovery throughout California. Workshop leaders described their organizing efforts, which included building relationships with executives and staff of treatment programs and with administrative branches of government agencies administering alcohol and other drug treatment programs, and building and maintaining trust among clients, alumni, and staff.

They described the processes they have put in place to gather opinion on treatment issues through surveys of clients in treatment, to analyze responses, and to circulate the information through a variety of publications. Survey topics have included HIV/AIDS issues, dual diagnosis treatment, clients' trust in the medical and mental health fields, cultural sensitivity of program staff, and voting rights. This information-sharing design was developed as a means of enabling clients to see that they could provide information of use to key persons who set policy and define services for the treatment system. Publications have included *FactBlasts* and quarterly newsletters that summarize survey findings and related issues in treatment.

The people contacted throughout this process are invited to attend Self-Advocacy Conferences that AWARE plans and conducts each year, with one in Northern, and one in Southern California. At these conferences, AWARE members from treatment programs participate in Treatment Works! celebrations, provide personal testimony, and participate in question-and-answer sessions with policymakers.

Workshop leaders noted that the treatment field is dominated by philosophies that depreciate the value of consumer input. However, through gathering and disseminating information on treatment by people in treatment and through self-advocacy conferences, AWARE is working to show the value of consumer input to the treatment system.

What We Don't Know About Attitudes Can Hurt Us

Sara-Ann Steber

Mental Health Policy and Services Research

University of Pennsylvania

Philadelphia, Pennsylvania

Michael Harle

PRO-A

Harrisburg, Pennsylvania

Beverly Haberle

PRO-ACT

Bucks County Council on Alcohol and Drug Dependence

Doylestown, Pennsylvania

PRO-A and PRO-ACT reported on the findings of a survey conducted for them by University of Pennsylvania researcher Sara-Ann Steber. The survey revealed that: (1) 80 percent of respondents in recovery would like to be involved in a recovery advocacy organization, (2) they would like to learn advocacy skills, (3) they identified 715 issues for advocacy, and (4) policymakers want to hear from the recovery community.

Prior to conducting the survey, interviews were held with 22 key informants, and six focus groups were conducted to identify common perceptions and gather information regarding such issues as stigma, recovery community voice, and barriers to public advocacy. The informants and focus group participants represented all levels of people in the treatment community; the key informants were seven people in recovery, eight local or State policymakers, three advocates, and two other interested parties. Key perceptions about recovery that were used in developing questions on the survey included:

- Rates of stigma and relapse are high.
- The recovery community is not involved in advocacy.
- The recovery community has no voice in policymaking.
- Education of the medical community is needed.
- There are two major barriers to public advocacy:
 - Stigma-based fear of discrimination, and
 - Balance between anonymity and advocacy.

Pennsylvania informants also said that the top issues for recovery community advocacy are:

- Housing
- Employment
- Increased access to treatment
- Improved quality of treatment
- Increased funding for treatment
- Managed care and insurance limitations
- Relapse prevention programs.

In addition, informants said that the populations most in need of advocacy, ranked in order, are adolescents, women, persons in the justice system, those with dual diagnoses, the elderly, pregnant women, and those with HIV/AIDS.

In Bucks, Allegheny, and Dauphin Counties, two focus groups were held, one with families and one with people in recovery.

Pennsylvania Focus Group Findings

- Problems for those in early recovery are: housing, employment, interactions with physicians and others prescribing medication, stigma, and negative stereotypes.
- Advocacy could improve the system.
- Advocacy should be encouraged.
- Barriers to advocacy are: lack of energy, since acute addiction burns everyone out, and concern about maintaining anonymity.
- The purpose of advocacy is to improve the lives of people with addiction, people in recovery, and families and significant others.

One of the key findings was that 99 percent of respondents agreed that social stigma exists, and 92 percent agreed that a Statewide advocacy organization was needed. The biggest barrier to advocacy is that people don't know how to advocate; others pointed to are lack of support by political systems, concerns about anonymity, and apathy. Reasons given for today's high level of stigma included: the erosion of the disease model of addiction, loss of hope for lifelong recovery, a perception of the addicted person as dangerous, and criminalization of addiction.

Recovery Rocks: People with Recovery and Disability

Ilene Baker

Nancy Franklin

People With Recovery and Disabilities (PWRD)

Pima Prevention Partnership

Tucson, Arizona

This workshop began with Ilene Baker's attempt to enter the inaccessible room in a mobility chair, which quickly set a tone of concern and created receptiveness to learning about the problems persons with disabilities may face when they attempt to obtain treatment and recovery support services. An introductory activity was a quiz on issues related to disability and recovery, with prizes given to those who were especially well-informed on the issues.

In a dyad activity, participants were asked to choose a disability and own it, choosing among blindness, deafness, or inability to speak as the result of a stroke. The discussion focused on issues and feelings associated with the chosen disability. Participants were then asked to share why they chose a particular disability, and powerful and open sharing followed.

Having participants forget about "political correctness" and brainstorm about the terms "addict" and "disabled person" stimulated another moving discussion of the issues involved for persons in each category. The teaching point of this activity was that stigma is contextual.

In the next activity, members of PWRD distributed bags of rocks and asked participants, with eyes closed, to reach in and find the rock which felt different from all the others. After everyone selected the braille rock, they were asked to carefully look at all the other rocks, each of which had a term on it, such as depression, transsexual, hate, pain, or STD. The points were made that people with these issues are included in the disability community, and that many believe that when the braille rock has been identified, they have completed the job that needed to be done. Only by studying the other rocks is it possible to begin considering the multiplicity of issues that still need to be addressed.

The closing event was a panel discussion by the members of PWRD who had painted the rocks and made the bags, with which they illustrated connections between substance use and disability.

Track Three Workshops A Big Enough Tent—Outreach and Inclusion

Culture, Diversity, and Language

*Judith Bailie
Santa Fe, New Mexico*

The recovery community is becoming increasingly diverse with respect to preferred treatment approaches, as well as preferred symbols, metaphors, and language of recovery. These preferences are often influenced by the beliefs of the cultural groups to which members belong. Participants in this interactive workshop explored the impact of these preferences and their relationships to cultural group membership, with participants sharing examples of culture-specific recovery language and symbols, and venues from their communities.

"I do not think of myself as an 'Indian' or even a 'Native American.' I think of myself as a member of my specific Tribe, and that is how I want to be identified by others. What we are called affects how other people see us and how we see ourselves, and we should have the right to make that decision for ourselves."

*Workshop
Participant*

U-Turn: Youth Changing Directions

*Robin Ihara
Tim Bradley
Substance Abuse and Addiction Recovery Alliance (SAARA)
Falls Church, Virginia*

Young members of SAARA gave RCSP attendees the opportunity to see how youth in recovery can contribute to recovery community advocacy. A panel of adolescents and young adults described the mentoring work they do in the treatment programs from which they graduated. For example, they help get current clients to meetings, and serve as role models of successful recovery.

"When I was in treatment, I didn't believe you could get sober and still have fun. Now I show people coming along behind me that it can happen, and I think that gives them hope."

*Workshop
Panelist*

Operating within SAARA as U-Turn, many of these young people have also engaged in more public forms of advocacy. For example, they met with a County supervisor to share their insights into drug and alcohol use in the public schools and recruited him as a supporter of their activities and a co-sponsor of a teen Recovery Dance. They also provided comments on a County task force report on teen violence. The youth also have testified on unmet adolescent treatment needs in the County and frequently speak about teenage addiction and recovery issues in the context of provider trainings and conferences, as well as in schools and churches in their community.

Track Four Workshops Anonymity to Advocacy—Your Toolkit

Jeopardy: Game Playing as an Educational Tool

Tom Hill

Chris Kreussling

Team SpeakOUT

SpeakOUT: LGBT Voices for Recovery

New York, New York

Participants in this workshop played Jeopardy, a game developed by SpeakOUT to teach audiences the basics of addiction and recovery within the format of a game. They also received guidance from SpeakOUT on how to adapt the game for any group of players. Although it was first developed in collaboration with gay youth working on SpeakOUT's conference, "Breaking Walls, Building Bridges," Jeopardy is adaptable, by design, for use with seniors and other population groupings. The game can be used, as well, with straight-identified participants and with educators.

The aim of the game is to give participants a chance to learn about queer recovery and representative issues and contexts which intersect within that general topic. After playing the game, the workshop leaders led a discussion, focusing on the facts presented in the game. Next, they discussed ways of customizing the game for other audiences. Participants received a copy of the game to take back to their projects.

Playing Jeopardy provokes thought: In a reversal of the norm, answers are provided, and contestants are asked to produce the right question. The categories of questions are "What Not," "Facts and Stats," "Alphabet Soup," "Then and Now," "Homophobia 101," and "Advocacy."

Some Jeopardy Answers (And the Right Questions)	
Answer:	GHB, a potent party drug, can result in death when mixed with this substance.
Question:	What is alcohol?
Answer:	This substance is responsible for the majority of drug-related deaths in the United States.
Question:	What is tobacco?
Answer:	People are more likely to engage in this activity when using drugs or alcohol.
Question:	What is unprotected sex?
Answer:	"But I was drunk (or high, or stoned)."
Question:	What is a common excuse for homosexual experimentation?
Answer:	A class action suit would involve this branch of government.
Question:	What is judicial?
Answer:	This form of street activism takes the form of marches, protests, and demonstrations.
Question:	What is direct action?

Which Comes First? **An Exercise in Public Policy**

Lois Olson
Association of Persons Affected by Addictions (APAA)
Dallas Helps, Inc.
Dallas, Texas

Public policy establishes priorities. For example, addiction is seen as a criminal justice problem, rather than a public health problem, and public policy is based on that perception.

Advocacy promotes changes in policy and laws. It can help legislators and others develop new views of a problem. It can be an important

step in getting policymakers to see that there are other perceptions of addiction. Because many public policies and laws, based in perceptions of addiction as a criminal justice problem, negatively affect people and families in recovery, as well as the public in general, RCOs have recognized the need to advocate for change.

**Why the Recovery Community
Should Do Advocacy**

- So decision-makers will know people care about our issues.
- So they will know people get well and can give back (and vote).
- So they hear a voice other than treatment providers, whom they see as having a vested interest in continued employment.
- To bring new perspectives into consideration.
- To establish credibility for recovery.
- To affect major changes.

The aim of the policy game that Olson designed and led was to help participants understand the need for careful development of advocacy messages by the recovery community. We are all committed to resolving addiction issues, but we have many different sets of priorities. Typical issues include: funding for wraparound services; treatment on demand; increased treatment for dually diagnosed clients; increased treatment for injection drug users, pregnant women, women with children, and adolescents; more research into the causes and treatment of addiction; centralized independent screening and assessment, and increased treatment in jails and prisons.

When policymakers hear these many priorities, it is easy for them to become confused. The result is little or no change in policies. To get messages across clearly, advocates need to get together and develop unified messages.

To play the game, groups of three to five persons were given an envelope containing 10 slips of paper, each slip stating a treatment policy issue. Taking them out of the envelope one by one, group members were asked to prioritize the issues. As additional issues were added to the list, participants recognized both how difficult it is to reach agreement on priorities and the importance of finding agreement so clear messages can be developed.

In a role-play exercise, participants were each given an issue to advocate for, and four or five people, each with a different message,

attempted to talk with a policymaker in a meeting. This exercise helped them see how confusing it can be to policymakers to hear several different messages from different people. It stressed the importance of having consistent messages and priorities. Participants realized that by failing to reach consensus on issues, we often fail in our advocacy efforts.

A critical element of the advocacy message is to get policymakers to see the need for increased funding for treatment. This can be done with well developed, consistent arguments about the need for more funding.

Olson also facilitated a discussion about the steps involved in advocating with policymakers.

Steps in Advocating for Policy Change

- Identify the issues.
- Determine the desired outcome.
- Develop a plan of action.
- Identify the key decision-makers.
- Communicate with them—in person, by mail, and through the media.
- Be visible, consistent, and accurate.

Voices on the Road: Advocacy and Anonymity

Chris Kreussling

Team SpeakOUT

SpeakOUT: LGBT Voices for Recovery

New York, New York

This workshop challenged peoples' assumptions about advocacy and anonymity, and launched a powerful conversation that enabled participants to see how much time it might take to create a base of advocates on behalf of recovery issues. The process led by Chris Kreussling could also serve as an educational tool to use with those who might become allies. It might even be used by treatment program staff to generate clients' thoughts about the two concepts. In addition to exploring beliefs and feelings about advocacy and anonymity, the workshop also gave participants a chance to practice

advocating for themselves and each other, with low risk. The activity moves from the individual, to dyads, to groups of six persons, and to the large group (in this case, about 45 persons).

Kreussling began the process by asking each person to draw a vertical line down the middle of a page of paper and head one side "anonymity" and the other, "advocacy." He then asked participants to write down any thoughts that came to mind about each word. Then, he led a discussion in which he asked people to identify any patterns or connections they saw between words on the two lists.

Next, dyads were formed and one person in each group was asked to be the speaker and the other, the listener, and speakers shared anything they wanted to about the exercise. After this, they switched roles.

In groups of six, each person was asked to share the thoughts their partners had shared. Finally, the entire workshop shared its collective beliefs and feelings about the two terms and noted which responses were most common.

Organizing on a Shoestring: Lessons for Sustainability

Moderator

Rick Sampson

CSAT

Panelists

Howard Josepher

Friends of the Addicted for Comprehensive Treatment (FACT)

Exponents, Inc.

New York, New York

Ginny Lanczkowski

H.E.R.O.I.N. Hurts

Middletown, Delaware

Ruth Maxwell

Rockland Associates

Council on Addiction of New York State

South Nyack, New York

Doug Michaels
North Carolina Advocates for Substance Abuse Programming (NCASAP)
Asheville, North Carolina

Focusing on recovery advocacy organizations that do not receive CSAT funding, this panel gave founders of four such organizations the opportunity to share their experiences with the RCSP grantees. Rick Sampson introduced the speakers, briefly describing the accomplishments of each.

Howard Josepher

"My advocacy began with my own rehabilitation in a therapeutic community. Back in the 1970s, TCs went into the community and political environments to let people know that treatment works," Howard Josepher said. "There was less stigmatizing about drug use then than there is now."

Josepher was part of a community group called ARRIVE, which got one of the first AIDS programs for offenders coming out of prison. Using a community development model, the group helped to meet the needs of people with HIV/AIDS, who were then concentrated in the gay community. ARRIVE was able to conduct advocacy for a few years until its funding ended, and the group almost died.

"At one time, our whole team dwindled to two or three volunteers, who kept things going after we lost Federal funding. Now we have about 10 different programs serving people in recovery and 43 full-time employees."

Reestablished as Exponents, the group now has the resources to create new programs. One program focus is providing services for people completing treatment who need jobs; another is for people who relapse and can benefit from community-based assistance. Exponents' definition of recovery is very broad.

Howard Josepher

Ginny Lanczkowski

Ginny Lanczkowski described a parents' group that began when she started conducting research on heroin addiction, which her son had battled for seven years. Her research led her to a small group that now has members in three counties and is known as H.E.R.O.I.N. Hurts.

H.E.R.O.I.N. Hurts obtained help from Delaware's Alliance of the Mentally Ill in developing articles of incorporation and establishing itself as a 501(c)(3) corporation. Collaborating with religious groups,

"I joined a support group with five members in 1998. In two months, the group outgrew the room where it was meeting in a school. We had to get counselors to come to the meetings to provide support for some parents. Now our membership consists of 300 families."

Ginny Lanczkowski

"Networking enables us to sustain ourselves."

Ginny Lanczkowski

"We were just a few ordinary people, but we called a meeting and 60 people came—on the opening night of the 1998 World Series."

Ruth Maxwell

"Not having a Federal grant means that we are not affected by the restrictions on lobbying that limit government grantees. On the other hand, we have very limited resources."

Ruth Maxwell

police, and the recovery community, it obtained a \$15,000 State grant and \$20,000 from a methadone organization to operate a parents' support group, with part-time staff. H.E.R.O.I.N. Hurts also collaborates with other communities and forms alliances with inner-city groups, including a Hispanic group called Unidad, the United Auto Workers, the New Castle Police Force, and the Delaware National Guard.

H.E.R.O.I.N. Hurts operates as a family support group with a strong advocacy agenda. Its advocacy includes direct intervention with treatment providers and administrators on program policies; a program of "Sunday Coffees" with State legislators at members' homes to educate the legislators on addiction, treatment, and recovery issues; and the organization of an annual multicultural statewide march to keep these issues in the public eye.

Ruth Maxwell

In 1998, after the New York legislature had approved a \$20 million increase in treatment and the Governor vetoed it in its entirety, a few outraged NCADD leaders met with a State Assemblyman but got nowhere because they did not have a constituency. Determined to address this problem, they called a meeting, and established Rockland Advocates.

By February 1999, 20 members had gone to Albany on Advocacy Day to meet with their legislators about discrimination. By April, they had held a public forum with lively audience participation, and by June, were forming constituency groups throughout the State, County by County. In March, 2000, when they went again to Advocacy Day at the State Capitol, they were joined by other constituencies.

The core of Rockland Advocates is "a reframing of who, why, and how we dialogue about addiction, treatment, and recovery." Because it believes experts in the field and professional organization representatives are often perceived as self-serving, one of its aims is to get "ordinary folks who are extraordinarily outraged with the status quo" speaking out on important issues. It has eliminated the commonly used "substance abuse" language from all its proceedings, always using instead such terms as addiction, problematic use, and chemical dependency.

Rockland Advocates members are encouraged to support legislative action by calling or writing legislators and to join one of four committees: Legislative, Public Relations, Research, and Membership. They have tackled such issues as the proposed closing of a County treatment facility and the moving of services to a hospital that created problems for unemployed and uninsured citizens in need of treatment.

No dues or fees are collected; a basket is simply passed when money is needed to cover expenses.

Doug Michaels

Michaels described his experience of being asked to sit on a recovery community advocacy board that was being facilitated by the Single State Agency. "We are fortunate," he said, "to have financial support from the Single State Agency, but the hard part has been to take ownership of the organization and make it our own. Fortunately, the Single State Agency wanted us to be autonomous, but the growing pains have been challenging."

Michaels also said, "We had to learn, and learn from ourselves, that sustainability is only partly about money. As recovering people and families, our true resources are in ourselves, and in our experiences and hard-earned wisdom. If we keep our faith with that, we are prepared to let questions of funding take care of themselves."

Resource Development: Steps to Ensure Sustainability

*Elizabeth Burden
Tucson, Arizona*

This workshop focused on ways of finding funds for advocacy. Funding for advocacy generally comes from committed individuals, since few government or corporate grants support advocacy. Fortunately, individuals are often willing to contribute to advocacy efforts because they believe in them.

Elizabeth Burden began by asking participants four thought-provoking questions:

- What do you think is the commitment of your organization, staff, and volunteers to continue the work of the RCO if there is no money to support their efforts?
- Can you do donor-directed development and still keep to the letter and the spirit of your RCO?
- How do you continue to foster energy for your activities while you are directing your energies also to finding funding?
- What do you want funding for?

Within an interactive discussion format, Burden pointed out the risk that efforts to obtain operating funds can overwhelm the advocacy mission, by focusing everyone's energy on fund raising rather than on achieving the mission. She said the mission statement is very important to the fundraising effort, and that it is important to consider how it may evolve over time. An important question to consider is how much of a buy-in of the mission statement you have from your stakeholders. If they believe in it, they are more likely to contribute.

Who are the potential givers likely to support your cause with a financial gift? They consist of:

- Invested givers, who are able to provide for the organization in their wills or give gifts of stock, which can serve as a source of income;
- Major givers, who are asked to make your organization part of their planned giving or to contribute to capital campaigns or make bequests;
- Annual givers, who contribute to your organization's annual fundraising effort;
- Prospects, whom you court for donor contributions, after conducting research on them;
- Stakeholder gift givers, including local organizations, businesses, or corporations that may give small or large gifts; and
- Stakeholders with a personal buy-in, including board members, members and volunteers, and constituents who give through dues or gifts for special events.

"One helpful aspect of fund raising for RCOs is that there are many people in businesses and foundations who are in recovery who may be tapped for contributions," Burden commented. The most likely source of contributions are people who personally identify with what

the RCO is attempting to accomplish. They can be appealed to in special fund drives or annual giving campaigns.

Given all these sources of funds and the need of RCOs for donations, the key principles of sustainability to keep in mind are:

- Enlarge and diversify your funding base by contacting and building relationships with local foundations or charitable groups and private individuals who may be attracted to contributing to your group, holding special fundraising events, and obtaining in-kind contributions of service.
- Know your mission, your organization, and your personal goals, and remain focused on these at all times.
- Create early buy-in from some sources, and thoughtfully expand your stakeholder base.
- Identify and cultivate leaders.
- Create successful collaborations and partnerships.

Three Key Questions

- How diverse is your current funding base?
- What percentage of your funding is not grant-based?
- Based on your current stakeholders, what kind of opportunities can you create now for stakeholder giving over the next six to 12 months? Typical opportunities might include:
 - Asking a Board member to develop a special event focused on his or her interests
 - Conducting an activity to attract public and media attention, like Sacred Circle's Journey of the Hoop
 - Getting a buy-in from a financial or business institution to provide a particular gift such as underwriting the expense of a march or funding a public showing of an entertainment event, with admission fees going to your budget.

Build relationships with organizations before you ask them for a gift. When the time comes, develop a Case for Support, a 5- or 6-page document, that emanates from your mission statement. It should tell your story briefly, and include your mission statement, your achievements, a description of your organization's impact on the lives of people, the needs you are trying to meet, and the role that you see for the donor's gift in helping you respond to these needs. In the section on your accomplishments, mention how you have leveraged the funds you already have. Conclude by showing "what's in it" for the donor who contributes a gift, such as an enhanced public image, making a contribution to the community, and improvement in the quality of peoples' lives.

Communicating With Community Leaders

Sherry Green

Walter Kloetzli

Substance Abuse and Addiction Recovery Alliance (SAARA)

Falls Church, Virginia

The leaders of this workshop presented some concrete guidelines for communicating with everyone from high school students to attorneys-general about recovery. They urged participants to develop a wide range of communication strategies for approaching legislators. The RCO, they said, needs an overall communication plan in order to maximize opportunities to achieve its overall objectives.

The communication plan, once developed, is like tending a garden; it has to be watered all year round.

Common Sense Communication Guidelines

- Never underestimate the level of ignorance about addiction, treatment, and recovery. Most people dismiss information on these subjects unless it affects them personally. There is so much information on these topics that people often feel overwhelmed.
- Always focus on basics.
- Translate your message into language your audience can understand. Put the message into the words the audience would use and talk from their frame of reference; people relate to what is familiar to them.
- Before going to talk to someone, prepare yourself by learning about the person's life experiences, background, interests, political positions, etc. Usually, you can find someone in the recovery network who can fill you in or tell you who can.
- If you are going to talk to legislators, do not ask for anything during your first visit. This is probably a wise principle, no matter to whom you talk. Ask them about their interests first.

- No matter to whom you are talking, look for the connection that will enable you to address the topics in which you are interested. For example, the person may be concerned about violence in the community; when you steer the conversation to that topic, you may be able to present your viewpoint. Tailor your message to the person to whom you are speaking.
- The question in the listener's mind will be "Why should I care about this topic?" Think of that as the question you need to answer, even when it is not stated.
- Choose the "voice" that will be most persuasive, the messages the listeners can relate to best.
- If you are part of a group, have someone speak to content and someone else ask for support. You are the orchestrator.
- There is a fine distinction between lobbying and advocacy (and it has been described in the *TA Brief on Lobbying*, which is available to all grantees). Understand what you can say and not say when grant funds are involved.
- Always speak to content and the problem it addresses; there is information you can provide, and it may find its way into the legislative record.

Track Five Workshops

Spreading the Word—Telling and Showing Others the Positive Story of Recovery

Sharing Your Story

TeamSTAR
STAR Project
University of Wisconsin-Madison
Madison, Wisconsin

Personal stories told by participants in this session are just that, and will not be covered in these *Highlights* because of their personal nature. But, TeamSTAR from Wisconsin interspersed the stories with tips for moving from personal stories to public action, and the tips are provided here:

- Think about the purpose of the presentation. Why are you telling your story? What do you hope to accomplish for your organization? This should be the single overriding communication objective (S.O.C.O.), and your entire message should revolve around it.
- Consider your audience. What is their self interest? Start your story there, or build your story around it.
- Identify up to three key points that relate to your S.O.C.O.; emphasize these points throughout your presentation, restating them in different ways.
- Remember and build your story around the Five Ps:

Pain:	Here's my story (include the pain and suffering).
Personal:	Here's how my story connects to your life and your story.
Possibilities:	Here's where I am today, how I got there (the process).
Passion:	Here's why I do this work; here's what motivates me.

Public action: Here's what you can do to help.

- Your story should help the audience to:
 - Personalize and interpret the processes of addiction and recovery.
 - Understand the value and hope of recovery.
 - Empathize with persons in recovery and support your organization's efforts.

Communicating the Message: How to Start a Speakers' Bureau

Beth Miller

Team SpeakOUT

SpeakOUT: LGBT Voices for Recovery

New York, New York

Members of SpeakOUT shared with workshop participants the process and materials they use to prepare members to make effective presentations with community groups that can benefit from knowing more about addiction and recovery issues and about the needs of people in the lesbian, gay, bisexual and transgender (LGBT) recovery community.

SpeakOUT set up the Speakers' Bureau for numerous reasons:

- To provide a face and voice for recovery and to eradicate stigma;
- To spread a positive message of recovery;
- To honor all forms of recovery and acknowledge the many ways people seek out recovery;
- To educate about stigma and the intersections of oppression and addictions;
- To catalyze the improvement of treatment services for LGBT people challenged with substance abuse and addiction and of support networks for LGBT people in recovery;
- To recruit other LGBT members in and for recovery for SpeakOUT; and
- To enlist allies and support from organizations, groups, and individuals.

SpeakOUT leaders decided early on that having a Speakers' Bureau would be an effective tool for networking and creating allies of other organizations. They sought to have an organized group of people who knew their subject matter, could answer questions, communicate personally, and present a consistent message.

But, as Beth Miller described the evolution of the Speakers' Bureau, SpeakOUT also knew they needed people who were comfortable speaking to small groups and just as comfortable with their understanding of the messages to be presented. Therefore, they created an advocacy toolkit for people who agree to make presentations, providing them with a "canned" presentation, which they can expand or modify, depending on the characteristics of the groups to whom they present. Workshop participants received copies of many of the materials in the toolkit. It is chock full of useful information and guidelines. SpeakOUT also created a "buddy system," enabling presenters to work in pairs, with each person supporting the other.

A thoroughly developed presentation guide, contained in the toolkit, is designed for a one-hour presentation, including exercises. Also included are guides for setting up the room for the presentation; using an easel and flip chart, markers, evaluation forms, and SpeakOUT materials; and a mailing list on a clipboard for participants interested in receiving information about SpeakOUT activities.

The presentation begins with the outline of a 5-minute Introduction and four exercises:

- "When People Think of Addicts; When People Think of LGBT People . . ."
- "The Real Story of Addiction and the Real Story of Recovery"
- "Recovery Is . . ."
- "Sharing the SpeakOUT Mission and Vision"
- "Being a SpeakOUT Ally."

The Speakers' Bureau has a well-crafted request letter, which it sends to organizations, asking to come and make a presentation to inform them about SpeakOUT and giving them the name of the SpeakOUT staff member who will follow up with a phone call. A second letter has been prepared to send to the organization confirming the time and place for a scheduled presentation.

A sample phone script is provided for the person making the follow-up call. Also provided in the speakers' toolkit is an evaluation form for use at the end of the presentation.

The toolkit is developed to a high level of sophistication, and other grantees can no doubt borrow ideas from it for developing or enhancing their own speakers' bureaus.

**Beyond Feedback:
Making Your Case Studies Interesting
And Increasing Their Worth to the Field**

Carolyn Davis
RCSP Technical Assistance Project

The case studies provide RCSP grantees with the opportunity to share their experiences and lessons learned with the field, including other people who will organize RCOs in the future. In addition to reviewing the guidelines for writing the case studies, Carolyn Davis handed out and reviewed four brief excerpts from Case Study Assignment One and asked participants to identify particularly useful aspects within them. She used these examples to illustrate how grantees could provide useful information for the future with a level of detail that facilitates an understanding of project activities.

One example, from PWRD, describes the process the project went through that led to an expansion of its definition of target audience when persons with severe mental illness, who had not been defined as part of the target group in the grant application, sought to become members. Davis used this example to show how grantees could describe the handling of unanticipated developments in the course of organizing and mobilizing a recovery community.

Another, from White Bison, explains the spiritual aspects of Native American philosophy that helped shape the role of Firestarters (persons with the ability to envision needs and potential within a community who have developed this ability through divine intervention as a result of experience triggered by prolonged conflict). Presenting such information adds a level of detail and richness that will help future facilitating organizations understand the sources of energy that can be tapped in developing RCO leaders.

Excerpts from the AWARE project's case study were used to illustrate descriptions of project activities, getting input regarding treatment from surveys of people in treatment, and holding conferences that allow RCO members to hear from and address policymakers.

An excerpt from the RAP case study assignment was used to illustrate how forming an alliance with another organization enabled RAP to get the voice of recovery heard in a public assembly of citizens.

Davis reminded participants that grantees can get technical assistance (TA) in their case studies through the RCSP Technical Assistance Project. A TA Request Form should be submitted to the RCSP Project Officer for approval.

■ Developing a Recovery Community Message

*Alex Brumbaugh
Santa Barbara CRN*

*Jeffrey Blodgett
The Alliance Project
St. Paul, Minnesota*

In this presentation, Jeffrey Blodgett stressed that the RCO's message is an important key element in recovery community efforts. To be effective, a message must meet three requirements:

- You must summarize it succinctly in one paragraph.
- It must contain a sequenced progression of thoughts, moving the reader easily, from one point to the next, as represented by this simple example: Addiction is a disease—therefore, it needs to be treated.
- The contents of the paragraph must be persuasive.

The message can be summarized by a campaign slogan, which can also serve as the headline for the paragraph. The slogan for the campaign, as well as the message paragraph, might be: Treatment Will Save You Dollars! Remembering the focus of your message, look at what you have written and then trim it down. Part of the success of the National Alliance for the Mentally Ill, Blodgett said, comes from its ability to prepare and deliver very succinct messages.

He referred to the ability to develop effective messages that are short, concise, and accurate as "message discipline."

The message is part of the persuasion process. It must be delivered by effective speakers, who are capable of speaking persuasively. The message also must be tailored for delivery to different audiences. For an audience of business people, the emphasis might be on cost savings, or on turning people into productive members of society with dollars to spend; for community residents, it might be on making communities safe or improving the quality of education.

Blodgett stressed the importance of the language used in the message and the information campaign. "We need to do a language audit, and look at how we talk about ourselves and this disease, and then always choose specific language strategically. For example, if you are seeking funds for treatment, the strategic choice of terms is 'the disease of addiction,' not 'substance abuse'."

Alex Brumbaugh described the process by which the CRN developed a message and identified groups to whom it should be targeted. They began the process at a retreat, by talking about how to ensure a sustained recovery movement in the Santa Barbara area. To achieve sustainability, they asked themselves: What messages do we need to develop to get people to donate money? This led to questioning about what particular groups of people they wanted to target, and to the decision that two groups should be targeted, each of whom bears the cost when addicted people go untreated:

(1) taxpayers, who bear the burden of costs through taxation, and (2) businesses and other employers, since 70-80 percent of addicted people work, and the resulting cost to employers is huge.

Once the groups were identified, the RCO leaders and members at the retreat then asked themselves: What message do we need to tailor to get the attention and the support of these two groups of people in a publicity campaign? The campaign messages that emerged derived from the desire to sustain the organization. (The mission of the campaign ultimately was to raise money to sustain RCN.) The messages followed this progression of thought, each tailored to the financial situation of the targeted audience:

Message to taxpayers:

Substance abuse is preventable behavior. Addiction is a treatable disease. There is a solution: treatment. If we don't treat addiction, chronic relapse occurs, at the cost of \$75 per month for every man, woman, and child in the U.S.

Message to Businesses and Other Employers:

Substance abuse is preventable behavior. Addiction is a treatable disease. There is a solution: treatment. If we don't treat addiction, chronic relapse occurs, at the cost of \$100 billion per year to employers, or \$725 per full-time employee per year.

These messages serve as useful examples for other RCOs in tailoring the same message in different ways for different audiences.

**But All I Needed Was a Bumpersticker!
A Skills-Building Workshop on Materials Development**

*Holly A. Massett
Academy for Educational Development*

*Lynne McArthur
Cathy Crowley
Terrie Young
Holly Brooks
CSAT Knowledge Application Program
Johnson, Bassin and Shaw, Inc.*

In this hands-on, skills-building workshop on materials development, a group activity was used to illustrate how to choose the most appropriate target audience for a marketing campaign. Workshop leaders shared information from research on behaviors to help the group identify what actions they wanted the target audience to take as a result of receiving a message. Participants were asked to reflect on programs they have worked with and describe audiences that could have been targeted by those programs in terms of their component groups.

The steps in the development of materials were outlined:

- Identify the problem to be addressed.
- Select an audience and action.
- Identify barriers to and benefits of taking this action.
- Determine appropriate concepts and materials to be developed.
- Develop the materials.
- Pretest them so you can be clear on what's working.

You can identify the problem by asking two questions: What is happening? What should be happening? That will help you to focus on the desired change as you create your message. The action can be identified by asking: What actions is the audience taking? What actions do you want it to take? It is important to know that audiences vary with respect to their needs and to the actions they can take and to realize that not everyone can be reached.

Methods of dissemination must be considered at the time you are planning to develop materials. It doesn't make sense to write a full-length article on your subject if you don't have any way of getting it into peoples' hands.

The materials that you develop need to play up the benefits and advantages of taking the action you are promoting and offer solutions to any disadvantages.

Pretesting your materials, while they are in draft form, is very important. You need to find out how someone typical of the audience to be reached reacts to them. Were they interested enough to read the entire brochure or handout? Did they understand it? Do they feel motivated, as a result of reading it, to take the action you desired? Many people who develop materials assume they know what the audience wants to know, and their materials fail as a result. The only way you can know whether you communicated your message in a way that makes it acceptable to representatives of the target audience is to pretest it by showing it to them and asking them what they learned from it.

Pretest Questions

- What message did you get?
- What does the document ask you to do?
- Could you do it?
- Is this appropriate for someone else like you?
- What do you like or not like about it?
- What's confusing?
- What's offensive?

It also is important, after the material is developed, to track how many copies have been distributed and to make a reality check from time to time after someone has read the material to ask them the same questions asked of people in the pretest.

Materials developed by several grantees were reviewed in the workshop. The grantees who contributed, and their products, were:

- Friends of Recovery New Hampshire—Project brochure containing mission statement, telling briefly what the project does and how to get involved, and providing a "reality check" on substance use facts and figures in the State;
- People with Recovery and Disabilities—Project brochure containing mission statement, explaining that people can become responsible for the conditions under which they live, why the project is important, and the kinds of activities conducted; and
- Community Recovery Network—Informational materials appealing to employers to become involved and showing the costs of substance use in the workplace, motivating them to become involved with CRN, and explaining the 10 percent solution. (Ten percent of the amount now spent on untreated addiction is all that would be required to provide treatment for everyone who needs it over the next four years.)

Helpful Materials on the Web

Workshop leaders handed out materials which can be accessed on the World Wide Web that will be very useful to those RCO members charged with materials development. The following materials are chock-full of helpful, "how-to" information, worth far more than the time and energy required to download and print them:

"Making Health Communication Programs Work: A Planner's Guide." U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. Complete document available through the National Cancer Institute at <http://rex.nci.nih.gov>.

"Clear & Simple: Developing Effective Print Materials for Low-Literate Readers." U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. Available from <http://rex.nci.nih.gov>.

Restino, A. and S. Ratzan. "Public Health Campaigns Go Electronic." *Medicine on the Net*, August 1997, pps. 22-23. Available from <http://www.emerson.edu/acadepts/cs/healthcom/Resources/pubcamp.htm>.

"Theory at a Glance: A Guide for Health Promotion Practice." U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. Available from <http://rex.nci.nih.gov>.

► Planning a National Recovery Month Celebration

Maryanne Frangules

Massachusetts Organization for Addiction Recovery (MOAR)

New England Alliance for Addiction Recovery (NEAAR)

New England Institute of Addiction Studies

Boston, Massachusetts

Ivette Torres

CSAT

For its annual Recovery Month in 2000, CSAT had four goals: (1) promoting the efficacy of addiction treatment and lauding the contributions of treatment providers, (2) establishing partnerships with national substance abuse and addiction-related youth-serving associations and organizations, (3) supporting the Office on National Drug Control Policy's goal of demand reduction, and (4) promoting the message that recovery is possible. CSAT's Director of Communications and External Liaisons, Ivette Torres, described the

key target audiences and outlined the campaign activities for Recovery Month 2000.

One of the many organizations across the country planning a Recovery Month celebration is MOAR, the Massachusetts affiliate of NEAAR. Maryanne Frangules described the activities, some yet to be conducted at the time of the Grantee Meeting, that were necessary to spend a well-planned day at the State House in Boston to demonstrate that recovery exists, recovering people are community assets, and treatment is an investment in the community. Federal, State, and city policymakers would be participating in the process.

Ivette Torres described the Recovery Month Kit prepared by CSAT, with materials ready for use by any group planning an event. She outlined a six-step process that starts months in advance. In a nutshell, she provided guidelines that could be modeled by other RCOs that want to conduct such an event next year for Recovery Month (see box on next page).

MOAR's celebration featured Dr. H. Westley Clark, M.D., J.D., M.P.H., CAS, FAS as speaker, along with "The Improbable Players," and Massachusetts policymakers. The stars of the event were recovering people, and a reception was held following the event, sponsored by a local hospital. Frangules has a large kit of materials, which she would be willing to share with any interested RCOs.

Recovery Month Celebration/Forum Community Organization Strategic Planning

Strategic planning means getting interested people at the table, who have a vested interest in alcohol and drug addiction recovery. All who wish to do so are invited to help plan and participate in a Volunteer Committee.

1. Send a generic invitation for awareness and participation to interested persons with the National Alcohol and Drug Addiction Recovery Month Kit. Use mailing lists from State and other concerned organizations. Follow up with other mailings and announcement opportunities.
 2. Set a date four to five months in advance for the first strategic meeting.
 3. Be prepared with an agenda that allows for audience participation. The strategy agenda should include:
 - Recovery Month theme
 - Participants invited to help plan
 - Where and when
 - Suggested speakers
 - Awards
 - Food
 - Funding
 - Invitations to attend
 - Television Planning
 - Committee development
 - Governor's Proclamation
 - Buttons and pens
 - Press release
 - Timelines
 - Follow-up Meetings.
- The agenda should be modified for every meeting.
4. Send out mailings; advertise through organizational newsletters.
 5. Plan public access television events.
 - Find a liaison to a key person to make this happen.
 - Schedule a meeting with television director or host.
 - Discuss possible guests and itinerary.
 - Make timelines.
 6. Actual Celebration Day
 - Have your own minute-by-minute agenda.
 - Have an overall agenda for guests.
 - Call speakers one week to five days before event to make sure commitment still holds.
 - Make similar calls regarding meeting place, registration, proclamations, awards, food, cameras, and volunteers for clean up.
 - Keep cool, be flexible, expect change!

Board Development to Become a 501(c)(3)

*Jim Wuelfing, Consultant
North Brookfield, Massachusetts*

*Robert Savage
CCAR*

When CCAR developed its Board of Directors and a committee structure to meet legal requirements for incorporation as a 501(c)(3) nonprofit corporation, it could find no models that would help it ensure its integrity as a true grassroots organization while developing

an organizational infrastructure. CCAR offered this workshop to help other RCOs about to embark on the process, so they might benefit from CCAR's experience.

Bob Savage and Jim Wuelfing stressed the importance of using a consensus-building approach in all deliberations of the Board, with the following definition as the linchpin:

Consensus does not necessarily mean that all parties agree with all aspects of the decision, but rather that all parties agree to support the overall decision even if they may disagree with some elements of it.

Reaching agreement through consensus means there are no winners and no losers. When the Board conducts its activities with this principle as a guide, time is required for Board members to "learn to dance together, sometimes in a slow waltz, and at other times, a body slam." Orientation for new members is very important, to help them understand the consensus-building process. The focus often has to be more on the process, or *how* the members are working together, rather than on the outcome or on *what* they are deciding.

Consensus building includes:

- Discussing the issues;
- Focusing on the issues, not on personalities;
- Listening actively;
- Reaching agreement on concepts and looking at the impact of practical application, and revising as needed; and
- Recording agreements.

The importance of active listening cannot be overemphasized. This means concentrating intently on what other members of the Board are saying and trying mentally to put oneself in their shoes. The CCAR Board has an "ouch rule." In literal terms, it can be stated as: "If I say something that offends you, you should assume that I did not mean to offend you, and you should give me the benefit of a doubt. This also means that you must explain to me why the statement offended you, so I can learn from your experience."

CCAR found a document from CSAT's National Leadership Institute Board Curriculum to be very helpful. It outlines basic responsibilities for the Board of Directors (see box).

**Ten Basic Responsibilities
For the Board of Directors
Of a Community-based Nonprofit Organization**

1. Determine the organization's mission and purpose.
2. Select the executive staff through an appropriate process.
3. Provide ongoing support and guidance for the executive.
Review her or his performance.
4. Ensure effective organizational planning.
5. Ensure adequate resources.
6. Manage resources effectively.
7. Determine and monitor the organization's programs and services.
8. Enhance the organization's public image.
9. Serve as a court of appeals.
10. Assess the Board's performance.

By-laws of the nonprofit organization, which are required for incorporation, need to include at least six articles, as follows:

- Article 1. Name and purpose
- Article 2. Membership
- Article 3. Annual Meeting
- Article 4. Board of Directors (or Advisory Board)
- Article 5. Committees
- Article 6. Amendments.

To simplify matters, Savage and Wuefling provided workshop participants with a sample set of by-laws, which an RCO could use, filling in spaces, and tailoring it to fit its particular definitions, such as definitions of the roles of board members and officers of the board or the functions of committees. They also provided a copy of CCAR's by-laws, to show participants the by-laws they arrived at through the consensus process.

Track Six Workshops

Dialogues on Building a National Recovery Movement Or Organization

Julia Ritchie

Mohan Sikka

New York, New York

Five facilitated dialogue sessions were held to explore whether and how RCSP grantees might develop and implement a national recovery organization or movement. The sessions were designed to advance the thinking about what such an endeavor might look like, what its purposes might be, how it might be structured, and how leadership for it might be developed. The sessions' facilitators helped the group find consensus, by going through a series of discussions in which choices could be made about characteristics, purposes, structure, leadership, and follow-up after the meeting in Alexandria, Virginia. Whatever emerged in these sessions, dialogue participants would report to all meeting participants on their deliberations.

The 35 or so dialogue participants, including a few from RCOs operating without Federal funding, met together for all five sessions. There were no Federal participants in the dialogue sessions.

Dialogue One

Providing a Context for Planning

From the outset, passion was felt in the room among those who wanted to take advantage of the opportunity of coming together for this discussion. They saw the emergence of a national movement or organization as a way of ensuring that what was begun under CSAT funding could continue after that funding ended.

Still, concerns emerged: Some had reservations about moving too fast and making hasty decisions that might not stand the test of time. Some feared that devoting attention to the national arena might detract from addressing issues at the local or State level that needed attention. Some were concerned that not all 19 grantees were represented in this dialogue series, even though each grantee had

been urged to have at least one of its members participate. Still other worries were expressed about the absence of persons who could fully represent racial or ethnic concerns and a fear that, since the dialogue sessions were occurring during a CSAT-sponsored event, there might be an appearance that the Government was trying to organize the recovery community. Finally, some people thought it was just too early for the projects, with only 18 months' experience, to be thinking on a national scale. They also tended to believe that some type of needs assessment activities or, "time to do our homework," was needed before launching anything before the public.

Yet everyone in the room made a commitment to engage in an open-minded way in the conversation, including any dialogue that might continue among grantees following the meeting.

To get everyone's ideas on the table about what a national recovery organization might be if one were formed, people at each of five tables were asked to develop a collective group resume for that table on a sheet of newsprint, listing the skills, jobs, experience, education, and hobbies of people who might be members of the hypothetical organization.

Five different conceptions of collective experience were then presented, and all came up with similar lists of characteristics of members and of goals for a national organization. The groups also identified strengths that they would want to see replicated on the national level. These ranged from vision, energy, passion, and openness to change to "a thick skin," and willingness to take risks. Others included ability to communicate with diverse populations, awareness of disabilities, and personal and collective power.

In ensuing discussions, the groups discussed aims, such as increasing the knowledge base about recovery, gaining credibility and public acceptance, overcoming stigma, presenting a collective vision, starting a social movement, and getting grassroots members involved. Some advocated for selecting the appropriate public audiences and developing strategies and specific plans of action before getting locked into a plan that could fail. There were many questions not only about to whom to reach out to as the audience and whom to get involved, e.g., how to identify and reach out to recovery community organizations that do not have CSAT funding.

Dialogue Two

What Do We Want to Achieve on a National Level?

To help envision a national recovery organization, attention was given to the important markers of a competent national organization. Some of the key ones are listed below.

Organizational Markers	
<ul style="list-style-type: none">• A unified advocacy message• Name recognition• Ability to get the public ear• Credible leadership• Leadership coming from constituency• Consensus on advocacy goals• Ability to foster change• Definition of membership qualifications	<ul style="list-style-type: none">• Leadership development at the local level• A dynamic leader• A constituency in place• Successful coalition building• Diversity present among constituency• Based on strong local organizations• Ability to pay its bills• Membership benefits

By the end of the first day, there was some consensus about strengths and goals of the potential organization, but anxieties were cropping up.

"I see these dialogues as a real opportunity, but I'm afraid we'll blow it. Yet it is hard to be patient with the process."

"It is very important for us to go slowly here. We have to 'go slow to go fast'."

"I'm worried about those who aren't here. We have to find a way to include those who were not part of 'the original movement'—RCSP."

"How can we build in a way for organizations at different levels of development to buy in to this? One of the functions of a movement is to account for the needs of organizations and participants with various levels of ability to participate."

"I was feeling overwhelmed by the process, but we have to do this."

"While the idea of a mass social movement as an intervention against systemic problems is exciting, we have to engage in a carefully thought-out process that cannot be completed during the short time available at this Grantee Meeting."

In contrast, one person summed up the feeling of others:

"The movement is already underway. Now we are talking about creating a structure that will staff this movement. We must face the need to endure and overcome growing pains, to build a national organization that won't draw energy away from the smaller groups that we are all involved in. The national organization must infuse energy into them."

Dialogue Three

What Kind of Organization Do We Want to Be?

Ritchie asked the group to think about potential roles of a national recovery organization. She provided information about the various program functions national organizations normally choose to assume, sometimes emphasizing only one or two. They may be focused around one or more of the functions shown in the following box.

Some Roles of National Organizations

- *Advocacy*: Speaking for or on behalf of an issue, idea, or community, with a view to changing public policy.
- *Clearinghouse*: Serving as a central source for organizations and individuals seeking information, referral, or analysis of an issue.
- *Technical assistance*: Providing expertise on how to create and sustain effective programs and organizations.
- *Public education/outreach*: Running information campaigns for the media and the public, in order to influence debate or raise awareness of an issue.
- *Fundraising*: Using national visibility to raise money for an issue or community.
- *Research*: Conducting data collection and analysis on an issue or population.
- *Coalition building/networking*: Fostering opportunities for members to establish and build relationships with other organizations and resources.
- *Membership development*: Serving as a locus for opportunities to develop skills and knowledge.

This functional analysis excited many of the participants.

"I see this as a mass social intervention against systemic problems of society. The possibilities seem really exciting. Engagement in this process is critical."

"It is sobering to realize that we can envision this, and we are only 18 months old."

"The challenge is daunting. The process ahead of us won't always be pleasant. We may get lost and have to find our place again. But that is part of the process. Our planning is about being able to adapt to change."

"Whatever we do, we need to avoid a loss of focus. Balance is critical."

Responses led to a discussion of the definition of the particular community that people had in mind when they talked about the recovery organization being a grassroots organization. Answers showed that specifics vary from group to group, but that, in general, grassroots was used to refer to "everyone who knows that recovery works and that it strengthens society."

"This is larger than grassroots. This type of movement, which has already begun, occurs at different levels. The term 'grassroots' can distract us from those we are trying to include."

"Inclusiveness is important. We need to include all those who are willing to support the mission and vision of RCSP."

"Is there a distinction between those we are serving and those who are members? Those we are serving eventually may become members."

"I am uncomfortable with the members and beneficiaries breakout. It raises a question of where the leadership will come from."

"We have to be sure to include people in recovery with specialized needs."

"I think there is a consensus that we do not want to create a professional organization."

"We have to be careful about tokenism. I wear many hats, but at this moment I wear the hat of a person in recovery. Sometimes I wear the hat of a person who has family members that need to be in recovery."

"I am concerned that there are no people of color in this room."

"If I were not in recovery, but just an addictions counselor, I would want to be able to be in this organization. I don't want to exclude professionals."

"Some of us are in organizations where we have to wear the hat of a professional because we are professionals. That is very frustrating. We would like to join an organization with an emphasis on recovery, where we wouldn't have to wear our professional hats."

"Perhaps it is more important to identify ourselves as a consumer-driven effort than as a grassroots effort. Then it is clear that we are people and families in recovery."

"However we finally answer this question, we have to set up safeguards over the definition."

Dialogue Four

What Do We Do Next?

Debriefing on Dialogue Three, the facilitators noted that a model could be drawn showing a movement that is very inclusive, with individual members representing themselves, families, a neighborhood, a community, or an organization, who together create a constituency for recovery that could establish coalitions with other organizations in the treatment and recovery fields and outside of them. The facilitators commented that they felt a lot of energy focusing on whether people were envisioning a movement or an organization. An energized discussion followed.

"I'm uncomfortable with a discussion of structure happening this early."

"But I have a need to know what it looks like when I leave here."

"I think we are just talking about an organization of 19 grantees that will continue after CSAT funding ends."

"Are we here to develop a national organization of grantees, or a national organization of anyone and everyone who supports the cause of recovery? We have to be clear."

"What's the difference between an organization and a movement, anyway?"

"There is a difference. What William White discussed at lunch today was a recovery movement. It already exists. We want to create something like the civil rights and HIV/AIDS or queer movements, something involved with issues of social justice . . . an organization that has specific functions. If we don't start work on an organizational structure while we are here, we will have missed the opportunity to surf the wave [provided by our opportunity to gather here]. We are at a stage where it would be good if we could define some sort of organization."

"The movement is here. Let's organize, and trust the process."

"We already have 19 grantees organized around a common purpose in a nationally coordinated effort. We ought to be able to come together on one common purpose. The purpose of the grants is to organize a recovery movement that is inclusive. I don't see any difficulty in building on the structure we already have. What is missing is the answer to the question: What steps can we take to move toward a larger organization?"

"How do we structure our activities from here on? Let's stay away from a discussion of board of directors, steering committees, etc. Those will evolve. All we have to do is adopt something that will get us through our next set of activities. If we tried to set a structure in place, we'd give ourselves an opportunity for failure."

"Just make sure the energy comes from the bottom up."

In a lengthy discussion, participants struggled with how to define the next steps, and who would be responsible for taking them. Finally, the group decided that if consensus could be reached on a mission statement and on goals and objectives, then action steps could be defined. Work on the statements began, with participants at each table creating draft mission statements, goals, and objectives.

Dialogue Five

Working Together

In this final session, participants crafted statements on mission, goals, and objectives of a national recovery organization. Next, several decisions were made. An Interim Coordinating Committee was formed with representatives from each region. This Committee

would be responsible for further crafting of the statements following the Alexandria meeting. A regional representative was selected for each of the several regions of the country where RCSP grants are located. This individual would be responsible for gathering input from RCSP memberships in his or her region on the mission, goals, and objectives. The Interim Coordinating Committee also was tasked with presenting the draft statements to the Town Meeting of RCSP grantees that followed this Dialogue.

Following the meeting, the members of the Interim Coordinating Committee carried out their tasks, and met together at a meeting on recovery sponsored by the National Council on Alcoholism and Drug Dependence in October 2000. They refined the statements for presentation to grantees at the December 2000 meeting in Washington, D.C. As had been agreed at the April meeting, coordinating assistance was provided by Jeff Blodgett of The Alliance Project.

■ Town Meeting on Building a National Movement

Moderator

Barbara Warren

SpeakOUT!: LGBT Voices for Recovery

New York, New York

The Town Meeting opened with a Plenary Panel.

Plenary Panel:

Building a National Movement—Keeping It Honest, Keeping it Real

Panelists

Cornelius Baker

Whitman-Walker Clinic

(Formerly with National Association of People With AIDS)

Washington, D.C.

William Emmet

National Alliance for the Mentally Ill

Each of the panelists presented briefly his or her organization's history and current advocacy role. Each also addressed the question: How do you maintain integrity as a constituency organization while building an infrastructure that will permit you to become an effective national advocacy organization?

Among the insights shared:

By Cornelius Baker:

Above all, Baker said, it is important to hold everyone accountable, and don't get caught up in partisan politics. To achieve this, you have to be clear thinking and able to articulate exactly what you want and why. Don't bend your policies or mission.

"We've grown big, but when I joined the NAPWA staff there were only eight of us. Half of them have now died. With growth come many challenges. One challenge is money. You have to have resources to keep the organization going. Take any money that supports your issues."

Stay close to your constituency. People in key positions have to represent the constituency. There has to be a balance among representation of different groups within your constituency; they all have to have representation.

"NAPWA decided that there had to be more board members with HIV infection than members who are not infected. We cannot isolate ourselves from our constituency."

Always look at ways to keep all the constituents involved. You have to look at the diversity represented. You have to figure out how to empower people who are still engaged in the problem.

"You have to look at the diversity of your hiring. Within the recovery community, how do we employ, provide access, empower, and mobilize members of a constituency that has stigma attached to it?"

You have to be aware of what is going on in the streets. Everything is built on direct communication with your constituency. In the end, it's all about people you represent.

By William Emmet:

From the beginning NAMI has believed it has to be a grassroots organization in order to have the authenticity to speak at a national level, Emmet said. Membership is based in local communities; there are no individual members of the national organization. The only persons eligible to be on the national board of NAMI are local members; they are the only persons eligible to vote.

"This is a cumbersome way to do business, but we insist on keeping governing activities centered at the local level. We have to struggle with how to reach out to people of affluence who would like to be on our Board but have no desire to be involved on the local level. That creates a tension that we have to deal with."

Emmet also attributes NAMI's success to its adherence to a very clear and simple mission: improving lives of individuals and eradicating stigma toward mental illness.

"We also have developed clear and consistent messages. For example, our antistigma campaign has several key messages, easy to state and central to our personal experiences:

Mental illness is real.

Stigma is wrong.

Mental illness is treatable.

Recovery is possible.

Discrimination is unacceptable

"Another important step was basing our messages in science. A science-based message has kept NAMI tied to reality. It helped in gaining credibility, and kept the organization from making statements it could not back up. . . .

"In the end, though, everything comes back to the fact that the essence of NAMI remains at the grassroots level, with members knocking on doors of local officials and State Legislatures and talking with service providers, always talking from the authenticity of our experience."

By Beverly Haberle

With a much longer history than either NAPWA or NAMI, NCADD (formerly known as the National Council on Alcoholism) was also blessed by a charismatic and effective founder, Haberle said.

"Marty Mann understood all about stigma. She saw the need for a public voice for this illness, just as there was for other illnesses. She used her PR background to travel across the country trying to make her vision real. Her vision was to set up small organizations throughout the country to educate the public about the disease of alcoholism and addiction in order to reduce the stigma. She was incredibly successful in gathering a lot of people to share her vision and in attracting resources. There were 500 local councils across the country in the heyday of the NCA."

There is much energy generated at the community level, but the history of NCADD also has demonstrated pitfalls:

"The core functions of the Council at every level are clear: to provide information, hope, and help, and to advocate for the community of alcoholics, those affected by drug addiction, and their families. Because the Council model was designed to be an essentially autonomous local initiative, however, there were few requirements for consistency in carrying out the local mission. . . .

"The Council also saw its role, as a voluntary health care organization, to identify needs and spin off other groups. Two such groups at the national level are the American Society for Addiction Medicine and the Association of American Addiction Nurses. There are many other such spin-off groups at the local level. But sometimes new organizations forgot who spun them off, and became competing organizations or developed contradictory missions. . . .

"Another thing that happened was a recognition of the energy required to develop resources. At first, wealthy people provided funding, but these funding sources dwindled. Issues arose over staffing. Increasingly funding became a driving concern of local Councils, and many local Councils turned to providing services, both treatment and prevention. . . .

"Then Marty Mann died. She had been a charismatic leader, and the organization did not have a good plan for succession."

NCADD has been undergoing a strategic planning process focusing on its stigma-reduction core function and targeting four areas:

- Strengthening affiliates;
- Developing public policy;
- Reorganizing funding; and
- Developing medical and scientific awareness.

This process, Haberle concluded, has promoted two valuable exercises for any organization: revisiting its history to rediscover its roots and core values, and looking forward to building its future contributions on the achievement of its animating principles.

Plenary Presentation: Report on the National Movement Dialogues

Barbara Warren introduced the dialogue facilitators, Julia Ritchie and Mohan Sikka, who thanked everyone who had participated for the hard work involved in agreeing to move closer to launching a national recovery movement. They asked members of the Interim Coordinating Committee to describe what it had been like to participate in the dialogue workshops, concentrating on the question of whether a movement—or organization—should be launched and, if so, whether now was the time.

John Magisano and Diane Burns described the experience of sitting in a room over many hours and reaching consensus. They reported that members of that group were tired, but happy, after working through differences, identifying hopes, and coming to agreement on some beginning steps.

Ellen Ryder observed that important groundwork had been laid. Dialogue participants were successful in creating relationships and a framework that could lead to a national format. Considering where the participants started from, she said, "We succeeded wildly by agreeing on tentative beginning steps."

The Recommended Next Steps

The first steps recommended were to ask each grant to identify two representatives, at least one of whom is a volunteer, not a paid staff member, to interact with the Interim Coordinating Committee. Representatives should also be included from grassroots recovery

"This was a great experience, though exhausting. It was an incredible process. There was a split between people who wanted to focus on outcome and others who wanted to focus on process. We started out with distrust, with people on different pages. We knew what had to be done, and were impatient, but we had some skilled facilitators to guide us. We built relationships with each other in that room. That was probably the most important outcome. We have come up with a very tentative interim structure. We are not ready to run out and write grants or set up an official structure."

John Magisano

"This was my first experience in a process like this. I am a pie-in-the-sky person. I want health care and parity now. John is more practical. He's been involved in activities like this before, and he places importance on the process. This was difficult and tiring because we were a very diverse group of people in many dimensions. We analyzed, shared, had differing opinions, hashed and rehashed them, developed new ideas, wrote down, took apart, and put a plan back together. In creating mission and vision statements, we looked at the nuances of every word. And we now have something to take back home."

Diane Burns

organizations that are not part of the RCSP. The result would be a group of 30 to 50 people, and it would need leaders to be functional. The second step was identifying a core group of six Regional Representatives, who will be responsible for communicating with RCSP grantees and other recovery organizations in their regions of the country through a telephone tree and making sure that feedback is returned to them. The six Regional Representatives are:

- Northeast: Ellen Ryder, CCAR, and John Magisano, SpeakOUT!: LGBT Voices for Recovery (ME, NH, RI, VT, MA, NEAAR, SpeakOUT)
- Middle Atlantic: Jay Youtz, PRO-ACT (PRO-ACT, PRO-A, CCAR)
- Southwest: Yolanda Sims, El Paso Alliance (El Paso, APAA, PIMA, Sacred Circle, White Bison)
- Far West: Tom Aswad, PIRA (AWARE, CRN, PIRA, RAP)
- Midwest: Don Malec, RCU (RCU, MO, STAR, MI)

Third, the Dialogue sessions drafted a mission statement, which was read at the Town Meeting by Jay Youtz:

Draft Mission Statement

We, as people in recovery from alcohol and addiction, their families, friends, and allies, make significant contributions to strengthen communities, deserve dignity and respect, and know recovery is possible.

Through a national, coordinated effort, we support the empowerment of recovering communities to educate and advocate at the national level.

Youtz also listed the goals that had been identified for the national recovery organization:

Draft Goals

- Support grassroots representation at the national level.
- Mobilize groups to advocate for their rights.
- Eliminate stigma and discrimination.
- Change drug policy.
- Open closed doors to housing, employment, and education.
- Demand institutional responsibility for meeting the needs of people in recovery.
- Remove barriers to access to quality treatment on demand.
- Strengthen society through a successful recovery movement.

Discussion

In a lively discussion, some recommendations were made for expansion of the mission statement and goals, and questions were asked for clarification. Key comments included:

- One person said that prisons and jails should be included in the demand for institutional responsibility, and was told that they were.
- Another recommended adding that people in recovery have demonstrated that recovery is possible and have shown that it is highly valuable.
- Others recommended adding a statement about the spiritual aspect of recovery.
- One recommended adding a statement about representing hope for those not yet in recovery.

"When the slide with the mission statement was put on the screen, I saw National Recovery Organization at the top, and got goose bumps. We are involved in a struggle to create something for everyone who needs and can benefit from a national organization for recovery. Wow! We have an opportunity to change the world!"

Barbara Warren

The Town Meeting closed with agreement by Regional Representatives to take the statement and goals back to the grants in their regions, who would consider them and make additional recommendations for enhancement.

■ Closing Presentations

Camille Barry, Ph.D., R.N.
Deputy Director
CSAT

Terry Tafoya, Ph.D.
PWRD Members
Catherine Nugent
Rick Sampson

The Wednesday afternoon closing of *Working Together for Recovery: An RCSP Gathering* was just as energy-filled as the Community Building Activities on Monday morning had been. Dr. Camille Barry welcomed Terry Tafoya back into the arms of RCSP; he had spoken at an earlier RCSP Grantee Meeting. In his presentation (summarized briefly on page 7), Tafoya highlighted community organizing approaches within the recovery community by recounting the wisdom from animal stories he had learned, as a child, from his mother and elders of his Tribe.

Following Tafoya's presentation, Barry saluted the work done by RCSP projects and shared CSAT's excitement about the insights being generated by recovering people and their families. She acknowledged the contributions of the Workshop leaders and facilitators, as well as the careful planning that had been done by the members of the Conference Facilitation Team (see page 2), to whom she presented certificates of appreciation.

Cathy Nugent, RCSP's Project Officer, facilitated closing activities of the gathering, in which members of People With Recovery and Disabilities (PWRD) presented a bag of Recovery Rocks to each participant at the meeting. Originally developed as a successful team-building activity by the PWRD project, the painted rocks serve as reminders of the many additional barriers to recovery that are so easy for many of us to overlook. For PWRD members, as for members in some other projects, additional barriers include blindness, chronic pain, cognitive disability, HIV infection, and a criminal record, among many others.

Nugent facilitated a short discussion at each table, to focus attention on next steps that RCSP grantees could take after returning home. Then, one person at each table in the large meeting room reported out on new or now emboldened actions that they planned to launch, building on the heightened energy resulting from participation in this RCSP grantee meeting. Following final remarks by Rick Sampson, the RCSP community gathering adjourned.