



FINAL REPORT

The Launch of "Recovery Idaho"
One State's Effort to Foster a Statewide Recovery Initiative

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Prepared by:
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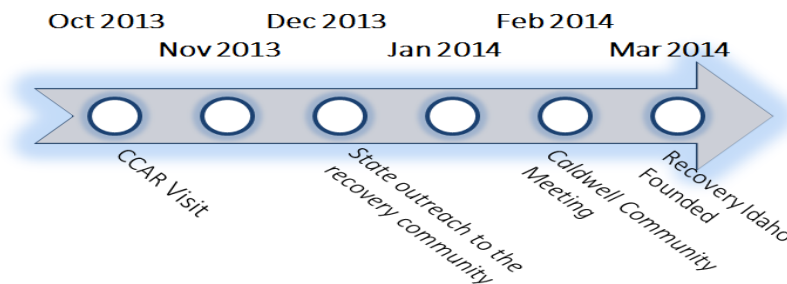
EXECUTIVE SUMMARY

Launching an RCO

The Idaho Department of Health and Welfare (IDHW) initiated an effort to increase support for people in recovery from substance use and/or mental disorders by forming a Recovery Community Organization (RCO) that would expand recovery support services throughout the State and advocate for the recovery community. The project was funded through the State’s Recovery Infrastructure Training for Empowerment Transformation Transfer Initiative (RITE-TTI) grant, which was managed by the National Association of State Mental Health Program Directors (NASMHPD).

Managers of IDHW and selected stakeholders traveled to Connecticut to explore the Connecticut Community for Addiction Recovery (CCAR)—also an RCO—and concluded that its model could work in Idaho. Showings of *The Anonymous People* were organized in Idaho in order to build interest in establishing an RCO. They then hosted a workshop for nearly 50 participants, with CCAR staff facilitating, to create an RCO. After three days, this group founded “Recovery Idaho.” In addition to Idaho, the States of Connecticut, South Dakota, New Hampshire, New Jersey, and Wisconsin have used CCAR’s process to develop the foundation for an RCO. However, the Idaho RCO is unique as it will address recovery from both substance use disorders and mental disorders, while the others focused only on substance use disorders.

The Idaho Department of Health and Welfare contracted with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to document these efforts so that other States would have a roadmap to create their own recovery organizations and centers in the future.



Employing the CCAR Model

The Idahoans’ two-day visit to CCAR cemented their interest in adopting CCAR’s framework. The 13-person group—including 2 State legislators and 2 County Commissioners—learned about CCAR’s day-to-day functions, operational structure, activities (e.g., Recovery Oriented Employment Services), and role in the recovery community (e.g., community relations, volunteer management). The tour included questions and answers with volunteers, staff, and CCAR Executive Director Phil Valentine.

Prompted by this meeting, Idaho’s Department of Health and Welfare hosted screenings of the documentary *The Anonymous People* in the Capitol Building, as well as in Caldwell, the county seat of Canyon County. The screenings were part of the State’s efforts to establish an RCO, harness existing community interest and create further momentum for establishing a recovery center in Canyon County.

Founding Recovery Idaho

In March 2014, nearly 50 allies of recovery convened to lay the foundation for Recovery Idaho. Roughly half the workshop participants identified as being in long-term recovery, and many attended as volunteers. This group was composed of recovery coaches and recovery coach trainers, Community Resource Development Specialists from IDHW, staff of the Office of Consumer Affairs (representing peer specialists), treatment and counseling providers, social workers, graduates of Drug Court, Idaho State employees, individuals working in corrections and criminal justice, a former tribal council member, and six County Commissioners.

CCAR consultant Jim Wuelfing facilitated the workshop. Each day, Mr. Wuelfing used a “consensus” method, in which he asked whether participants “could not live with” draft language or a decision before moving ahead. This allowed participants to incorporate a variety of ideas and ensure they were satisfied with group decisions. Participants also voted on different options in order of preference—1-least preferred to 6-most preferred—and adopted those that earned the highest total scores.

Participants developed the major components of a 501(c)(3) recovery organization, including:

Name	<i>Recovery Idaho</i>	
Vision Statement	<p><i>We envision an Idaho where Recovery is understood, valued and supported to promote healthy communities.</i></p> <p><i>We support the recovery community by collaborating with local groups and organizations in the development and delivery of community driven recovery support services. We work on behalf of all those impacted by recovery (including family members, friends, and allies) through service, education, and advocacy, to remove the stigma and discrimination surrounding addiction and mental illness.</i></p> <p><i>Recovery Idaho does this by:</i></p> <ul style="list-style-type: none"> <i>Providing coaching services to individuals in recovery with the goal of maintaining long term individual wellness, regardless of their recovery path.</i> <i>Providing opportunities for individuals in recovery to build on their potential, rather than focusing on their pathology.</i> <i>Putting a face on recovery to ensure the recovery community is treated with dignity and respect.</i> <i>Creating an environment where citizens and their communities can collaborate to create positive change and eliminate barriers for those in and those impacted by recovery.</i> 	
Mission Statement		
Core Values	<ul style="list-style-type: none"> <i>You are in recovery when you say you are.</i> <i>Support all pathways to recovery.</i> <i>Focus on recovery potential not pathology.</i> <i>Everyone has a strength to share.</i> 	<ul style="list-style-type: none"> <i>Recovery is a gift; expect to pay it forward.</i> <i>The path of recovery is life-long.</i> <i>Ongoing community support is vital to successful outcomes.</i> <i>We support the wellness of the full person.</i>

Lessons Learned

In visiting CCAR’s recovery centers and hosting an RCO meeting in Boise, the Recovery Idaho Initiative successfully laid the groundwork for an Idaho RCO.

- The organizers found numerous “friends of recovery” across the State; while they were uncoordinated and unorganized, they were eager to work together to create a statewide RCO.
- Significant resources were needed to identify and bring together the recovery community.
- The CCAR model for a recovery community organization was readily adapted to suit Idaho.
- It was possible to bring into a single effort/organization both the substance use disorder recovery and mental health recovery communities.
- Community kick-off events built around showing “The Anonymous People” generated a great deal of enthusiasm and brought out numerous friends of recovery.
- Community kick-off events should be held only when there is an RCO with roles and opportunities for volunteers to plug into—otherwise the energy and volunteers may be lost.
- Developing sustainable funding will be critical to actually get Recovery Idaho up and functioning.

LAUNCHING THE RECOVERY IDAHO INITIATIVE

To catch the best fish, you have to listen to the people that have been on the beach for a while.

—Phil Valentine, CCAR Executive Director

ADVOCATING FOR RECOVERY

For decades, allies of recovery have worked to improve the lives of people with substance use and/or mental disorders, giving rise to the Recovery Movement. It has resulted in the establishment of organizations such as the National Council on Alcoholism and Drug Dependence (NCADD), Mental Health America (MHA), the Society of Americans for Recovery (SOAR), the National Alliance on Mental Illness (NAMI), Faces and Voices of Recovery (FAVOR), and the National Empowerment Center (NEC).¹ Their efforts have reduced the stigma of identifying as a person in recovery, through advocating that recovery should be strengthened, supported, and tailored to individual needs. This has inspired State agencies to integrate Recovery Oriented Systems of Care (ROSC) into their networks, which provide recovery support services (RSS) in key areas such as housing and employment. Recovery advocates have also founded local, independent recovery centers providing RSS that have spread across the country; New England alone has close to 30 local recovery centers.² The recovery field has also seen the rise of over 175 umbrella nonprofit organizations called Recovery Community Organizations (RCOs) that are governed by local “recovery communities”—people in long-term recovery, their families, friends, allies, and addiction and recovery professionals.³

LAUNCHING AN RCO

The State of Idaho advanced one such effort in fall 2013. After visiting the Connecticut Community for Addiction Recovery (CCAR)—also an RCO—and agreeing its model could work in Idaho, members of the Idaho Department of Health and Welfare (IDHW) hosted a workshop in Boise with the aim of establishing a Recovery Community Organization (RCO). In a process that normally takes months, nearly 50 recovery advocates established the foundations of Recovery Idaho in just 3 days.^{4*} IDHW used a portion of its grant funding to contract with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to document this process so that other States and community chapters could have a roadmap for developing RCOs and recovery centers in the future.

This initiative began in mid-2012, when Idaho applied for the Recovery Infrastructure Training for Empowerment Transformation Transfer Initiative (RITE-TTI), which was provided and managed by the

¹ Faces and Voices of Recovery (FAVOR), *Recovery Community Organization Toolkit* (Washington, D.C.: FAVOR, 2012), 12_Final_Recovery_Community_Organization_Toolkit.pdf. (Accessed April 30, 2014), p. 3.

² Jim Wuelfing and Phillip A. Valentine, “Idaho Recovery Community Organization Development Process,” Presentation, Recovery Community Organization (RCO) Workshop, Boise, ID, March 17-19, 2014.

³ Ibid; Valentine, Phillip A., William L. White, and Pat Taylor, *The Recovery Community Organization: Toward a Working Definition and Description* (2007), p. 1.

⁴ Faces and Voices of Recovery (FAVOR), *Recovery Community Organization Toolkit*, p. 20.

* The States of Connecticut, South Dakota, New Hampshire, New Jersey, and Wisconsin have also used CCAR’s workshops to establish RCOs, all of which have statewide reach and local chapters.

National Association of State Mental Health Program Directors (NASMHPD). The grant provided funding to consolidate and expand RSS in the State through facilitating recovery coach trainings and developing an RCO. Having been awarded the grant in December 2012, IDHW staff looked for a recovery organization model that would fit and succeed in Idaho. During this time, Idaho’s Substance Use Disorder Services Program Manager learned about the CCAR model while attending a presentation from its Executive Director, Phil Valentine. In May 2013, the planning committee for the Idaho Conference on Alcohol and Drug Dependency (ICADD), of which the SUD Program Manager was a member, invited Mr. Valentine to give a keynote speech at the Conference and facilitate breakout sessions.

Between May and August 2013, IDHW subcontracted with CCAR to assist in the development of Idaho’s RCO. Among other tasks, CCAR was to train up to 50 recovery coaches, at least 15 of whom would receive further instruction on becoming recovery coach trainers (“training of trainers”), as well as to conduct a Recovery Coach Ethics Training. The contract also included funding to support two essential activities in forming the RCO:

- Host a site visit to CCAR of Idaho stakeholders interested in creating an RCO
- Conduct a Recovery Community Organization (RCO) Workshop in Boise, Idaho

EMPLOYING THE CCAR MODEL

The IDHW’s next step was to learn more about RCOs in a visit to CCAR. For this trip, Idaho assembled 13 key stakeholders. The Idaho team was comprised of the following:

- four employees of the IDHW
- two County Commissioners
- two State Legislators
- a DHW Regional Advisory Committee (RAC) Chair and staff member/social worker
- a Senior Budget Analyst in the Legislative Services staff working for the Joint Finance and Appropriation Committee of the Idaho Legislature
- a Manager of Behavioral Health and Quality Assurance at the Idaho Supreme Court
- the Executive Director of “Supportive Housing and Innovative Partnerships (SHIP),” a provider in the Idaho network
- the Director of Reentry Services at the Idaho Department of Correction

CCAR Overview

CCAR was established with seed money from Connecticut’s Department of Mental Health and Addiction Services (DMHAS) in 1998 to bridge the treatment and recovery fields in the State. It continues to receive State funding and additional grants (e.g., through the Connecticut Behavioral Health Partnership). CCAR has three recovery community centers across the State, described by Executive Director Phil Valentine as “recovery oriented sanctuaries anchored in the heart of the community”: one in downtown Hartford, one in downtown Bridgeport, and one in Willimantic.

The work of CCAR and its recovery community centers hinges on its volunteers. In 2012, for example, 291 volunteers contributed 23,264 hours of work in positions ranging from receptionists to peer group facilitators. These volunteer positions are treated as jobs and opportunities to gain experience and responsibility. Three full-time Volunteer Coordinators (one at each of the recovery community centers) and one full-time Volunteer Manager (who oversees the entire system) manage the volunteers.

CCAR Site Visit

The CCAR visit included tours of the Willimantic and Hartford Recovery Community Centers and gave stakeholders an overview of CCAR’s history, core concepts, day-to-day functions, and operational structure. The itinerary of the visit was divided between walkthroughs and presentations of CCAR, its philosophical underpinnings, its recovery centers, and their services (e.g., Recovery Walks, Recovery Oriented Employment Services, and Telephone Recovery Support). Staff also provided a calendar showcasing the sites’ additional work, including hosting recovery meetings every day and providing meeting space to Alcoholics Anonymous and Narcotics Anonymous several times a week.

One of the most important functions of this visit was to showcase an example of an RCO and its community-wide impacts, providing both an educational and inspirational experience. One stakeholder later explained that she was initially skeptical of how an RCO could function in Idaho but left the CCAR visit believing it could have a powerful, transformative effect on Idaho’s communities.

Outcomes of the Visit

The CCAR visit inspired the Idaho team to discuss how they could develop an organization similar to CCAR in their State. The following morning, they informally met to review what they learned, identify barriers to establishing an Idaho RCO, and devise next steps. They agreed that a good starting point would be to convene interested parties from across Idaho to a meeting to organize an RCO. The invitees should include recovery advocates, treatment providers that offer recovery supports, members of Idaho’s regional behavioral health boards, recovery coaches, and graduates of drug court programs. Another step would be to host public screenings of *The Anonymous People** and attempt to use the momentum generated by the screenings to begin discussions about creating an RCO. The first screening was actually at the Idaho Capitol Building, and the Canyon County Commissioner that participated in the site visit to CCAR attended and spoke at that gathering.

CCAR has five core values that inform its work:

- *You are in recovery if you say you are*
- *There are many pathways to recovery*
- *Focus on the recovery potential, not the pathology*
- *Err on the side of the recoveree*
- *Err on the side of being generous*

CALDWELL COMMUNITY MEETING

The existing efforts of the recovery community in Caldwell, the county seat of Idaho’s Canyon County, provided the basis on which to build on the knowledge and enthusiasm generated by the CCAR visit. The event began with a screening of *The Anonymous People* and concluded with a wide-ranging dialogue with participants. This meeting functioned to mobilize those interested, organize their goals, and build momentum for the upcoming RCO Workshop to create a recovery community organization in Idaho.

* The Anonymous People is an independently produced documentary about recovery from substance abuse disorders.

The Caldwell Community Meeting attracted 56 participants. A careful and systematic process was used to publicize this event. Invitations were sent to managers of health services organizations, recovery organizations, the local Department of Corrections, as well as to groups like Al-Anon, and faith-based organizations. An IDHW staff member attributed the quality of the turnout mainly to the relationships and trust developed between the IDHW and the recovery community, important stakeholders, and faith-based organizations.⁵

After viewing *The Anonymous People*, the group at the Caldwell community meeting discussed issues most important to them moving forward. Multiple participants shared their personal stories of recovery and emphasized their desire to give back to the community. They explained that creating a centralized recovery community and recovery center would create vital opportunities for people in recovery. One participant in recovery noted that people are often discharged from treatment and drug court programs without linkages to a community of people in recovery, creating a gap in their recovery process that can contribute to relapse. Overall, participants indicated that there was no shortage of individuals willing to give their time and share their experience with others.

Participants also discussed potential barriers to creation of an RCO. Multiple individuals highlighted the importance of showing outcomes of RCOs and recovery centers in a way that protected privacy of those working on recovery. It was generally felt that demonstrating good outcomes is essential to receive State funding and show that taxpayers’ money is well used. Some discussion suggested that data could potentially come from community sources in the form of indirect measures like reductions in crime, health costs, and law enforcement costs. Another important consideration was access—the locations of potential recovery centers and the potential for telephone services to bridge geographical barriers. Lastly, community members stressed the need for strong leadership in the established RCO.

On the whole, the Caldwell community meeting provided a forum in which people in recovery and local organizations gathered and shared their enthusiasm about the potential of an RCO. The documentary screening connected the education provided at the CCAR visit with the work to be accomplished at the Idaho RCO Workshop.

FOUNDING RECOVERY IDAHO

In March 2014, the IDHW hosted a Recovery Community Organization (RCO) workshop in Boise, Idaho, and succeeded in establishing the foundation of an RCO, Recovery Idaho, which will focus on recovery from both mental illness and/or substance use disorders. Nearly 50 allies of recovery from all 7 Idaho regions convened. Roughly half the workshop participants identified as being in long-term recovery from substance use disorder or a mental disorder, and many attended as volunteers. This group was composed of recovery coaches and recovery coach trainers, a former tribal council member, Regional Advisory Committee on Substance Abuse (RAC) chairs, Community Resource Development Specialists (CRDS), staff of the Office of Consumer Affairs (representing peer specialists), treatment providers, social workers, graduates of Drug Court, Idaho IDHW State employees, Idaho Department of Correction (IDOC) staff, Idaho Supreme Court staff and six county commissioners.

⁵ J. Husmann, personal communication, April 1, 2014)

About half of the participants identified as being in long-term recovery from substance use or mental disorders, which Mr. Wuelfing and Mr. Valentine characterized as giving the workshop “authenticity of voice.” That is, a majority of participants were drawn from the recovery community, giving people in recovery adequate representation to effectively voice their needs and concerns. Interestingly, some recoverees had not publicly disclosed their recovery status until this meeting; the supportive environment provided by the workshop enabled them to do so without feeling stigmatized.

Consultant Jim Wuelfing facilitated the workshop, and CCAR Director Phil Valentine was present throughout the workshop to provide input about how CCAR and other RCOs across the country address different issues.

One of the first exercises was for participants to list the practical and ethical reasons that Idaho needed an RCO: to improve Idaho’s *mental health* and *substance abuse* systems, reduce the State’s prison population, help others achieve recovery, and eliminate the stigma of identifying as a person in recovery. Many participants noted that they had family members in recovery, as well as loved ones whose lives were lost to substance abuse.

The RCO’s Role

Phil Valentine began the workshop with a presentation on CCAR’s work to demonstrate how an RCO could serve Idaho. RCOs play a unifying role in the recovery community, and attract many persons in recovery as well as family, friends and neighbors to its activities. RCOs effectively “put a face on recovery,” providing recoverees representation on important issues and presenting them as living proof that recovery is possible and a reality in millions of people’s lives. The more active an RCO and its membership become (e.g., speaking engagements, printed media, air time on cable networks, social media outreach, public events), the more the surrounding community increases its involvement in and support for the recovery community—“build it, and they will come.”⁶ Jim Wuelfing also noted the benefit of having the structure RCOs provide as “spokes of the wheel”: rather than opening one, local nonprofit at a time, a State’s recovery community can erect one umbrella organization and create local, independent chapters underneath its structure.



Idaho Department of Health and Welfare’s seven regions, with Caldwell located in Region 3 in the west of the State.

⁶ Phil Valentine, “CCAR Experience,” Presentation, Recovery Community Organization (RCO) Workshop, Boise, ID, March 17, 2014.

Finally, RCOs bridge the gap between treatment and recovery. Over time, these two areas had become disjointed as the mental health and substance use disorder treatment field(s) became more professionalized. Recovery services allow recoverees to transition more easily from treatment to long-term recovery by working on areas that are key to sustaining recovery, such as employment, housing, peer support, and volunteer work. By expanding the recovery community’s influence and services available, RCOs prevent more recoverees from reaching their lowest point before receiving help.⁷

But early on, an RCO must decide what objectives it will pursue (e.g., undertaking political advocacy, focusing on public awareness, providing recovery services, assessing the quality of recovery services). In this regard, Mr. Valentine recommended focusing on one or two key areas at the start. CCAR, for example, prioritized recovery advocacy at its inception and began providing recovery services five years later, when it had more resources. As CCAR grew, it began to balance its efforts between recovery advocacy and providing recovery services.

“State of the State” Exercise

Mr. Wuelfing divided participants into seven groups for a visioning exercise called “State of the State.” He handed out poster paper and asked each group to draw, on one half, the status quo of Idaho’s recovery community and, on the other half, how they would like it to be in the future.⁸

In their portrayals, participants characterized the Idaho recovery community as lacking financial support, while substantial money had traditionally been spent directing people with addictions and/or mental illness toward hospitals and jails rather than treatment and recovery centers. Meanwhile, large gaps have existed between the treatment and recovery fields. Recoverees often relapse and re-enter the treatment system multiple times before sustaining long-term recovery.

In an ideal future, the group said that people seeking substance use and mental disorder services should have more access to recovery services and that the gap between the treatment and recovery fields should be bridged, allowing them better access to a continuum of services while reducing the steps needed to receive proper care. Finally, the recovery field should receive more financial and community support to provide recovery services.

Working Agreements

Following the discussion of the state of recovery in Idaho, Mr. Wuelfing proposed “Working Agreements,” or standards on how participants would conduct discussions throughout the workshop. He then invited attendees to propose their own working agreements to be added. The purpose of these agreements was to ensure that participants would express, encourage, listen to, and respect each other’s ideas and communicate with each other honestly, and respectfully. The working agreements ultimately agreed on were[†]:

• <i>Respect differences in people’s recovery</i>	• <i>Strive for “consensus”</i>
• <i>Openness</i>	• <i>Confidentiality</i>
• <i>One person speaks at a time</i>	• <i>Be conscious of time</i>

⁷ Ibid.

⁸ See Faces and Voices of Recovery (FAVOR), *Recovery Community Organization Toolkit*, p. 20.

[†] Bullets in blue font indicate Working Agreements established by participants.

<ul style="list-style-type: none"> • <i>Practice good listening</i> 	<ul style="list-style-type: none"> • <i>Be creative</i>
<ul style="list-style-type: none"> • <i>Regular breaks, "energizers" every 2:00pm</i> 	<ul style="list-style-type: none"> • <i>Non-judgmental</i>
<ul style="list-style-type: none"> • <i>"Stretch rule": quieter participants engage more actively, and active participants allow quieter participants to engage</i> 	
<ul style="list-style-type: none"> • <i>"Ouch rule": assume offensive comments are unintended; simply say "ouch" to request a person say something differently</i> 	

The Consensus Method

Mr. Wuelfing used a "consensus" method to generate group decisions about the direction and focus of Recovery Idaho. As different topics were introduced the workshop solicited input from all participants, and the group winnowed that input down. Participants voted on or prioritized different options—1-least preferred to 6-most preferred—and adopted those that earned the highest total scores. Ultimately, Mr. Wuelfing asked whether participants "could not live with" draft language or a decision before moving ahead. This allowed participants to incorporate a variety of ideas and ensure they were satisfied with group decisions without having to have unanimity on everything.

To demonstrate the utility of this method, Mr. Wuelfing compared it with others: "autocratic," a system in which one person makes all decisions; "autocratic with input," a process in which one person decides after receiving suggestions; "democratic," a process governed by majority rule; and "unanimity," a system in which everyone must agree before moving forward. The consensus method, unlike the others, allows participants to incorporate a variety of ideas and remain satisfied without everyone having to fully agree. The entire group still drives the agenda, decision-making process, and final product.

Mr. Wuelfing complemented the consensus process with ordinal voting, wherein participants voted on the options they developed in order of preference—with 1-least preferred and 6-most preferred—using strips of six colored dots. For every vote, each person got only one strip; there were never enough dots to cover all options, forcing participants to make priority decisions. The group adopted ideas that earned the highest total points.

During all group discussions, the facilitators and NASADAD staff did not contribute their opinions so as not to shortcut participants' discovery process.



Members of the RCO workshop indicated their preference for each of the potential RCO names through the ordinal voting system

Recovery Idaho

Mr. Wuelfing divided participants into seven random groups, and rearranged them each day of the meeting. In just three days, the workshop developed the major components of an RCO.

First, participants worked on a concise *vision statement* that would provide stakeholders a goal to work towards and could be easily remembered.⁹ In one hour, participants wrote draft vision statements, shared their thoughts, and voted for the most preferred statement. They then used the consensus method to add to and revise it. This was the ultimate statement:

Vision Statement

We envision an Idaho where Recovery is understood, valued, and supported to promote healthy communities.

Next, participants worked on *core values*, or foundational principles that would guide the work of staff and volunteers. CCAR, for instance, does not impose any one pathway to recovery. Other core values include “erring” on the side of the recoveree and “being generous.”¹⁰

Each group was invited to develop six statements of principle, and these were then shared with the entire workshop. Using the same voting process, participants selected the core values below:

Core Values

- You are in recovery when you say you are.
- Support all pathways to recovery.
- Focus on recovery potential, not pathology.
- Everyone has a strength to share.
- Recovery is a gift. Expect to pay it forward.
- The path of recovery is life-long.
- Ongoing community support is vital to successful outcomes.
- We support the wellness of the full person.

At the start of the second day, an impromptu discussion occurred on what exactly the RCO’s *role* would be in the recovery community. Would it function as a State or individual organization? Would it “call the shots” or serve an advisory role for member organizations? Participants agreed on this statement:

Role in Idaho’s Recovery Community

Umbrella organization overseeing a network of recovery centers through its vision statement, mission statement, and core values, while recovery centers act according to their own communities’ needs.

⁹

¹⁰ Ibid.

The next task was to develop a *mission statement*. Whereas a vision statement acts as an organization’s checkpoint, the mission statement provides the organization a direct pathway, highlighting whom the organization serves and the resources needed to get there.¹¹ As before, each group wrote elements of a mission statement they wanted to see, with the work of each group then being shared.

Because mission statements are generally longer and cover more ground than, for example, core values, the consensus method was used to identify major themes participants wanted to see in the final mission statement. These included: putting a face on recovery, collaboration with community, multiple pathways to recovery, natural leadership, and working with local groups in the development and delivery of RSS. Participants then nominated a committee to finish the mission statement building on these themes. The final mission statement developed by that committee about 6 weeks later was:

Recovery Idaho Mission

We support the recovery community by collaborating with local groups and organizations in the development and delivery of community driven recovery support services. We work on behalf of all those impacted by recovery (including family members, friends and allies) through service, education and advocacy, to remove the stigma and discrimination surrounding addiction and mental illness.

Recovery Idaho does this by:

- Providing coaching services to individuals in recovery with the goal of maintaining long term individual wellness, regardless of their recovery path.
- Providing opportunities for individuals in recovery to build on their potential, rather than focusing on their pathology.
- Putting a face on recovery to ensure the recovery community is treated with dignity and respect.
- Creating an environment where citizens and their communities can collaborate to create positive change and eliminate barriers for those in and those impacted by recovery.

With the tenets of the RCO in place, participants brainstormed ideas for its *official name*. This was again started through group discussions, followed by presentation to and discussion with the entire workgroup. Through a group vote, participants chose “Recovery Idaho.”

Name Recovery Idaho

Having established Recovery Idaho and its core principles, the next step was to define the structure and proposed composition of the *Board*. These discussions were conducted with the entire workgroup. The consensus method was used (“can or cannot live with”) to double-check for essential or unnecessary ideas. Through this process, participants arrived at proposals for the initial size, election terms, and committees of Recovery Idaho’s Board.

¹¹ Ibid.

Participants chose to have open membership: anyone living or working in Idaho could join and be a member of Recovery Idaho and be eligible to serve on the Board. Another geographic aspect was to have Board membership from each region of Idaho.

One of the most important discussions concerned “authenticity of voice” on the Board. It was decided that there should be a “goal” of having 50 percent or more of Board members in recovery. Mr. Wuelfing and Mr. Valentine noted that having such a “requirement” might exclude individuals without lived experience who have valuable and needed skillsets and create organizational challenges each time a member in recovery exits the Board and changes the balance of Board members in recovery.

Further deliberations achieved consensus about the size of the Board, their terms and the manner of selection. It was decided that the Board should vote to determine the officers (e.g. president, vice president), that there should be three standing Committees and ad hoc Committees could be created by the Board.

RCO Board Eligibility, Composition and Structure

Board member either lives or works in Idaho, and there shall be representation from each region of Idaho.

Board composition and structure:

- Members: 9-15 total, with goals of 50% authenticity of voice and tribal representation.
- Terms: Three years, rotating; 1/3 of members, each year for three years.
- Elections: Conducted by Nominating Committee, and slate voted on at face-to-face annual meeting.
- Meetings: At least four (quarterly), at least one face-to-face.
- Standing Committees:
 - Executive Committee
 - Finance Committee
 - Nominating Committee
 - Ad hoc Committees: as needed.

Finally, participants developed a list of the additional skills, experience and knowledge they believed would be useful for one or more Board members to have. Among others, it was felt that the Board would benefit from having members with experience in e.g., managing nonprofit organizations, in running businesses, as well as delivering substance abuse and mental health services (see Appendix for full list). With this in mind, participants nominated and elected eight initial Board members from the 50 plus persons present at the workshop.

MOVING FORWARD

Participants of the RCO Workshop identified a series of next steps that need to be taken in order to launch the Recovery Idaho RCO. The first and most important is to formally constitute itself as a 501(c)(3) organization. The RCO Workshop in March laid a great deal of the foundation for this process, as it drafted the organization’s vision statement, mission statement, core values, name, and board membership using a consensus process.

Initial Steps of the Recovery Idaho Board following the Workshop:

- Biweekly teleconference calls of the Board
- Finalized mission statement
- Added a ninth Board member, as per the intent of the RCO workshop
- Began developing documentation needed to file for 501(c)(3) status
- Distributed flyers at local event
- Created the Recovery Idaho social media webpage

Within several weeks of the workshop the Board had collected signatures of Board members on the Articles of Incorporation application to the Idaho Secretary of State. The organization needs to be incorporated to obtain a Tax ID and bank account, which will then enable recovery Idaho to accept donations and secure funding as well as to apply for 501(c)(3) nonprofit status.

Further organizational steps were completed shortly after the workshop. These included development of the final mission statement, establishment of a committee to develop bylaws for the organization, and delineation of the responsibilities of the officers of the Board. Three additional Board members were recruited, to add representation of youth/young adults, and two regions of the State that were not previously represented, as well as expertise in starting and operating nonprofit organizations.

Another line of effort was procuring funding to establish and sustain Recovery Idaho and initiate advocacy and recovery services in the community. Initial support came from a \$300 donation from a Recovery Idaho member. Another possibility being explored is that the IDHW could contract with Recovery Idaho to create a product for the State to purchase. Another possibility being considered is to apply for a grant from the Idaho Millennium Fund, an annual endowment the State uses to address tobacco cessation and substance abuse.

The Board has already launched initial advocacy efforts by creating a logo, securing a Facebook page ([Idaho Voices in Recovery](#)), and printing fliers to distribute at the Idaho Conference on Alcohol and Drug Dependency (ICADD) at Boise State University (BSU). A monthly update for Recovery Idaho has been created (a copy of the July 2014 edition is in the Appendix). The Board has started to work on determining the exact structure and functions of local chapters, as well as how, if at all, to incorporate or offer affiliation to existing recovery organizations. The full spectrum of activities Recovery Idaho will undertake are still being brainstormed, developed, and planned as the organization creates itself.

LESSONS LEARNED

The story and reality of Recovery Idaho is still unfolding. The initial phases have seen extensive enthusiasm from the “friends of recovery”—those living recovery and others working to foster recovery. In fact, it seems important to recognize that recovery had already taken healthy root in Idaho prior to the effort to harness the existing energy into a coherent organization and initiative. After all, the recovery movement in the fields of mental health and substance abuse has several decades of gestation, with organizations growing up at the national level and in various States. Likewise, in Idaho the “friends of recovery” are comprised of thousands of persons living and fostering recovery.

The first lesson learned is that among the many friends of recovery (in Idaho) there was an eagerness to work to create a primary visible face and voice for the recovery movement, as well as a vehicle to promote recovery services across Idaho. The 18 months of work revealed many “friends of recovery” in the State, but until this effort there had been insufficient cohesion or focus to effectively promote the recovery movement “to the next level.” Moreover, this effort was unique in joining together the supporters of both mental health recovery and substance use disorder recovery. This was a goal from

the inception, and it has worked seamlessly. The participants in the founding of Recovery Idaho clearly feel that creation of a single statewide organization will provide visibility, a point of cohesion, and expertise that will promote recovery and the health and wellbeing of the citizens of Idaho. It is certainly possible that in other States there is interest and energy that could be marshalled to promote recovery more broadly.

Another lesson is that creation of Recovery Idaho took dedicated—although not massive—resources. The Transformation Transfer Initiative grant from CMHS (managed by NASMHPD) was invaluable, if not critical to allow the launch of Recovery Idaho. Extensive effort was required to identify “friends of recovery” across Idaho, including persons living recovery, others promoting recovery in conjunction with mental health and substance use disorder services, public officials in State health and justice agencies and State legislators and county commissioners. Providing recovery coach trainings was an effective tactic to identify and mobilize persons living recovery. The site visit to CCAR was valuable to demonstrate and test the recovery organization concept with key opinion leaders. Finally, the three day workshop to actually found Recovery Idaho—facilitated by consultants from CCAR—harnessed recovery energy from across the State, and achieved rapid consensus on the mission and structure of Recovery Idaho that allowed establishment of the organization in several months. All of this was made possible by the Transformation Transfer Initiative grant that the Idaho Department of Health and Welfare secured through the National Association of State Mental Health Program Directors.

The workshop to found Recovery Idaho accomplished its’ work efficiently and quickly in large measure because the model and approach of the Connecticut Center for Addiction Recovery worked. Any new recovery organization will need to find and develop a roadmap. Fortunately, the template of CCAR resonated with the members of the workshop. It provided general structure and guidance that could be shaped to the needs and reality of Idaho. The central tenet of “authenticity of voice” was readily embraced and directed not only the steps of the workshop, but the proposed nature of Recovery Idaho.

A distinctive modification of the CCAR model by Idaho was to address recovery from mental disorders as well as substance use disorders. Connecticut and several other States had their start in times when SUD and mental health advocates and services were more often than not done separately and in parallel. The workshop felt that the new organization should address both SUD and mental health recovery.

Another success was to develop methods to mobilize and coordinate the “friends of recovery” in communities. One strategy tested was to hold public screenings and discussions of the documentary “The Anonymous People,” which is about the history and status of the SUD recovery movement in the US. This tactic was tested twice, and was found to have excellent potential. The program was effective at attracting “friends of recovery” and clearly motivated viewers to work for recovery.

An equally important lesson was that holding a mobilization event with the documentary should probably be done when there is an organization with a clear mission in which to enlist friends of recovery. Both community screenings were done before Recovery Idaho was created. Those that attended the screenings were very motivated by the viewing, however participants at one screening felt somewhat letdown because there was not yet an organization to join with a plan to put into action. It was felt by the organizers of the viewing that this had successfully demonstrated the effectiveness of this approach to coalescing the local recovery community, but may have also been a lost opportunity.

The final major lesson was that the first challenge facing a new organized recovery organization is securing funding. Recovery Idaho was able to organize and apply for incorporation with the assistance

of a SAMHSA grant. However, that grant was for a limited time and amount. Now Recovery Idaho is ready to transition into operations—promotion of services and advocacy—and the organization must contemplate retaining staff, getting working space, establishing a digital presence, interacting with the friends of recovery, advocating for recovery and delivery of recovery services. During the developmental phase members of the Idaho Legislature were involved, and while they valued the recovery organization concept, they stated that solid evidence of the “business case” would be required to get funding support from the Legislature. In contrast, several County Commissioners participated in the site visit as well as the workshop, and they expressed strong interest in and distinct optimism about finding support for local recovery services.

CONCLUSION

This review has chronicled the key phase in the effort to create a statewide Idaho recovery community organization. During this time a great deal was accomplished. However, Idaho did a lot of work to obtain the funding for the efforts described in this document, and further groundwork was laid through the recovery coach trainings held during 2013 and 2014. The success or failure of Recovery Idaho will be determined in 2014-15 as the RCO incorporates, acquires funding, hires initial staff, and reaches out more broadly to and engages the recovery community. The authors of this document wish Recovery Idaho and the friends of recovery in Idaho all success. We look forward to learning more in the coming months and years. We hope and believe that the experiences of Idaho will be informative to other States.

WORKS CITED

Faces and Voices of Recovery (FAVOR). *Recovery Community Organization Toolkit*. Washington, D.C.: FAVOR, 2012. http://www.facesandvoicesofrecovery.org/sites/default/files/resources/3.2.12_Final_Recovery_Community_Organization_Toolkit.pdf. (Accessed April 30, 2014).

Valentine, Phillip A. "CCAR Experience." Presentation, Recovery Community Organization (RCO) Workshop, Boise, ID, March 17, 2014.

Valentine, Phillip A., William L. White, and Pat Taylor, *The Recovery Community Organization: Toward a Working Definition and Description*, 2007.

Wuelfing, Jim and Phil Valentine. "Idaho Recovery Community Organization Development Process." Presentation, Recovery Community Organization (RCO) Workshop, Boise, ID, March 17, 2014.

Other Recommended Readings:

White, William L. *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Great Lakes Addiction Technology Transfer Center {and} Philadelphia Department of Behavioral health and Mental Retardation Services, 2009.

White, William. *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Chestnut Health Systems/Lighthouse Institute, 1998.