**Recovery Community
Services Program**

An RCSP Conference Report

Emerging Peer Recovery Support Services
And Indicators of Quality

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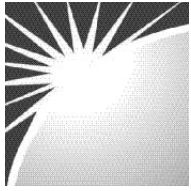
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Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) funds grant projects under the Recovery Community Services Program (RCSP). In Federal Fiscal Year 2005, 28 local projects across the country received funding. With different cohorts of grants funded for 4 or 5 years, the goals of the projects are to provide peer-to-peer recovery support services to help support entry into recovery from substance use disorders, prevent relapse, and promote sustained recovery.

Peer Power: Pursuing Excellence in Recovery Support Services was the theme of the sixth annual conference of the Recovery Community Services Program in August 2005. Approximately 250 participants from the 28 projects attended. Two major goals of the conference were to:

- Identify service approaches that are working well in peer recovery support projects, and

- Reach preliminary conclusions about the characteristics and indicators of quality peer recovery support service programs.

Current knowledge about peer recovery support services is being disseminated through SAMHSA initiatives such as CSAT's Access to Recovery (ATR) program, CSAT's first National Summit on Recovery, and the RCSP. However, many stakeholders in the substance use disorder treatment and recovery communities have little firsthand knowledge about peer services or the organizations that provide them. This RCSP Conference Report on *Emerging Peer Recovery Support Services and Indicators of Quality* is intended to give the recovery and substance use disorder treatment communities an overview of RCSP peer recovery support services at their stage of development at the time of the conference. A list of RCSP grant projects is provided in *Appendix 1*, page 38.

Part I
Background

RCSP Peer Recovery Support Services

Peer recovery support services provide social support for recovery. They promote engagement in the recovery process and reduce relapse once recovery has been initiated. Because they are designed and delivered by peers—persons who have experienced a substance use disorder and recovery—they embody a powerful message of hope, as well as a wealth of experiential knowledge. They effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.

Social Supports for Recovery. Because recovery is facilitated by social support (McLellan et al., 1998), RCSP grant projects have developed community-based peer-to-peer services to provide such support. RCSP peer recovery support services encompass four kinds of social support identified in the literature (Cobb, 1976; Salzer, 2002).

- **Emotional support** refers to demonstrations of empathy, caring, and concern that bolster a person's self-esteem and confidence. Peer mentoring, peer coaching, and peer-led support groups are examples of RCSP peer-to-peer support services that provide emotional support.

- **Informational support** means sharing knowledge and information or providing skills training. For example, peers can provide information on where to go for resources and teach specific skills, such as resume preparation. Informational support includes peer-led life skills training (e.g., parenting, stress management, or conflict resolution), job skills training, assistance in citizenship restoration, and the sharing of health and wellness information (e.g., smoking cessation, nutrition classes, or relaxation training).

- **Instrumental support** refers to the provision of concrete assistance to help others accomplish tasks. Examples include providing child care, clothing closets, or transportation to mutual aid group meetings and helping people obtain entitlement services or fill out applications.

- **Affiliation support** enables people to connect with others within an alcohol- and drug-free community of recovering people where they can learn new social and recreational skills and feel a sense of belonging. These interpersonal connections can be important in helping the recovering person form a new personal identity structured around health and wellness rather than alcohol and drugs. Peer-led recovery community centers are an example of affiliation support.

Role of Peers. RCSP peer recovery support services are designed and provided primarily by peers who have gained both practical experience in the process of recovery and wisdom on how to sustain it. Within RCSP projects, these service providers are designated as peer leaders. Many peer leaders donate their time to the peer recovery support project out of a desire to give back to their communities by helping others who are seeking to recover or sustain their recovery.

Relationship to Treatment. RCSP peer recovery support services provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may:

- Precede formal treatment, strengthening a peer's motivation for change;

- Accompany treatment, providing a community connection during treatment;

- Follow treatment, supporting relapse prevention; and

- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.

RCSP peer recovery support services expand the capacity of formal treatment systems by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs. Peer leaders in some RCSP projects also provide social support to the recovering person's family members.

Peer Service Settings and Populations. Some RCSP projects exist as free-standing recovery community organizations; others exist within a host agency such as a recovery housing provider or a criminal justice service agency. Peer services are delivered in a variety of settings, including recovery community centers, churches, child welfare organizations, recovery homes, drug courts, pre-release jail and prison programs, behavioral health agencies, and HIV/AIDS and social service centers. RCSP peer service providers work in urban and rural communities with many different populations, including those defined by race, gender, ethnicity, and culture or by co-existing conditions (e.g., HIV/AIDS and other infectious diseases, mental health disorders, or a criminal record).

Relationship to SAMHSA Vision and Mission. RCSP peer services fit squarely within SAMHSA's mission and vision: By promoting resiliency and facilitating recovery, RCSP grant projects seek to bring about a life in the community for everyone. They view recovery as a holistic, strengths-based process encompassing body, mind, and healthy relationships with significant others and the community. For many, recovery encompasses spiritual health as well.

Empirical Support. Researchers have provided empirical evidence substantiating the social support framework of peer-to-peer recovery support services. McLellan et al. (1998) suggested that holistic, community-based support services enhance treatment

outcomes. White (2001) identified ongoing peer-based community support as a critically important response to the challenges of initiating and sustaining recovery over a lifetime. The stages-of-change model developed by Prochaska and DiClemente (1982) shows that motivation for a lifestyle change, such as choosing recovery, exists along a continuum of readiness. Peers can play a supporting role along the change continuum by offering hope, facilitating motivation, and serving as positive role models.

2005 Annual Conference Design

The 2005 RCSP Annual Conference included more than 30 workshops and other skills- and community-building opportunities. A list of all workshops, panelists, and moderators or leaders is included in *Appendix 2*, page 40. Twelve workshops, devoted to descriptions of peer recovery support service approaches emerging in the RCSP projects, are the subject of this *RCSP Conference Report.* Participants in these workshops learned about the types of services developed by their counterparts and shared their own lessons learned. Two of the workshops described cross-cutting principles of peer recovery programs, while the other ten were devoted to descriptions of specific service approaches.

Workshops on Cross-cutting Principles

Two concepts that many RCSP grant projects embrace, irrespective of the type of service or population served, are (1) the importance of authenticity in peer recovery support services and (2) servant leadership.

- *Authenticity* was first described by the grantees at the 2002 RCSP Annual Conference where they crafted a working definition of peer recovery support:

  Authentic peer support involves a mutual exchange between equals that is characterized by shared power and authority, shared challenge and intention, shared experiences, and shared goals, beliefs, values, and desires.

- *Servant leadership* is a practical philosophy of leadership in which the peer leader's motivation comes from the desire to serve others. The philosophy is rooted in secular and faith-based traditions and can be applied by people who bring many different sets of religious, spiritual, secular, and cultural values to recovery. The servant leadership approach often appeals to people who are familiar with 12-Step principles and want to explore leadership outside of a 12-Step framework.

Workshops on Program Activities And Service Approaches

The other 10 workshops were categorized by:

- **Service types**—Recovery centers; mentoring, coaching, or resource connector programs; learning, support, and other peer-led groups; and faith-based services.

- **Recovery support service needs**—Education and employment, recovery housing, and parenting.

- **Specific populations' strengths and needs**—People involved in the criminal justice system; people living with AIDS, HIV infection, or hepatitis C; and women.

In these workshops, a panel of RCSP project representatives, led by a moderator, gave a brief overview of their programs and service approaches and answered questions from the audience. Then, workshop participants worked collaboratively to create a "mind map" that visually depicted indicators of quality peer services in the specific program area under discussion.

The Conference Report

After the 2005 RCSP Annual Conference, information from mind maps developed by participants in each workshop was synthesized into a list of common indicators of quality applicable to all service types, specific populations, and service needs. These common indicators of quality are presented in this conference report, which has the following sections.

- *Part I: Background*
- *Part II: Common Indicators of Quality*
- *Part III: Workshops: Cross-cutting Principles*
- *Part IV: Workshops: Grantee Program Activities and Service Approaches.*

Part II
Common Indicators of Quality

The following common indicators of quality in peer recovery support services—applicable to all service types, specific populations, and service needs—represent a synthesis of the indicators of quality identified by grantees at the 2005 RCSP Annual Conference in 12 workshops on specific peer service approaches and contexts. After each indicator is a discussion of comments made by attendees at the RCSP meeting. A list of the indicators of quality, without discussion, appears in *Appendix 3*.

The identification of these indicators of quality does not suggest that every RCSP grant project, or even any single project, can demonstrate all of them. Rather, the indicators are a distillation of the accomplishments, aspirations, and insights of 28 RCSP projects at their current state of development in August 2005 in their work with different service approaches, populations, and peer service needs. The quality indicators may be helpful to RCSP projects, other programs seeking to develop peer recovery support services, and readers interested in learning about them.

1 **Peer recovery support services are clearly defined in ways that differentiate them both from professional treatment services and from sponsorship in 12-Step or other mutual aid groups.**

- Clearly defining peer services to distinguish them from professional treatment services and sponsorship in 12-Step or other mutual aid groups is important for both ethical and practical reasons. Peer service providers are not trained to provide clinical services. RCSP projects are funded to extend—not duplicate, replace, or compete with—important services already available.

  Clarity of definitions helps ensure that peer service organizations will be accepted and welcomed by other community organizations within the continuum of care.

- The use of appropriate language to describe peer services helps clarify expectations and boundaries of service. For example, most RCSP grant projects avoid using treatment terms such as "client" or "case manager" and 12-Step terms such as "sponsor." Instead, they have developed descriptive recovery support terms such as "peer," "resource connector," and "mentor" or "coach."

- Clear job descriptions and a well-established pattern of linking peers to other components in the continuum of care reinforce the understanding of the peer program's functions.

2 **The programs and peer recovery support services are authentically peer in design and operation.**

6

- Services reflect the desires, strengths, and needs identified by peers.

- Peer leaders do not diagnose, rescue, or use directive approaches, but emphasize mutually shared experience.

- The peer program emphasizes the right and ability of individuals to make their own choices and provides structure and support for making these choices.

- Management and decision-making processes in peer programs tend to be nonhierarchical and participatory, and peers have substantial and meaningful decision-making authority with respect to governance, staffing, and volunteers.

3 The peer recovery support program has well-delineated processes for engaging and retaining a diverse pool of peer leaders who reflect the diversity of the community and of people seeking recovery support.

- Peer programs develop new peer leaders from within, while also reaching out to the larger recovery community to engage new peer leaders.

- Screening criteria are used to match peer leaders with specific roles within the peer service program; depending on the role, the duration of a peer leader's recovery can be one criterion.

- Programs with volunteer peer leaders have clear systems for acknowledging and rewarding volunteer service.

4 The peer recovery support program has an intentional focus on leadership development.

- Leadership development is integral to the program and is seen both as a recovery support and as a means of improving quality services.

- The program has a clear process for identifying peers, including peers served, who have leadership potential and matching them to leadership opportunities within the program.

- The program has a well-developed system for orienting, training, and supervising peer leaders.

- The peer leadership development program can be incorporated into a larger program of career development and advancement.

5 The peer recovery support program operates within an ethical framework that reflects peer and recovery values.

- The program has created a code of ethics, with substantial peer input, that reflects its values and reinforces both recovery and peer (as opposed to professional) perspectives.

■ Peer leaders are trained in complex ethical issues that bear on roles, relationships, responsibilities, boundaries, and self-care.

■ Organizational processes, such as training and supervision protocols, are in place to support the ethical framework.

6 The peer recovery support program incorporates principles of self-care, which are modeled by staff and peer leaders, and has a well-considered process for handling relapse.

■ Modeling good self-care is an essential responsibility of peer leaders and staff and is essential to avoiding burnout.

■ Self-care embodies principles of holistic health associated with body, mind, spirit, and relationships.

■ Peer leaders and staff are offered supports, such as opportunities to debrief after difficult or sensitive peer-helping situations, to help them maintain balance. They also may need to be reminded not to neglect their own ongoing recovery support needs and are encouraged to seek needed supports outside of the program.

■ RCSP peer leaders use relapse as an opportunity for learning and growth, while also establishing norms to protect peers receiving services. For example, it is generally viewed as inappropriate for a peer mentor who relapses to continue in the mentoring role until his or her recovery has been reestablished and stabilized for some period of time.

■ Peer leaders and peers have a role in establishing the peer program's policies and guidelines related to relapse. These policies and guidelines are available to everyone in the organization and are enforced fairly. A shared understanding of these policies and guidelines, arrived at in advance, facilitates a thoughtful organizational response to relapse when it occurs.

7 The program and the peer recovery support services offered are non-stigmatizing, inclusive, and strengths-based.

■ Peer recovery support service programs create an environment of affirmation, not shame and blame.

■ The many pathways to recovery are acknowledged, respected, and accepted; principles of inclusion are practiced.

■ The peer program intentionally gives people skills and tools for dealing with stigma when they encounter it.

8 The peer recovery support program honors the cultural practices of all participants and incorporates cultural strengths into the recovery process.

- Most peer recovery support programs serve peers from diverse cultures as defined by ethnicity, gender, affinity group membership, geography, pathways to addiction (including incarceration), and pathways to recovery (including treatment and medication-assisted approaches, as well as mutual aid, faith-based, and cultural routes).

- People from different cultures may have different perspectives on substance use disorders and recovery. When staff and peer leaders embrace and incorporate strengths from different cultures into the program, everyone feels valued and recovery is facilitated.

- RCSP grantees have found a variety of ways to incorporate strengths from different cultures into their programs. These include the use of cultural healing methodologies common to Native American groups, infusion of African American traditions into curricula, and use of "street-to-peer" ethics and citizenship restoration methods with ex-offenders.

9 The peer recovery support program connects peers with other community resources, irrespective of the types of services offered.

- Because peer support is only one element of a successful recovery process, it is essential that the program be able to link peers to other formal and informal supports.

- Resource connections may consist of simple referrals to organizations from a master list of community resources (e.g., treatment programs, faith-based organizations, culturally specific service organizations, and mutual aid groups, as well as organizations providing services related to co-existing conditions, employment, education, and housing).

- More sophisticated tools and strategies can be used, such as providing full and detailed information about the particular services offered by organizations on the master list to help a peer make informed choices. Emotional and instrumental supports can facilitate a successful contact with the chosen organization. Followup with the peer can help build an ongoing supportive relationship.

10 The peer recovery support program has well-established mutually supportive relationships with key stakeholders.

- Mutually supportive relationships with key stakeholders are important to ensuring that the peer program can make effective, high-quality resource connections. Relationships with key stakeholders are also an important element in sustainability planning.

- Key stakeholders identified by most projects include treatment systems and programs, primary and mental health care providers, mutual aid groups, and organizations that help with employment, education, and housing.

- Some projects have worked extensively with faith communities, correctional systems, drug courts, child welfare systems, and culturally relevant organizations.

11 The peer recovery support program has a plan to sustain itself.

- A diversified funding strategy is necessary if peer recovery support services are to sustain themselves. Elements of a sustainability plan include: continuous leadership development, strong marketing of recovery messages, information dissemination, use of evaluation results to demonstrate program impact and effectiveness, and a stakeholder development strategy.

- Because the challenge of developing and executing a sustainability plan is substantial, the process needs to be initiated soon after the formation of the program. Program leaders can ask: "If we are successful, who would want to support our program? What would we have to show specific potential funding organizations to convince them to support us?" Key questions such as these help identify important stake-holders, focus important evaluation questions, inform core messages, and drive program planning in ways that promote and support sustainability.

12 The peer recovery support program has well-documented governance, fiscal, and risk management practices to support its efforts.

- Peer recovery support programs are supported from the outset by an independent board of directors (or other governing or advisory body) with substantial and authentic peer representation, by a transparent system of financial management and internal controls, and by a solid approach to risk management.

- These administrative and fiscal systems, as well as the operating procedures for both paid and volunteer personnel, are codified in written policies and procedural guidelines, and are consistent with the way the organization actually functions.

- Program documentation (including code of ethics, orientation, training curricula, and supervision protocols) is essential.

Part III
Workshops: Cross-cutting Principles

This part of the conference report describes the proceedings of two workshops:

- Authenticity in Peer Recovery Support Services

- Servant Leadership

Authenticity in Peer Recovery Support Services

Moderators:
  Cathy Calori, Ithaca, New York
  Joe Powell, **Association of Persons Affected by Addiction (APAA) Dallas, Texas**

This workshop was designed to help RCSP grantees examine what it means to be an authentic peer recovery support organization. It also trained participants to facilitate similar discussions in their home communities. The workshop replicated part of a facilitated retreat held at the RCSP project, APAA, in June 2005.

Three key topics were discussed: (1) the peer support role as distinct from the role of the treatment professional, 12-Step sponsor, or other mutual aid group member; (2) the differentiation and design of peer service programs that do not duplicate services provided by other organizations; and (3) the indicators of quality in authentic peer service design and delivery.

The Peer Support Role: The peer recovery support role is not a static identity. Rather, it is a role within a context. Depending on the context, the same person may play different roles. For example, if peers A (a plumber) and B (a home owner) both participate in a recovery support meeting, the context of their relationship is peer-based. On a different occasion, A is called to fix the plumbing at the home of B. In this context, the relationship between A and B is not peer-based. Recognizing, articulating, and navigating such role changes can be challenging.

The concepts of mutuality and reciprocity as embedded in peer recovery support services are often core values of such services. Unlike the interaction between a client and professional counselor, where sharing feelings and providing support are unidirectional, a reciprocal exchange of feelings and support takes place between equals. Healing takes place when wisdom is gained from the sharing of experience during the provision of services.

Another core value of peer recovery support is empowerment. Peers empower each other by emphasizing the strengths of the individual to achieve and sustain recovery rather than pathologizing the individual's situation. Effective peer-run programs establish and maintain ethical guidelines that reflect the core values of mutuality, reciprocity, and empowerment.

Differentiating Peer Recovery Support Services from Other Services: A key challenge of peer recovery support organizations is to differentiate clearly the services they provide from those offered by the treatment service delivery system and from the support provided by 12-Step and other mutual aid fellowships. When the differences are not clear, peer recovery support organizations run the risk of alienating others in the continuum of care and of losing focus on what makes peer recovery support services valuable.

Therefore, one of the primary goals of peer recovery support organizations is to protect the identity of the organization by designing and delivering authentic peer recovery support services. This can be accomplished by:

- Clearly articulating the qualities of authentic peer recovery support services that are integral to the organization's identity.

- Developing ethical guidelines that reflect and protect authentic values of the peers delivering peer recovery support services.

- Establishing and maintaining organizational boundaries as a mechanism for preserving the integrity of the peer recovery support program.

Critical Incidents and Mind-Mapping Exercise: Following the discussion of key concepts, participants broke into small groups. The facilitators provided 14 examples of critical incidents to help participants identify key organizational values and indicators of quality peer recovery support services. These incidents, drawn from real-life scenarios, were used during the mind-mapping exercise to help capture the complexities and unique dynamics of the peer recovery support relationship within an organizational framework.

Participants were asked to discuss best and worst approaches for solving each problem and how rewriting weak approaches might serve as a means to improve the quality of peer recovery support services delivered by their organization. Consideration of best and worst approaches also illuminated the uniqueness and limitations of peer recovery support services, and revealed how preserving the distinct role of these services can be undermined when peer leaders attempt to provide help that is beyond the scope of peer recovery support.

The critical incident exercise reinforced the importance of asking three key questions when designing peer-based recovery programs and services:

- How does this peer recovery support service reflect the ethics and values of the peer program, including mutuality, reciprocity, and empowerment?

- How does this peer recovery support service empower peers to make decisions and choices that will advance and sustain their recovery?

- How does this peer recovery support service fit within the universe of recovery support services and how is it different from services in traditional treatment programs, 12-Step programs, and other mutual aid programs?

Discussion Highlights: Workshop participants identified a number of characteristics that can be found in an authentic peer recovery support program:

- Personal recovery comes first and self-care is an ongoing practice. Peer leaders are encouraged to monitor their internal states regularly so as not to jeopardize their own recovery in service to others.

- Peer leaders do not rescue—they help facilitate the recovery process by offering services, tools, and other supports so that the peers in need can rescue themselves.

- Peer leaders and peers do not diagnose other peers' problems.

- Peer leaders recognize and accept their own personal limits and boundaries so that they can serve effectively in the peer-helping role while safeguarding their own recoveries.

- Recovery support programs run by peers retain their organizational integrity by establishing and adhering to ethical guidelines that reflect core values such as mutuality, reciprocity, and empowerment. Each staff member and peer leader is able to articulate clearly the core values of the program.

- A code of ethics, plus ongoing supervision using such techniques as role playing and collective problem solving, helps peer leaders identify roles, negotiate changes in roles, and set limits and boundaries.

- Authentic peer recovery support service programs are run by peers. At least a majority of members of the governing body (e.g., board of directors, steering committee) come from the recovery community.

Servant Leadership

Moderator: Tom Hill

With representatives of:

- **Friends of Recovery-New Jersey, National Council on Alcoholism and Drug Dependence, Hamilton, New Jersey**

- **GMI Wings, Group Ministries, Inc., Buffalo, New York**

- **Circles of Recovery III, White Bison, Colorado Springs, Colorado**

This workshop explored leadership as a form of service provided by those leaders whose foremost desire is to be of service to others. It also explored ways that servant leadership can be applied in a peer recovery support environment.

Servant leadership is an approach to leadership development, articulated in the last several decades by Henri Nouwen in a spiritual framework and by Robert Greenleaf in a secular context. It has natural applications for peer recovery support services and recovery. Based on mutual healing and leadership through service, servant leadership can be practiced in both secular and faith-based recovery settings. The servant leadership approach is used by many spiritual communities and is often attractive to people in recovery who are familiar with 12-Step principles and want to explore these ideas outside of a 12-Step framework. The servant leadership model can be helpful for recovery community organizations

seeking to create a recovery-centered environment compatible with, but clearly distinguishable from, 12-Step fellowships.

Workshop presenters described their practice of servant leadership principles in peer recovery support services settings. Group Ministries focuses on the importance of faith and spirit, Circles of Recovery III adapts the principles in a culturally specific context, and FOAR-NJ uses servant leadership principles to integrate new and traditional approaches to recovery into its program. All three servant leaders identified their personal recovery experience as a bridge to their leadership style, which is grounded in the concept of service.

In organizations with servant leaders, the organizational chart is inverted, with the leadership on the bottom and the people served on the top. Bill Wilson and Dr. Bob Smith conceptualized a similar organizational hierarchy in the development of Alcoholics Anonymous and placed serving others at the heart of both recovery and leadership. This organizational structure is still followed by most 12-Step programs today.

The underlying principles of servant leadership are consistent with the concepts of mutuality and reciprocity as frequently expressed by many RCSP grantees. For them, the inherent value of peer recovery support services lies in their ability to provide needed services within relationships based on equality, mutuality, and humility. Applying

other principles of servant leadership—such as listening, awareness, empathy, healing, and persuasion, as well as a commitment to the growth of people and community building—can be beneficial to building peer recovery support organizations or restructuring existing programs to advance principles of servant leadership and strengthen programs.

The principles of servant leadership also can be applied in the management and stewardship of the organization by giving everyone (whether staff, board member, or person accessing services for the first time) responsibility and a stake in the guidance and success of the program. Servant leadership brings a new approach to accountability: *When every member assumes ownership of the project, each member—not just the leaders—is ultimately responsible for the project's success.*

Discussion Highlights: Workshop participants highlighted a number of ways in which the characteristics of servant leadership are reflected in peer recovery support service organizations:

- The concept of leadership is built into all program activities with the assumption that leadership potential is to be found in everyone. This means that each person who receives services is encouraged to become a peer leader in the program.

- Programs have structured leadership development initiatives that assist emerging leaders in developing skills and confidence at a variety of levels and positions.

- Peer recovery support programs are not designed to fix people but rather to help them heal and make changes, both in their lives and in their environment, which will support their recovery.

- Peers and peer leaders are included, to the fullest extent possible, in the design and implementation of programs.

- Peers and peer leaders are included, to the fullest extent possible, in the stewardship of the program and in key leadership positions.

- The organization is accountable to those it serves and is transparent in all its practices.

Part IV
Workshops: Grantee Program Activities and Service Approaches

Recovery Centers

Grantee Projects Represented on Panel

Asian Pacific American Community of Recovery Network (ACORN), Asian Counseling and Referral Services, Seattle, Washington. The ACORN recovery center provides culturally appropriate recovery supports to Asian/Pacific Islander Americans who encounter many linguistic and other cultural barriers to traditional services and mutual aid groups.

Connecticut Community for Addiction Recovery (CCAR), Wethersfield, Connecticut. CCAR is a recovery community advocacy and peer service membership organization. The Windham Recovery Community Center opened in 2004 as the first of nine peer-led centers planned statewide by CCAR. A second center opened in late 2005 in New London. Both centers host an array of peer recovery support services including trainings, workshops, vocational services, informal recovery coaching, and clean and sober social events.

Detroit Recovery Project (DRP), Clark Associates, Detroit, Michigan. The DRP drop-in center, located in the heart of downtown Detroit, responds to the numerous recovery support needs of its community by providing supports that range from quiet space for meditation to computer classes and employability training.

Peers Reach Out Supporting Peers to Embrace Recovery (PROSPER), Walden House, Los Angeles, California. Located in downtown Los Angeles, the PROSPER center provides peer-led reentry and social support opportunities for men and women leaving prison and reentering the community.

Recovery Association Project (RAP), Central City Concern, Portland, Oregon. RAP operates peer-led recovery drop-in centers in Portland and Salem, providing connections to resources and offering classes and evening activities.

A number of RCSP projects have established centers led and operated by peer leaders to provide a place for people in recovery to build relationships with other recovering people. The centers provide community education, resources for connecting with job and housing leads, and other resources helpful in sustaining recovery. Most important, these centers carry a message of hope by making recovery visible within the larger community.

Each RCSP recovery center offers peer recovery support services specifically tailored to the strengths and needs of its community. Services include help in developing a recovery plan; referrals to housing and employment opportunities; and workshops on early recovery challenges including finding employment despite having a criminal record, managing finances, and parenting. Other services include recovery support groups and learning circles on such topics as "Introduction to Mindfulness" (Recovery Association Project) and "Be Real with Self" (PROSPER–Peers Reaching Out Supporting Peers to Enhance Recovery). Many recovery centers also offer instrumental supports such as clothing closets or laundry rooms; access to phone, fax and Internet; rooms for GED study; and socialization opportunities including game nights (Asian Pacific American Community of Recovery Network), open house nights (Recovery Association Project), and a recreation center (Detroit Recovery Program).

Workshop participants identified a number of indicators of quality in well-run recovery centers:

- Safety considerations inform all aspects of recovery center operation, from the physical plant to members' physical, emotional, and psychological safety. The center has a risk management plan that includes such tools as incident and accident reports.

- Peers have a part in creating and enforcing established policies and operational procedures. Rules or guidelines for using the recovery center are set forth in policy and procedures manuals and are posted throughout the facility, and there is a sense of shared responsibility for enforcing them.

- The recovery center includes recovery community capacity-building among its goals and actively works to identify and nurture peer leaders who can promote recovery in the larger community.

- The recovery center enjoys mutually supportive relationships with treatment programs and mutual aid groups that operate in the community, as well as other stakeholder organizations.

- The peer nature of the recovery center is reflected at all decision-making levels, including staff and governance bodies.

- All roads to recovery are respected.

Note: Other RCSP grantees operating recovery centers are APAA, FRN, GMI Wings, NORA, OCW, Proyecto Bienestar, RECOVER, and SRCSP. (See list of project acronyms on page 38.)

Mentors, Coaches, and Resource Connectors

Grantee Projects Represented on Panel

Association of Persons Affected by Addiction (APAA), Dallas, Texas. APAA is a recovery management program that works primarily with people in pre-recovery and early recovery. APAA recovery coaches are available onsite as well as in a number of drop-in centers funded by the Dallas public treatment system and in five Dallas courtrooms. They offer a menu of peer program activities including job readiness classes and a wellness and fitness program. They also facilitate entry into treatment when appropriate.

Recovery Association Project (RAP), Central City Concern, Portland, Oregon. Resource coaches staff the RAP drop-in center, answer phone inquiries, and help peers find housing, employment assistance, and other resources. Most interactions between a peer and a resource coach are brief and peers become accustomed to working with different coaches, each skilled in helping them meet specific types of needs.

Recovery Resource Center (RRC), Oak Park, Illinois. RRC employs peers as recovery coaches to help people in early recovery set and prioritize goals and then connect with other stakeholder organizations to meet immediate needs for safe housing, public transportation assistance, job referrals, and learning and support groups.

Panel Summary

In most peer recovery support programs, a key function of the mentor, coach, or resource connector is to help the person in early recovery set goals and develop practical strategies for achieving them. In some cases, this relationship is fairly short-term and is focused primarily on helping the peer solve his or her most pressing needs. In others, the relationship is longer term, encompassing a fuller range of recovery supports.

Mentoring or coaching can be distinguished from 12-Step sponsorship in several ways. The sponsor works within the 12-Step framework and helps the sponsee understand and follow program guidelines. The RCSP recovery mentor or coach, on the other hand, helps peers choose recovery pathways that will work for them, rather than urging them to adopt the mentor's or coach's own program of recovery. The mentor or coach often is aware of more available resources and can devote more attention to connecting the peer with appropriate resources and information.

In identifying quality services, workshop participants identified and discussed issues related to selecting, training, and supervising peer leaders.

- The peer recovery support program has established qualifications, requirements, and job descriptions for peer leaders in mentoring, coaching, or resource-connecting roles.

- A mechanism exists for establishing an applicant's commitment to recovery and appropriateness for the role. Criteria typically include a specified duration of recovery (usually in the range of 1-2 years).

- The program has a well-developed plan for training mentors, coaches, or resource connectors. Core training topics include policies and procedures, tasks and responsibilities, roles and boundaries, ethics, confidentiality, cultural sensitivity, self-care to avoid burnout, and accessing and navigating resources.

- The peer recovery support services program provides effective ongoing supervision for mentors, coaches, or resource connectors with regular meetings and scheduled evaluations. Team meetings are a valuable supervisory tool and can serve as a forum for identifying self-care issues.

- A mechanism exists for reassigning the mentor, coach, or resource connector when a poor match with a peer has been made. Grievance processes are available to service recipients as well as to mentors, coaches, and resource connectors.

- A written policy clearly spells out the conditions under which termination of a relationship with a mentor, coach, or resource connector (salaried or volunteer) may be necessary.

Note: Other RCSP projects with mentoring, coaching, or resource connection initiatives are Accessing Success, ACORN, CCAR, CCORE, Circles of Recovery III, Heartland CARES, NORA, and Welcome Home. (See list of project acronyms on page 38.)

Learning, Support, and Other Peer-led Groups

Grantee Projects Represented on Panel

Friends of Addiction Recovery-New Jersey (FOAR-NJ), National Council on Alcoholism and Drug Dependence-New Jersey, Hamilton, New Jersey. FOAR-NJ conducts peer-led learning and support circles in recovery homes and in prison and jail pre-release centers where social support and other services often are lacking for people in early recovery.

Nashville Area Recovery Alliance (NARA), Alcohol and Drug Council of Middle Tennessee, Nashville, Tennessee. NARA offers peer-led learning circles in treatment programs and through the Nashville drug court.

The RECOVER Project (RECOVER), Western Massachusetts Training Consortium, Greenfield, Massachusetts. RECOVER has adapted group process concepts as organizational development tools and uses them to conduct biweekly group meetings. These meetings contribute to supervision, community-building, and the organization's culture of self-care.

Panel Summary

Many RCSP grantees offer peer-led group activities as a form of recovery support and often use them as tools for leadership development. Unlike the processes in many mutual aid groups, these activities are planned in advance and are facilitated by peer leaders.

The learning circle encourages the sharing of ideas, facilitates bonding, creates opportunities to model behaviors, and provides a sense of community among participants. These circles often incorporate spiritual rituals and practices. Learning circle topics are generally chosen by their members and can range from specific recovery challenges (e.g., dating in early recovery or dealing with holiday stressors) to more general subjects (e.g., an exploration of different styles of spirituality or of the ways a person's culture can support recovery).

Workshop participants identified a number of indicators of a quality peer-led learning circle or recovery support group:

- The goals of the learning or support group are aligned with the needs and desires of the peers who participate. Focus group input is used to help design a learning or support group and to assess quality improvement needs.

- Members of the learning or support group are encouraged to share their own experiences and knowledge.

Experts may sometimes provide information, but are encouraged not to dominate the group.

- The program has established processes for identifying and training prospective peer leaders in group facilitation.

- Instrumental supports, particularly transportation and child care, are available.

Note: AWRP and White Bison also have conducted learning circles. Other RCSP projects that offer nontraditional support groups are ACORN, APAA, AWRP, CCAR, DRP, FRN, Full Circle Project, GMI Wings, Peer to Peer, the H.I.G.H. Project, PROSPER, Proyecto Bienestar, RAP, RCA, SRCSP, and White Bison. (See list of project acronyms on page 38.)

Faith-based Initiatives and Partnerships

Grantee Projects Represented on Panel

Face to Face (Welcome Home), Welcome Home Ministries, Oceanside, California. Welcome Home has evolved from a personal jail ministry into a community—a "recovery sisterhood"—of peers who share the experience of addiction, incarceration, and recovery. Welcome Home's peer mentors work with women in jail, helping them get into treatment and connecting them to peer and professional services upon reentry into the community.

GMI Wings, Group Ministries, Buffalo, New York. Group Ministries is an HIV/AIDS services agency which grew out of the recovery-based personal ministry of its founder. GMI Wings provides peer services focused on underlying issues related to substance use disorders and recovery including peer outreach and referrals to substance use disorder assessment and treatment, sober housing, and employment readiness opportunities. GMI Wings also partners with local pastors to develop their capacity to build church-based recovery supports.

Proyecto Bienestar (Project Well Being), Pinal Hispanic Council, Eloy, Arizona. Although not a faith-based project, Proyecto Bienestar has partnered successfully with the local Ministerial Alliance and others to develop linkages between faith-based recovery homes and other recovery support services in the community including primary and mental health care, employment readiness services, and education supports.

Recovery Consultants of Atlanta (RCA), Atlanta, Georgia. RCA partners with pastors and members of eight local churches to help them understand substance use disorders and recovery and build sustainable peer service initiatives. In addition, RCA provides free HIV testing, referrals to treatment, and transitional housing and employment opportunities to people in or seeking recovery.

Panel Summary

Some RCSP grantees are faith-based initiatives which provide peer services; others partner with faith-based organizations. These programs provide a broad range of services including job skills development, help in finding housing, support for education, transportation, and child care. They also provide outreach and refer people to assessment and treatment programs.

Because many of the people served by faith-based programs have wide-ranging needs, these initiatives often emphasize linking people with other resources in the community. In some cases, they also have developed

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strategies to create resources where none existed before. For example, Welcome Home has created a dental ministry—working with a network of dentists who support recovery—that offers women ex-offenders free or deeply discounted dental care. RCA has partnered with a local church to provide employment and housing opportunities for people in early recovery. GMI Wings negotiated with a community college to offer fully accredited college courses at local African American churches, enabling people to pursue higher education in a supportive setting.

Workshop participants agreed that the primary mark of faith-based peer recovery support organizations is that, unlike secular programs, they relate to peers on a sacred level, seeing themselves as conduits for sharing God's love. Participants saw this as a profound distinction, especially since faith-based peer organizations often provide the same types of services as secular organizations.

They also agreed that faith-based peer recovery support services programs should be assessed on how well they handle certain challenges. Workshop participants identified the following indicators of quality services.

- People working in the faith-based environment are nonjudgmental and welcome everyone who asks for help, irrespective of their problems and dilemmas.

- The faith-based peer recovery support services provider does not exclude people on the basis of religious faith or absence of faith. A peer who is uncomfortable with the services or requirements is referred to other sources of assistance.

- The barriers to accessing faith-based peer recovery support services are low. Procedures for accessing program services are simple and straightforward. Eligibility requirements are minimized.

- The faith-based peer recovery support services program complies with the U.S. Department of Health and Human Services Charitable Choice Regulations. These regulations are available at www.samhsa.gov/ FBCI/charchoice.aspx and www.whitehouse.gov/government/fbci/ guidance/index.html.

Note: NORA also works in partnership with faith-based organizations to provide peer recovery support services. (See list of acronyms on page 38.)

Employment and Education

Grantee Projects Represented on Panel

Detroit Recovery Project (DRP), Clark Associates, Detroit, Michigan. The DRP drop-in center houses a wide range of educational and employment supports including voice mail and e-mail accounts, computer training, a virtual GED classroom, and a clothing closet. Peer leaders sponsor a job fair where people in recovery can connect with recovery-friendly employers and build relationships with local temporary employment agencies that hire people in recovery.

Face to Face (Welcome Home), Welcome Home Ministries, Oceanside, California. Welcome Home's peer mentors provide coaching in areas such as employment searches, resume building, networking, completing job applications, and interviewing, as well as financial management and appropriate comportment, behavior, and dress in the workplace. Welcome Home also acts as a clearinghouse and referral service to help women pursue the GED and other educational opportunities needed to achieve career goals.

Recovery Consultants of Atlanta (RCA), Atlanta, Georgia. In partnership with a local church, RCA is developing a home improvement venture called Recovery@Work (RAW), staffed entirely by persons in recovery. RAW has contracts for janitorial services, condominium fencing and repairs, and church maintenance. It also provides transitional housing for its employees.

Syracuse Recovery Community Services Program (SRCSP), Center for Community Alternatives, Syracuse, New York. The SRCSP has an onsite employment specialist who conducts classes in the development of job readiness skills. SRCSP peer leaders work with ex-offenders to reduce the barriers to employment created by a criminal record.

Panel Summary

People in recovery often develop a strong desire to improve the quality of their lives. A new-found energy for work and learning motivates many to seek a better job or continue their education. At the same time, they may need help in overcoming barriers that range from a lack of experience and workplace skills to a criminal record.

RCSP projects that provide peer recovery support services related to employment and education use a number of approaches to help

peers achieve their goals. They offer basic skills and computer training, provide basic labor market information, and make job referrals. They may also offer coaching and role playing activities that help peers practice forthright responses to difficult job interview questions and attend to collateral employment issues including a criminal record or poor credit history. Emotional support during the job search process is also provided. Instrumental supports may include the use of phone, fax, and e-mail services to contact potential employers and the provision of work-appropriate clothing.

RCSP projects in Detroit and Atlanta are forming small business ventures specifically designed to offer short-term employment to people in recovery without a long work history. This enables peers to acquire occupational skills and good work habits while also building a work history.

In addition, peer leaders support the educational aspirations of the peers whom they assist. Many peers need encouragement to get a GED. Other peers become motivated to pursue more advanced education and career opportunities, and peer leaders can help them find the best ways to obtain these credentials. For example, some of the women ex-offenders who have pursued post-high school educational opportunities with the support of peers from Welcome Home have become office managers, supervisors, research interviewers, home health providers, customer service coordinators, and proofreaders.

Workshop participants identified a number of indicators that a peer recovery support program

is equipped to meet the employment and education needs of its members including:

- The peer recovery support program understands that help with employment requires more than a job referral and encompasses a range of supports, including skills- and confidence-building strategies. The program is able to provide informational, instrumental, and emotional support tailored to a person's stage of employment readiness and can address collateral barriers to employment.

- The peer recovery support program addresses the multiple stigmas that people in early recovery often encounter in the course of an employment search and provides tools for dealing with them.

- The peer recovery support program invests in outreach to prospective employers and community resources to help create new job opportunities. For example, projects can explore the use of U.S. Department of Labor bonds as an incentive for employers to hire at-risk employees, including ex-offenders and people in recovery. (See www.doleta.gov/ wtw/ documents/fed-bonding.cfm).

- Attention is given not only to immediate employment needs, but also to longer-term career goals and training and education.

Note: Other RCSP projects that provide employment support are APAA, Full Circle Project, GMI Wings, OCW, Peer to Peer, PROSPER, and RAP. (See list of project acronyms on page 38.)

Recovery Housing

Grantee Projects Represented on Panel

Connecticut Community for Addiction Recovery (CCAR), Willamette, Connecticut. Working with the State of Connecticut, the Recovery Housing Project is a three-pronged effort consisting of a recovery housing database, a Recovery Housing Coalition, and a technical assistance resource on how to open a recovery home. The searchable database contains information on 107 recovery houses in Connecticut with a combined capacity of more than 1,100 beds. The Department of Corrections uses the database to get people out of correctional halfway housing and into recovery housing that meets standards set by CCAR's Recovery Housing Coalition.

Our Common Welfare (OCW), Women in New Recovery, Mesa, Arizona. Women in New Recovery (WINR) operates peer-run sober living communities at several locations in Arizona. OCW, the RCSP project, operates a Housing Information and Referral Resource and provides information on WINR and other housing options for women in recovery, including information on ex-offender-friendly housing for women reentering the community from a corrections environment.

Recovery Consultants of Atlanta (RCA), Atlanta, Georgia. By piggybacking on a partnership with a church that employs people in recovery, RCA has found housing for about 25 men in apartments leased by the partner project. Men pay rent between $250 and $400 per month and attend evening outpatient treatment and 12-Step or faith-based support groups. The partnership project also has a women's transitional housing program that houses up to seven women in early recovery.

Panel Summary

Many communities have substance-free housing for people in recovery. These homes are often owned or operated by peers and may provide services as well as sober living spaces. However, most RCSP projects do not provide recovery housing directly. Instead, many RCSP projects provide services that assist peers in finding housing, others work with State agencies or local organizations to provide technical assistance for recovery housing operators, and one leverages a partnership with a church to provide limited housing.

These efforts have begun to pay off in unexpected ways. In Connecticut and Arizona, for example, strong relationships built between the RCSP grant projects and recovery home

operators have led to a role for the RCSP projects in developing recovery housing standards. The RCSP projects believe that establishing standards will help generate broader interest in creating and funding recovery housing.

Since most RCSP grant projects do not provide recovery housing, workshop discussion focused on ways peer programs can help people in recovery find solutions to their housing needs. Indicators of quality for projects that link to recovery housing resources include:

- The peer recovery support program maintains an inventory of recovery housing options in the community. The inventory may start as a simple list, but over time can grow into a more complex and interactive database categorized by variables such as level of service provided, degree of supervision available, and "real-time" information on bed availability.

- The peer recovery support program includes a clear process, through peer coaching or other means, for helping members decide which housing option best suits their needs.

- Instrumental supports are available such as transportation or help with making phone calls.

- The peer recovery support program maintains strong working relationships with a number of recovery homes. In addition to referrals, the relationship can include offering peer recovery support services to recovery home residents and developing peer leaders from these communities.

Note: Other RCSP projects that offer recovery housing support services are APAA, A-Ye-Ga, RAP, and Welcome Home. (See list of project acronyms on page 38.)

Parenting Support

Grantee Projects Represented on Panel

Circles of Recovery III, White Bison, Colorado Springs, Colorado. Native American communities have identified strengthening fatherhood as essential to personal and community recovery from alcohol, drugs, and related ills. Using culturally appropriate materials developed by White Bison, peer leaders (called Firestarters) train men and women, children, grandparents, and other people in extended family support networks in a variety of venues.

Detroit Recovery Project (DRP), Clark Associates, Detroit, Michigan. Using focus groups and other community feedback mechanisms, DRP has developed a 6-week parenting curriculum to help parents in recovery enhance their family's functioning. It relies on the collective wisdom of the group and the ability of peers to teach each other. DRP is preparing to pilot-test the curriculum and will obtain further community feedback at the end of the pilot project.

Heartland CARES, Paducah, Kentucky. Under the umbrella of a multiservice HIV/AIDS organization that serves clients in rural Kentucky and Illinois, Heartland CARES provides peer support in overcoming stigma and feelings of shame, and in taking responsibility for managing one's own recovery and ongoing medical care. Parenting support groups provide peer support for the difficult task of exercising parental responsibility in the face of a stigmatized condition. Other agency supports are available directly to the children.

Proyecto Bienestar (Project Well Being), Pinal Hispanic Council, Eloy, Arizona. Peer leaders became involved in the parenting aspects of recovery when members of their peer recovery support groups began bringing their preteen and adolescent children to meetings. Some parents reported that their children seemed hostile to their sobriety, and others reported that their children were drinking or using drugs. Proyecto Bienestar responded to these concerns by spreading a broader recovery safety net under these families and creating an adolescent support group with a drug education component.

Panel Summary

Parents in recovery frequently face a range of issues that affect their relationships with their children. Dealing with these challenges often requires a combination of personal support, training in new skills, information and referrals to resources, and opportunities to affiliate with other parents.

RCSP grant projects that provide parenting support services have worked hard to tailor them to the cultures of the communities they serve. At the suggestion of White Bison elders, for example, the Circles of Recovery III project incorporated traditional wisdom on child rearing and human development into a series of culturally rooted trainings and products that support holistic recovery (referred to as Wellbriety) in individuals, families, and the community. DRP has used focus groups to help develop a parenting curriculum that combines African traditions and spirituality with the values and principles of recovery. Heartland CARES and Proyecto Bienestar also provide supports for children of parents in or seeking recovery.

Workshop participants identified a number of factors that indicate parenting support services offered by a peer recovery support program are of high quality:

- Peer parenting support services are conceptualized and designed through an authentic peer process that captures vision, overall program elements, and desired outcomes in peers' own words.

- Peer parenting supports incorporate the cultural values of the larger community as well as values that are shared across family and recovery systems. Examples of shared values are honesty, respect, open-mindedness, and willingness to pull together for the common good.

- Because parenting and recovery happen within a family system and across generations, the parenting initiative incorporates supports for the child as well as the parent, wherever possible.

- The peer recovery support program has the ability to identify needs that go beyond providing support for parenting and is able to help parents (and children) find additional help when needed.

- The peer recovery support program's policies and procedures related to children are consistent with the State's legal requirements. These policies and procedures have been reviewed by a lawyer, are incorporated into the organization's risk management plan, and are included in staff and peer leader training.

Note: Other RCSP projects that support parents in early recovery are Accessing Success, AWRP, CCAR, Full Circle Project, and PROSPER. Accessing Success, AWRP, and RCA also provide supports for children whose parents are in or seeking recovery. (See list of project acronyms on page 38.)

Criminal Justice

Grantee Projects Represented on Panel

Accessing Success, Relief Nursery, Eugene, Oregon. Relief Nursery is an organization that seeks to protect children who are at risk of abuse and neglect. Through its Accessing Success program, recovering peers are employed to help women leaving jail with a substance use disorder achieve and sustain sobriety and preserve their families. Services include one-on-one peer counseling, parenting support, classes in English as a Second Language, social skills training, transportation, and caregiver support groups.

Circles of Recovery III, White Bison, Colorado Springs, Colorado. White Bison peer leaders (Firestarters) have established peer-led Circles of Recovery in 500 communities nationwide. For Native American people in jails and prisons, White Bison has produced nine videos for women and seven for men that combine the Medicine Wheel with 12-Step teachings. These videos can be used in conjunction with a jail- or prison-based treatment or recovery support program or independently.

Frontier Recovery Network (FRN), Center for the Application of Substance Abuse Technologies, University of Nevada, Reno. FRN's peer services for recovering individuals who are involved with the criminal justice system include 8-week peer-created programs and support groups on special topics such as anger management and employment skills. FRN peer leaders also help formerly incarcerated women navigate public systems to regain custody of their children and use reality-based thinking to set realistic goals.

Restoring Citizenship, Treatment Alternatives for Safe Communities, Chicago, Illinois. Restoring Citizenship operates 10 Winners Circle and Inner Circle programs in different parts of Illinois, serving men, women, and youth. Winners Circles are peer-led support groups that address the special needs of formerly incarcerated persons in recovery. Inner Circles meet in pre-release programs within the prisons. Restoring Citizenship helps individuals obtain State identification cards, public transportation fare cards, clothing, transitional housing, and job interviews. Restoring Citizenship also organizes voter registration drives, helping ex-offenders become active citizens who participate in the election process.

Syracuse Recovery Community Services Program (SRCSP), Center for Community Alternatives, Syracuse, New York. SRCSP operates a drop-in center for ex-offenders and drug court participants. Available at the drop-in center are a range of employment preparation services, guidance on citizenship restoration and clearing police arrest records, reintegration support (peer coaching and mentoring), rapid HIV testing, and help in obtaining safe housing.

Panel Summary

Peers involved with the criminal justice system face special challenges on the road to recovery. Some are returning to the community from correctional institutions and others are part of a drug court or other sentencing arrangement that is conditional on completion of treatment and/or a sustained period of recovery. A number of RCSP projects work with these peers to help them overcome barriers to recovery and reentry.

Typical peer recovery support services offered by these grantees are peer mentoring or coaching, reentry/recovery support groups that operate as either an alternative or adjunct to 12-Step groups, job readiness and employment skills training, life skills training, anger management classes and support groups, and housing referrals. Other services include public transportation support, classes in English as a Second Language, assistance with civic restoration, and credit repair. In addition, linkages to health care services, including those related to HIV/AIDS and other infectious diseases, mental health disorders, and trauma, are available.

Because peers involved with the criminal justice system often have a wide range of

needs, many of them require professional attention, RCSP projects that work with ex-offenders typically have the capacity to make referrals to a comprehensive array of services. In the case of RCSP projects housed in a larger reentry service center such as Restoring Citizenship and SRCSP (housed in Treatment Alternatives for Safe Communities and the Center for Community Alternatives, respectively), many of the needed services are co-located with the peer project, making referral easier. Other RCSP projects develop relationships with stakeholders that can meet needs beyond the scope of the peer project.

Workshop participants identified several indicators of a quality peer recovery support program supporting people who are in or seeking recovery and also involved with the criminal justice system:

- The peer recovery support program cultivates strong relationships with criminal justice and corrections officials that are essential for program success. Other stakeholder relationships also are cultivated to meet the broad array of recovery supports needed.

- Where possible, recovery work and relationship building can begin with letters

written to inmates, and letter-writing relationships may be established. A number of projects have developed relationships of trust with corrections officials and have been able to arrange for pre-release jail or prison visits by peer leaders who are ex-offenders, even though corrections officials generally do not permit visits by ex-offenders.

■ The peer recovery support program includes supports that are specifically designed to engage the strengths and meet the needs of women in the criminal justice system, including those who have children. For example, peer leaders can become skilled in helping recovering women interact effectively with child welfare agencies.

■ The peer recovery support program includes supports that are specifically designed to meet the needs of individ-

uals in the criminal justice system (and their families) to affiliate with peers in a supportive community. A number of workshop participants identified "family nights," peer athletic events, and similar socialization opportunities as critical to their programs' success.

■ Peer leaders are culturally competent with respect to the norms and customs of prison life and understand the cultural challenge to parolees and probationers of moving between correctional institutions and the community.

Note: Other RCSP projects that focus specifically on the recovery support needs of ex-offenders or drug court participants are Peer to Peer, PROSPER, and Welcome Home. FOAR-NJ, OCW, and RECOVER also have program elements that are designed to meet the needs of this population. (See list of project acronyms on page 38.)

HIV/Hepatitis C

Grantee Projects Represented on Panel

GMI Wings, Group Ministries, Buffalo, New York. This peer recovery support project is housed within a larger education and case management program operated by Group Ministries, a nondenominational, multiethnic, faith-based service agency for people with HIV/AIDS. GMI Wings conducts peer outreach and education among high-risk individuals in detoxification centers, rehabilitation programs, and correctional institutions.

Heartland CARES, Paducah, Kentucky. The peer recovery support services provided at Heartland CARES are housed in a multiservice HIV/AIDS organization serving people in rural Kentucky and Illinois. Services provided by the host agency include medical care, case management, counseling, and HIV outreach and education. The RCSP project provides peer outreach and mentoring to people with HIV/AIDS who are in or seeking recovery.

How I Got Help: H.I.G.H. on Recovery (H.I.G.H. Project), AIDS Service Center (ASC), New York, New York. Peer-to-peer counseling is a major component of the assistance provided by the H.I.G.H. Project of the ASC. Peer services also include crisis intervention and overall wellness education.

Panel Summary

Many people contemplating or seeking recovery from a substance use disorder must also manage the effects of HIV/AIDS, hepatitis C, or other serious infectious diseases. They may need to address a co-occurring mental health disorder as well. Helping people with infectious disease and other co-occurring problems achieve wellness requires a holistic plan that addresses wide-ranging needs. Peer education and support are often helpful in facilitating a change to holistic disease management, recovery, and self-care.

RCSP projects serving people with co-occurring disorders operate in urban, rural, secular, and faith-based environments. Peer leaders in these programs offer high levels of emotional and informational support, primarily through one-on-one peer mentoring and education, and support groups. They also combat stigma and misinformation. Peer outreach is often a key part of the work that they do.

Peer recovery support projects serving recovering people with infectious disease typically put a great deal of emphasis on ensuring adequate training for peer leaders. For example, the H.I.G.H. on Recovery Project's Peer Recovery Education Program (PREP) address-

es the complex needs of HIV-positive people in or seeking recovery from alcohol or other drug use and provides intensive training in relapse prevention. This 10-week training course enables PREP participants to perform educational outreach activities and serve as peer mentors.

Workshop participants identified a number of indicators of quality for recovery support programs that work with people who have co-occurring HIV/AIDS or other infectious disease problems:

- The recovery support program invests in an intensive peer leader training program. Peer leaders need to be able to help the people they serve separate myths from facts about HIV/AIDS, hepatitis C, and substance use disorders so that they can make informed decisions. They also can help steer them through complex bureaucracies that often do not communicate effectively with one another.

- Principles of self-care are integrated into all elements of the peer recovery support program, including training and ongoing supervision and support of peer leaders.

- Peer leaders are nonjudgmental and welcoming, respecting the worth of the recovering individual with HIV/AIDS or other infectious disease and providing support in overcoming stigma. This is particularly important in the context of the interlocking and reinforcing stigmas of substance use disorders and HIV/AIDS, often compounded by stigmas related to race and/or sexual orientation.

- The peer recovery support program has strong outreach capacity. Many people with HIV/AIDS live in social isolation because of stigma and misunderstanding on the part of friends and associates about the disease. When no one else can, peers often are able to reach individuals who are hesitant even to acknowledge their disease.

- Peer recovery support programs that do not specifically provide services to people with infectious disease may need to introduce peer leader training modules that address the misinformation and fear about HIV/AIDS, hepatitis C, and other infectious diseases that are prevalent in the recovery community.

Note: Other RCSP projects that address the needs of people in or seeking recovery that have HIV/AIDS, hepatitis C, or other infectious disease, or mental health disorders are RAP and RECOVER. (See list of project acronyms on page 38.)

Women

Grantee Projects Represented on Panel

Accessing Success, Relief Nursery, Eugene, Oregon. In a program for formerly incarcerated women, Accessing Success peer staff help women whose children are at risk for abuse achieve and sustain sobriety and preserve their families. Peers provide classes in anger management, parenting, English as a Second Language, and social skills development. They also link women to treatment, health services, and educational resources.

Alaska Women's Recovery Project (AWRP), Southcentral Foundation, Anchorage, Alaska. AWRP provides leadership training, mentoring, and informational and emotional support for recovering women. Structured peer-facilitated support gatherings are grounded in concepts of holistic wellness and combine the presentation of information with the opportunity for dialogue and sharing of experience. Topics are chosen by the participants and range from relationships, healthy sexuality, and other quality-of-life issues to such practical matters as financial fitness.

Face to Face (Welcome Home), Welcome Home Ministries, Oceanside, California. Welcome Home trains ex-offender mentors to reach out to women in jail with substance use disorders, embracing them in a faith-based community, connecting them to local treatment resources, and offering emotional support during treatment and recovery. Welcome Home peers also provide employment readiness and job search supports, as well as assistance in locating recovery housing and linkages to educational opportunities.

Our Common Welfare (OCW), Women in New Recovery, Mesa, Arizona. Women in New Recovery operates a peer-run sober living community at several locations in Mesa and Prescott. OCW, the RCSP project, offers a variety of peer-led seminars on life, communication, and employment skills including money management and credit restoration. Monthly workshops focus on such topics as anger management, building healthy relationships, and resolving conflict.

Panel Summary

Helping women achieve successful recovery may entail addressing gender-specific physical, social, spiritual, and environmental needs and strengths. RCSP peer recovery support projects that work with women place a great deal of importance on creating a safe and nurturing community where this process can take place.

These projects provide an array of services similar to those found in other RCSP projects (e.g., mentoring, coaching, workshops, learning circles, nontraditional support groups, resource connection) but place a heavier emphasis on relationship and children's issues. AWRP and others not included on this panel, Full Circle Project and PROSPER, hold regular family-focused social gatherings, providing opportunities to model and share family-oriented recovery activities.

Workshop participants identified a number of elements that they believe characterize a quality peer recovery support program specifically targeted to women:

- Physical, emotional, and psychological safety is a core value. Peers support each other, are nonjudgmental, and operate from a platform of compassion and acceptance.

- Empowerment is another core value. Women develop their own recovery plans (with the support and help of peers) and are encouraged to take ownership of the recovery process. The peer leader's approach is: "What can we do to help?" Small steps are recognized and celebrated.

- The peer recovery support program fosters community-building and other affiliation supports. Several workshop participants identified the ability of women to build a supportive community as a building block of successful programs.

- Peer recovery support services address all aspects of holistic health—body, mind, and spirit—within the context of each woman's personal life and her relationships with others. Linkages are made available to a wide range of formal and informal community resources to support a full life encompassing physical and mental health, work, play, and family.

Note: Other RCSP projects that address the special needs of women are Accessing Success, AWRP, OCW, and Welcome Home. (See list of project acronyms on page 38.)

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Appendix I: RCSP Projects 2005

RCSP Projects Listed by Acronym or Common Name

Acronym: **Accessing Success**
Project: Accessing Success
Grantee: Relief Nursery
Year Funded: 2004

Acronym: **ACORN**
Project: Asian Pacific American
               Community of Recovery
               Network
Grantee: Asian Counseling and Referral
               Services
Year Funded: 2003

Acronym: **APAA**
Project: Association of Persons Affected
               by Addiction
Grantee: Association of Persons Affected
               by Addiction
Year Funded: 2003

Acronym: **AWRP**
Project: Alaska Women's Recovery
               Project
Grantee: Southcentral Foundation
Year Funded: 2001

Acronym: **A-Ye-Ga**
Project: A-Ye-Ga: Awakening the
               Recovery Spirit
Grantee: Eastern Band of Cherokee
               Indians
Year Funded: 2001

Acronym: **CCAR**
Project: Connecticut Community for
               Addiction Recovery
Grantee: Connecticut Community for
               Addiction Recovery
Year Funded: 2004

Acronym: **C-CORE**
Project: Community Change Oriented
               Recovery Effort
Grantee: Pascua Yaqui Tribe of Arizona
Year Funded: 2001

Acronym: **DRP**
Project: Detroit Recovery Project
Grantee: Clark Associates
Year Funded: 2003

Acronym: **FOAR-NJ**
Project: Friends of Addiction
               Recovery–New Jersey
Grantee: National Council on
               Alcoholism and Drug
               Dependence–New Jersey
Year Funded: 2001

Acronym: **FRN**
Project: Frontier Recovery Network
Grantee: Center for the Application of
               Substance Abuse Technologies,
               University of Nevada, Reno
Year Funded: 2001

Acronym: **Full Circle Project**
Project: Full Circle Project
Grantee: Easy Does It
Year Funded: 2001

Acronym: **GMI Wings**
Project: GMI Wings
Grantee: Group Ministries
Year Funded: 2003

Acronym: **Heartland CARES**
Project: Heartland CARES
Grantee: Heartland CARES
Year Funded: 2004

Acronym: **H.I.G.H. on Recovery**
Project: How I Got Help: H.I.G.H. on Recovery
Grantee: AIDS Service Center
Year Funded: 2003

Acronym: **NARA**
Project: Nashville Area Recovery Alliance
Grantee: Alcohol and Drug Council of Middle Tennessee
Year Funded: 2001

Acronym: **NORA**
Project: Northern Ohio Recovery Association
Grantee: Northern Ohio Recovery Association
Year Funded: 2004

Acronym: **OCW**
Project: Our Common Welfare
Grantee: Women in New Recovery
Year Funded: 2003

Acronym: **Peer to Peer**
Project: Peer to Peer Program
Grantee: The Fortune Society
Year Funded: 2004

Acronym: **PROSPER**
Project: PROSPER–Peers Reaching Out Supporting Peers to Embrace Recovery
Grantee: Walden House
Year Funded: 2004

Acronym: **Proyecto Bienestar**
Project: Proyector Bienestar (Project Well Being)
Grantee: Pinal Hispanic Council
Year Funded: 2001

Acronym: **RAP**
Project: Recovery Association Project
Grantee: Central City Concern
Year Funded: 2003

Acronym: **RCA**
Project: Recovery Consultants of Atlanta
Grantee: Recovery Consultants of Atlanta
Year Funded: 2001

Acronym: **RECOVER**
Project: The RECOVER Project
Grantee: Western Massachusetts Training Consortium
Year Funded: 2003

Acronym: **Restoring Citizenship**
Project: Restoring Citizenship
Grantee: Treatment Alternatives for Safe Communities
Year Funded: 2001

Acronym: **RRC**
Project: Recovery Resource Center
Grantee: Recovery Resource Center
Year Funded: 2003

Acronym: **SRCSP**
Project: Syracuse Recovery Community Services Progam
Grantee: Center for Community Alternatives
Year Funded: 2001

Acronym: **Welcome Home**
Project: Face to Face
Grantee: Welcome Home Ministries
Year Funded: 2004

Acronym: **White Bison**
Project: Circles of Recovery III
Grantee: White Bison
Year Funded: 2004

Appendix 2:
Workshops, Moderators, and Panelists at 2005 RCSP Grantee Meeting

Employment and Education

Moderator:

Patty McCarthy, Friends of Recovery–Vermont

Panelists:

Andre Johnson, Detroit Recovery Program

Karla Lomiglio, Welcome Home Ministries

Jimi Allen, Recovery Consultants of Atlanta

Efren Bonilla, Syracuse Recovery Community
    Services Program

Faith-Based Approaches

Moderator:

Cathi Calori, CCI Consultants

Panelists:

Kenneth Smith, GMI Wings

Rosa Ruiz, Proyecto Bienestar

Cassandra Collins, Recovery Consultants of
    Atlanta

Janie Hudson, Welcome Home Ministries

Mentors, Coaches, Resource Connectors

Moderator:

Tom Hill, Health Systems Research, Inc.

Panelists:

Chester McGee, Association of Persons
    Affected by Addiction

Meghann Hughes, Recovery Association
    Project

Cynthia Cameron, Recovery Resource Center

Robert Cummings, Syracuse Recovery
    Community Services Program

Women

Moderator:

June Gertig, Health Systems Research, Inc.

Panelists:

Cheryl MacGinitie, Accessing Success

Lisa Pierce, Alaska Women's Recovery Project

Patty Henderson, Our Common Welfare

Donna Nickel, Welcome Home Ministries

HIV/Hepatitis C

Moderator:

Laurie Kamansky, The RECOVER Project

Panelists:

Kesiha Smith, GMI Wings

Brent Collins, Heartland CARES

Rufino Colon, How I Got Help: H.I.G.H. on
    Recovery

Parenting Supports

Moderator:

June Gertig, Health Systems Research, Inc.

Panelists:

Angela Williams, Detroit Recovery Project

Krista Wood, Heartland CARES

Manuel Salas, Proyecto Bienestar

Don Coyhis, White Bison

Authenticity in Peer Recovery Support Services

Moderators:

Cathy Calori, CCI Consultants

Joe Powell, Association of Persons Affected by Addiction

Recovery Centers

Moderator:

Patty McCarthy, Friends of Recovery–Vermont

Panelists:

Miae Christofferson, Asian Pacific American Community of Recovery Network

Diane Potvin, Connecticut Community for Addiction Recovery

Andre Johnson, Detroit Recovery Project

Demetrius Andreas, PROSPER

Akhri Troncelliti, Recovery Association Project

Criminal Justice

Moderator:

Susan Hailman, Campaign Consultation, Inc.

Panelists:

Carla George, Accessing Success

Denise Everett, Frontier Recovery Network

Jerome Collins, Restoring Citizenship

Jackson Davis, Syracuse Recovery Community Services Program

Blaine Wood, White Bison

Learning Circles, Support Meetings and Other Peer-Led Groups

Moderator:

Sonya Baker, Community Recovery Network

Panelists:

Jeanette Grimes, Friends of Addiction Recovery–New Jersey

Terri Dorsey, Nashville Area Recovery Alliance

Laurie Kamansky, The RECOVER Project

Recovery Housing

Moderator:

Ilene Baker, Pima Prevention Partnership

Panelists:

Cheryle Pacapelli, Connecticut Community for Addiction Recovery

Patty Henderson, Our Common Welfare

David Whiters, Recovery Consultants of Atlanta

Joyce Salaam, Recovery Resource Center

Servant Leadership

Moderator:

Tom Hill, Health Systems Research, Inc.

Panelists:

Yury Tarnavskyj, Friends of Addiction Recovery–New Jersey

Pastor Arthur Boyd, GMI Wings

Don Coyhis, White Bison

Track 2: Developing Peer Leaders and Programs

Basic Communication Skills for Peer Leaders Training of Trainers

Facilitators:

Sonya Baker

Ilene Baker

Engaging, Developing and Retaining Peer Leaders: A Problem-Solving Clinic

Facilitator:

Susan Hailman, Campaign Consultation, Inc.

Leadership Styles: Finding Yours and Appreciating Others

Facilitator:

Manny Brandt, National Center for Cultural Healing

Strength-Based Thinking and Mapping Your Assets

Facilitator:

Barbara Warren, LGBT Community Center of New York City

Panelists:

Cheryle Pacapelli and Phillip Valentine, Connecticut Community for Addiction Recovery

Jon Atten, Rick Johnson, and Patty Katz, Recovery Association Project

Curriculum Development for Peer Training

Facilitator:

Carolyn Davis, Health Systems Research, Inc.

Developing Programming and Activities

Facilitators:

Barbara Warren

Patty McCarthy, Friends of Recovery–Vermont

Ethics and Personal Boundaries for Peer Leaders Training of Trainers

Facilitator:

Cathy Calori, CCI Consultants

Self-Care in Action

Catherine Nugent, Center for Substance Abuse Treatment

Track 3: Building and Sustaining the Organization and Effort

Building a Healthy Organizational Climate

Facilitator:

Elizabeth Burden, Pan Left Productions

Marketing for Sustainability: Building Your Project's Reputation for the Long Haul

Facilitator:

La Tanya Jones, Campaign Consultation, Inc.

Stakeholder Basics: What Are They and Why Do We Care?

Facilitator:

David Carrillo, National Center for Cultural Healing

Competency in the Cultures of Recovery

Facilitators:

David Carrillo

Tom Hill, Health Systems Research, Inc.

Marketing Basics: Getting the Word Out

Facilitator:

La Tanya Jones, Campaign Consultation, Inc.

Stakeholders for Sustainability

Facilitator:

Elizabeth Burden

Boards, Advisory Boards, and Steering Committees
Facilitator:
Elizabeth Burden

Conflict Transformation
Facilitator:
David Carrillo, National Center for Cultural
    Healing

Resource Development: More than Fundraising
Facilitator:
La Tanya Jones, Campaign Consultation

Discussion Groups

Access to Recovery
Moderators:
Mady Chalk, Center for Substance Abuse
  Treatment
Catherine Nugent, Center for Substance
  Abuse Treatment
Christine Whitmore, American Institutes for
  Research

Panelists:
Joe Powell, Association of Persons Affected by
  Addiction
John Shea, Connecticut Community of
  Addiction Recovery
Cynthia Cameron, Recovery Resource Center

Recovery and Spirit
Moderator:
Anita Bertrand, Northern Ohio Recovery
  Association

Recovery and Wellness
Moderator:
Don Coyhis, White Bison

Recovery and Whole Person
Moderator:
Phil Valentine, Connecticut Community for
    Addiction Recovery

Teach-Ins

Co-occurring Disorders/Co-occurring Recoveries
Moderator:
Cathi Calori, CCI Consultants

Cultural Relevance and Sensitivity
Moderators:
Miae Christofferson, Asian Pacific American
    Community of Recovery Network
Clare Cory, Community Change Oriented
    Recovery Effort

Medication-Assisted Recovery: Dispelling Myths
Moderator:
Ilene Baker, Pima Prevention Partnership

Peer vs. Street Ethics
Moderator:
Rufino Colon, How I Got Help: H.I.G.H. on
    Recovery

Trauma and Violence in Our Lives
Moderator:
Rene Andersen, The RECOVER project

Website Development: The Fundamentals
Moderator:
Elizabeth Burden, Pan Left Productions

Appendix 3:
Common Indicators of Quality in Peer Recovery Support Service Organizations

1. Peer recovery support services are clearly defined in ways that differentiate them both from professional treatment services and from sponsorship in 12-Step or other mutual aid groups.

2. The programs and peer recovery support services are authentically peer in design and operation.

3. The peer recovery support program has well-delineated processes for engaging and retaining a diverse pool of peer leaders who reflect the diversity of the community and of people seeking recovery support.

4. The peer recovery support program has an intentional focus on leadership development.

5. The peer recovery support program operates within an ethical framework that reflects peer and recovery values.

6. The peer recovery support program incorporates principles of self-care, which are modeled by staff and peer leaders, and has a well-considered process for handling relapse.

7. The peer program and peer recovery support services are nonstigmatizing, inclusive, and strengths-based.

8. The peer recovery support program honors the cultural practices of all participants and incorporates cultural strengths into the recovery process.

9. The peer recovery support program connects peers with other community resources irrespective of types of services offered.

10. The peer recovery support program has well-established, mutually supportive relationships with key stakeholders.

11. The peer recovery support program has a plan to sustain itself.

12. The peer recovery support program has well-documented governance, fiscal, and risk management practices to support its efforts.

CONTACTS

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with job, homes and meaningful relationships with family and friends for people with or at risk for mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

For detailed information about current grant opportunities, browse the SAMHSA Web site at **www.samhsa.gov** and click on "Grants." Visit regularly for updates.

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Substance Abuse Resources
SAMHSA'S NATIONAL CLEARNINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)
P.O. Box 2345, Rockville, MD 20847-2345
1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD)
http://www.findtreatment.samhsa.gov

SUBSTANCE ABUSE TREATMENT FACILITY LOCATOR
1 (800) 662-HELP (Toll-free, 24-hour, 24-hour Treatment Referral Service)
1 (800) 487-4889 (TDD)
http://www.findtreatment.samhsa.gov

WORKPLACE HELPLINE
1 (800) WORKPLACE (967-5752)
http://workplace.samhsa.gov/helpline/helpline.htm

Mental Health Resources
SAMSHA'S NATIONAL MENTAL HEALTH INFORMATION CENTER
P.O. Box 42557, Washington, DC 20015
1 (800) 789-2647 or 1 (866) 889-2647 (TDD)
http://www.mentalhealth.samhsa.gov

NATIONAL SUICIDE HOTLINE
1 (800) SUICIDE (784-2433)

MENTAL HEALTH SERVICES LOCATOR
http://www.mentalhealth.samhsa.gov/databases/

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services