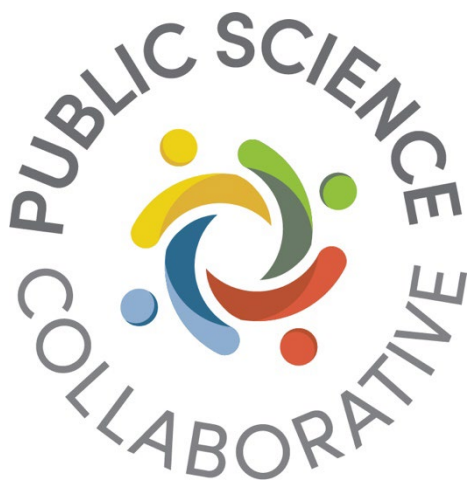




Notes from the Iowa RCC Travel Team to CCAR, August 2022



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WHAT SHOULD YOUR RCC BE ABLE TO DO?

RCCs **build leaders** and **provide a safe sober environment** where they **teach recovery** is possible through (1) recovery support services, (2) advocacy, (3) outreach, and (4) telephone recovery support.

1. PROVIDE RECOVERY SUPPORT SERVICES:

- Daily In person and Virtual All Recovery Meetings
- Employment vocational assistance
- Volunteer recovery coaching
- Volunteer opportunities
- Recovery training series (leadership training)
- Family and community education

2. ADVOCACY TO "PUT A FACE ON RECOVERY":

- Media presentations (training for volunteers on how to tell your story)
- Publications
- Legislative testimony (training for volunteers on how to talk with legislators)
- Providing trainings on topics such as public speaking, recovery language, and how state government works
- Public events like the annual Recovery Month celebrations, Recovery Walk, Golf Cup Tournament, Advocacy Community Breakfast, Concert, Conference, and others

3. COMMUNITY OUTREACH TO SHARE "RECOVERY IS POSSIBLE":

Share the RCC message with groups in your community! CCAR noted that some of these groups might be able to drop people for your meetings or refer them to TRS. Make sure to alert them about meetings and services as well as information about your RCC.

- Treatment facilities
- Medical/hospital staff and clinical teams
- Sober houses
- Local community colleges, career nights, and internship fairs
- Community events e.g. overdose awareness
- Halfway houses
- Respite centers
- Follow other CRC/RCCs on TikTok/Instagram/Twitter
- Collective impact/coalition work

4. TELEPHONE RECOVERY SUPPORT (TRS) THROUGH TRAINED PEER VOLUNTEERS

- Weekly calls to people in recovery from alcohol and other addictions
- Reduce relapse and enhance the recovery experience
- Outreach to enroll new members

5. YOUNG ADULT AND FAMILY SERVICES (YAF) [OPTIONAL]

- YAF Peer recovery support meetings in person and virtual
- Advocacy and state or local initiatives
- Develop a support network in RCC for family members of young adults
- Personal meetings, presentations, promotional/networking activities

WHAT SHOULD RCCS LOOK LIKE?

These suggestions are based on personnel reflections, observations, and staff recommendations:

WHAT HAPPENS WHEN YOU WALK INTO AN RCC?

Every CCAR RCC has two consistent welcome items: (1) a receptionist behind a desk who manages a sign-up sheet. The greeter/receptionist welcomes each person to the center and asks them to fill out the form with their name, purpose of visit, and telephone number; and (2), a sign hanging by the desk that says, *"How can I help you with your recovery today?"* The sign is the focal point of the entry because it is the first critical question to ask people in recovery. The second most powerful question you can ask is: *"What does recovery look like to you?"*

HOW DOES THE RCC FEEL?

As Brian reminded us, RCCs are not counseling centers or clubhouses. The space needs to be inviting, and look like a living room with art, music, sofa, tv, et cetera. A strong community feeling is encouraged in each RCC. One way that Rita at New Haven supports the community feeling is to memorize everyone's name and call out to people when they arrive, greeting them by name. In Bridgeport, there was a music activity going on during the visit, and Liz went out and danced with the volunteers and recoverees before coming back to join us in conversation.

THE ROLE OF TECHNOLOGY IN AN RCC

CCAR RCCs are relatively low-tech. Sign-in sheets are on paper and later transferred to the computer by managers. Both managers have a computer, and there is a computer room, but technology is not the focus. In fact, New Haven has a 'no cellphone' policy at the group table—here people are encouraged to talk and engage, but if you want to use your cell phone, you can go to any of the other spaces in the RCC. Many people disliked the 'no phone' policy at first (not checking your phone is hard!), but over time have come to appreciate that meaningful conversations are occurring at the table that were not happening before the rule. Rita suggested that if other people want to create a technology-free zone in their center, center leadership/staff will need to model the behavior for the practice to be accepted. Brian stressed technology in the center should have a purpose, such as having a screen with a camera/microphone/speakers or smart whiteboards to have the ability to host hybrid/virtual meetings or to do training.

THE 'MUST HAVE' LISTS FOR AN RCC SPACE

All of the CCAR centers we visited had a welcome desk where recoverees sign in when they enter the center, at least one bathroom, two offices (one for the central manager and one for the volunteer manager), 3-5 computers for recoverees to use for job training/application/connecting to services (number of 'seats' depends on the size of the center), a sitting area, a large conference table for daily All Recovery Meetings, and a private area/office for making TRS calls. Kitchens and coffee stations were optional. Brian stressed that the size of your RCC drives capacity. Smaller centers, like Hartford and New Haven, may only allow for 20 people to gather at a time, and that is ok. Larger centers, like Bridgeport, allow for two large group meetings and individual coaching to occur simultaneously in different parts of the center. In all centers, space was utilized according to how recoverees and volunteers wanted to use the space (e.g., using the conference room for volunteer lunches or an 'extra' office for traveling staff or recovery coach conversations).

WHAT IS ON THE WALLS OF AN RCC?

CCAR signage, lots of quotes/quote boards, motivational posters, a large calendar of monthly events, sign-up board for volunteer tasks, a job board with jobs available in the community, and resources for people to link to around housing/food/electric/et cetera. For example, New Haven is a particularly inviting space, with lots of inspiring quotes on the walls. They have two boards to share the positive vibes. The first is a 'take it and leave it' quote board where people add and take home (or take pictures) of their favorite quotes. The second is a board of well wishes for the center and recoverees written on colorful hearts- this was created for the open house and has continued through today. Bridgeport has a large and colorful 'diversity' tree painted by a member to reflect the diversity of the center; wall paint colors were selected to bring energy into the space, and volunteers helped to choose and paint the center. Willimantic has a giant wall-sized calendar of events behind the conference table to showcase what is available for recoverees that month, as well as the CCAR mission and vision and code of ethics. Hartford had posters and flyers highlighting community events and partners.

WHAT DO STAFF OFFICES LOOK LIKE?

Every staff office we visited had a desk with at least two chairs for guests, a computer with a single monitor, a printer, a landline phone (the managers picked it up whenever it rang, even if they were talking to their people), and were filled with quotes and memories of successes at the center that they could use to illustrate points when talking with visitors. For example, Liz Torres's office has a large wall of photos of people and stories that she refers to as she talks to and encourages the people she meets. This includes pictures of other CCAR staff, volunteers, family members, and community members. When Liz told a story about teamwork, she pointed to one picture, a story of redemption was found in another picture, and so on. Likewise, Rita had artwork displayed that was created by recoverees as well as meaningful personal items, and like Liz, pointed out items in the office as she shared stories of success and hope. John also had a number of both inspirational and comical quotes around his office. It was common for people to have plants or other items from home to make the space feel more comfortable and inviting.

WHERE ARE RCCS LOCATED IN THE COMMUNITY?

Brian suggests that RCCs should be right in the heart of the activities and daily life (totally ok with drug use and prostitution nearby). A good example of this was Willimantic and Hartford's locations. But other locations work well too. For example, New Haven was across from the hospital and college- which has been very good for connecting to people in need and the recovery-oriented-systems of care. Bridgeport is next to the Social Security office and is an easy to access location. Easy access from transportation lines was considered for all spaces.

WHAT IS THE THREE-YEAR PLAN FOR NEW RCCS?

Brian, the Program Manager for all five CCAR RCCs, recommended achieving these milestones in the first three years of your center's operation

1. YEAR ONE

Goals are to get the doors open and:

- Have the organization and staff get to know the community
- Do outreach about the RCC purpose
- Open our door
- Hold All recovery meetings
- Provide training to staff and volunteers
- Become more volunteer driven than staff driven

2. YEAR TWO

- Goals are to expand
- Team building
- Skill building
- Outreach for growing participants

3. YEAR THREE

The center grows by word of mouth. Brian estimates that each person who comes through with a positive experience will bring 2-3 more people.

HOW SHOULD YOU GET STARTED IN BUILDING YOUR RCC?

Rita, the Center Manager for New Haven's RCC, built her RCC from the ground up. She suggested taking these five steps to ensure success:

1. BUILD AWARENESS

Build a community, do outreach to local groups and let them know the RCC is open, what the services are that will be provided, create pathways for referrals and volunteers, and develop your connections with the community. Invite your police chief, fire chief, and local groups to come to see your progress as you set up and design your RCC.

2. DESIGN YOUR SPACE

Set up internet, furniture, job board, 3-5 computers for vocational and employment training, build bright spots with hopeful quotes, and areas for resources. Set areas that are for recovery coach discussions, a place for meetings, and an entry location for every person to be welcomed and sign in. It is important to have two offices: one for the Center Manager and one for the Volunteer Manager. Your space also needs a bathroom, and a storage closet, and may or may not include a kitchen or place for coffee.

3. IDENTIFY, HIRE AND TRAIN VOLUNTEERS

Volunteers are the heart of the RCC. Work with them to continue to develop the space into an area where everyone will be comfortable and welcome, train them to facilitate meetings, and provide other key support services. Be mindful of creating the right culture for your RCC in the early stages of hiring staff and training volunteers.*

4. HOLD AN OPEN HOUSE

Showcase what is being offered at your RCC to the local community, and reach out to everyone who might be interested, including sending letters to politicians and city officials and postcard invitations to local community groups and organizations. The key is to build relationships that will help sustain your RCC in the long run. On the night of the open house, have a program where a state official speaks, e.g. IDPH or governor's office, as well as local police chiefs and other important offices.

5. CREATE YOUR CALENDAR OF FUN ACTIVITIES!

Start to provide your programming. Be sure to fill in with recovery meetings and trainings first, and then add the fun events.

*Note: Ask Michael Sonano about registering for a webinar about creating a strong culture.

ADMINISTRATION BEST PRACTICES

- Don't policy yourself to death. Don't create a policy to deal with the 5% of problem visitors- it ties your hands too much when supporting the other 95%. Keep policies to a minimum and then be prepared to deal with the outlier behavior directly and effectively.
- Keep leadership administrative tasks to a minimum. Have one weekly report from both the Volunteer Manager and the Center Manager, which goes to the executive directors (and RCOs) to be consolidated into quarterly and yearly reports.
- At CCAR, budgets are done centrally, so the real work at centers is providing support for people coming through the door.
- Have a clear hiring process. CCAR has an extensive hiring process, requiring a cover letter and high-quality resume, a blind review of applicants, is done in the first round of review. Then a phone interview, and those selected come in for an in-person interview. After this first interview, the applicants who are still in consideration have a second interview with staff who are present, which is a scenario based on recovery coaching. Everyone has a chance to weigh in, and it is a lengthy process. For the Department of Corrections (DOC) hires, the DOC representative also sits in on the interview.
- Build policies, procedures, and guides to help support employees, such as including policies about ordering supplies and ethical guidelines.

CENTER LEADERSHIP AND STAFF

- The RCC is about engagement: being open, inviting, and supportive, and this starts with staff!
- Staff need to be able to work together well. Each center has two co-equal managers: a Center Manager and a Volunteer Manager. Amanda, the Center Manager at Bridgeport, explained the situation like this: 'You need to work with your volunteer manager and whenever there is an issue their management team decides together what to do- whether it is at the volunteer or community level.' Every morning she and the Volunteer Manager talk about what happened with one another and their plans for the day. This keeps guests and volunteers from playing 'mom' and 'dad' against each other and creates a strong and supportive culture in the center. We also heard stories from people when the leadership role was not shared equally or was antagonistic- which always led to staffing changes. As Brian noted, the ability of the two managers to get along is critical to your success.
- Support your staff with good tech: WiFi, computers, cell phones, computerized phones for TRS, and smart boards.
- The 'life expectancy' of a staff position is about seven years. Moving a person into a different role helps re-energize them.

GENERAL ADVICE

- You need to pay a competitive living wage to maintain staff. This is very hard work and requires an increased focus on your own recovery. It is a stressful job dealing with people in crisis, so it is important to help and promote self-care among the staff.
- John- He has had to use NARCAN in his RCC. Working with the local educator and having supplies on hand has helped him to save a life.
- Sandy- help others to 'see themselves in this work' by telling them what you are doing (e.g., outreach and recovery ally training); people will make the connection and think of ways to get involved. Recovery allies are really important because they help to make connections to the RCC when people are in their time of need. Allies sometimes volunteer (but less often than recoverees), but they are important to keep engaged.
- Almost everyone we talked with shared the commitment that friends, families, and allies need to be part of the process, whether this was through in-person or virtual meetings or drop-ins. Rita told a story of a wife who regularly visited the center to better understand her husband with a SUD. Over time, he started visiting with her and is now actively pursuing recovery.
- Provide the meetings people need. One group of students wanted an abstinence-only meeting to support their pathway, and UConn created a meeting space for them to hold that approach.
- Many people shared stories of being resource connectors- and we saw this live with Liz, who provided support to connect a person to a resource in Spanish. In Bridgeport, Willimantic, and New Haven multiple times the role of the RCC staff and volunteer recovery coaches was described to be a 'resource broker'.
- Craig suggested we collaborate with probation and parole to be a community service organization for people who are re-entering community service work.
- RCO should meet with each RCC in person as often as reasonable (e.g., weekly/quarterly).
- Brian- Creating Youth and Family Groups can be tricky. You have to be flexible, everyone is unique in the meeting, and their needs require unique fellowship activities (e.g., basketball, parenting, etc). This requires lots of different kinds of support. Related family services are the most difficult services to support in the RCC. There is a virtual group for family services that started during COVID that is still going strong.
- Brian has manager swaps to share activities across the RCCs, e.g., ideas like book clubs, crafts, courageous conversations, etc. These are often developed by the participants and then shared across RCCs by the management.
- Centers are not for everyone, so watch your outreach. In particular, people with very difficult mental health disorders may not be able to thrive in the public center.

- Should people be able to get high in the center? Absolutely not
- Should people be able to enter the center if they are high? Judgment call- often, the RCC leaders allow people who are impaired to attend services, but this is not a detox center. Stay in your lane and provide recovery, not treatment and detox services.
- Should people be able to stay overnight at the Center? Absolutely not. This is a liability issue and is outside the scope of funding. Stay in the lane of providing recovery and connect people to emergency services when needed.
- Effective RCCs and Recovery Coaches treat people like they are the experts on their lives and recovery journey. Recovery Coaches support by listening and asking good questions!
- The biggest goal of the RCC is to have engagement and build a positive environment.
- Take time to hire recovery coaches.
- Define success as recoverees showing up to the RCC, having volunteers, receiving feedback in community meetings, and when you receive positive feedback.
- Work to co-create community with recoverees and volunteers.
- Host retreats and leadership trainings for employees to help employees engage in self-care.
- Volunteers also need to work hard on their recovery when volunteering, and it can be stressful working in an RCC.
- RCCs build leaders
- Brain- a staff member has to open and close the space. This can never be done by a volunteer.
- Use guiding principles with strength-based language (ask Brian for these).

SHOULD GAMBLING BE A RCC FOCUS?

Rita, the Center Manager of New Haven, provides a gambling event and support coach each week. *"This is a good place for recovery coaches to engage each week- people in recovery are 10x more likely to be dedicated to gambling, so they should know how to help their peers."*

When Amanda, the Center Manager at Bridgeport, was asked whether the Problem Gambling services should be provided, even though the sessions were not well attended, she told us: **"Any resource is a positive resource! Let them come."**

Sandy Valentine, from the University of Connecticut's Recovery Collegiate Center told us: *"It's better to have a resource available even if it is not used often. You have to meet people where they are, and if they need help with gambling, then you should have something for them."*

TIPS FOR ENGAGING VOLUNTEERS

- One of the jobs of centers is to build leaders- the career ladder supports hiring from within.
- Volunteers run the center, so this needs to feel like their space- each center has two staff and the rest is a volunteer effort. Volunteers have a say in how the center is developed, both physically (like when Waterbury was built) as well as in the weekly activity calendar.
- Limit hours to avoid volunteer burnout. Have a rule to not allow more than 4 hours/day of volunteer service, no more than 8-10 hours a week on the schedule. They can be in the center more than that but limit time actually working.
- Volunteers should not be able to open or close the center (problems in the past).
- Have a consultant come into the center who does peer recovery two times a month at the beginning of the RCC and then later one time a month.
- The 'life expectancy of an RCC volunteer is about three years.

PATHWAY FOR A VOLUNTEER TO BECOME A RECOVERY COACH

1. Complete a two-hour volunteer orientation.
2. Complete 100 hours of RCC service. Attending meetings only counts if you are facilitating the meeting. You must provide service before and after the meeting. Only four hours of time spent will count toward volunteer hours a day, and Brian suggests limiting weekly service to 8-10 hours. Service might include workshops, training, groups, helping, cleaning, fixing, going to a meeting (if activity before and after), and other activities.
3. Complete the nine recovery coach modules. There is some flexibility here. New Haven volunteers must have completed six of the nine modules. In Bridgeport, it expected volunteers to complete all nine modules twice.
4. Apply for a scholarship to attend Recovery Coaching Academy for free. The volunteer must have a letter of support from the volunteer manager with their application. CCAR holds aside a select number of slots for these awardees, and it is a competitive application process. You can apply multiple times for a scholarship.
5. Complete 35 hours of training for the recovery coach academy.
6. Volunteer with the RCC to specifically do recovery coaching.
7. Some individuals may choose to continue to receive CEUs, additional training, and complete an interview with CCAR staff to achieve a recovery coach professional designation.

THE THREE TYPES OF RECOVERY COACHES IN CCAR

1. THE RECOVERY COACH WHO WORKS IN THE CENTER

This recovery coach is a volunteer. They take recovery coach training which is offered within the center by the Volunteer Manager. Volunteer recovery coaches work with recoverees as they come into the center, helping them find resources or meetings to attend or providing one-on-one coaching. They do not keep case notes on individuals or continuously work with the same individual. Volunteer recovery coaches work on the TRS and staff the centers. This recovery coach was referred to as a resource broker on multiple occasions.

2. THE RECOVERY COACH WHO WORKS IN THE EMERGENCY DEPARTMENT (ED)

This recovery coach is a paid position. They work with designated hospital emergency departments and are on call to meet with individuals entering the ED for a substance-related emergency. Their work begins when the recoveree enters the hospital and extends beyond discharge. ED coaches work continuously with an individual to connect them to resources and provide support to the recovery journey. ED coaches keep case notes and track the individual through CCAR's formal monitoring system. Part of the formal monitoring is the administration of the BARC-10 which is administered during admission, at 45/60/90 days, and after one year of working with the client. There is also a one-page information form collected at the time services are started. CCAR funds ED coaches through SOR and believes that having the ED coaches connected to the RCC network helps keep retention of this important role. They are able to access CCAR services and receive support when needed. ED coaches will often use the RCCs as a meeting place for clients who are past the emergency crisis phase of recovery.

3. THE RECOVERY COACH WHO WORKS IN THE DEPARTMENT OF CORRECTIONS (DOC)

This recovery coach is a paid position and works within the Department of Corrections both inside of jails and when recoverees are released. DOC coaches work continuously over time with the same individuals keeping case notes and tracking the individual through CCAR's formal monitoring system. Part of the formal monitoring is the administration of the BARC-10 during the first session and at 30/60/90-day intervals of working with the client. DOC coaches will often meet with clients at RCCs after they have been released and accompany them to meetings or other recovery pathways as needed.

Support from CCAR and within the RCCs for ED and DOC coaches was stressed as highly important to avoid burnout. Cellphones and laptops are provided to ED and DOC coaches to be able to work remotely wherever their clients are. Brian indicated they have minimal regular administrative work outside of reporting weekly on activities and clients seen. They do have to use a formal monitoring system to keep records of the people they work with. Due to the larger size of the new CCAR RCC, there will be designated office space for both ED and DOC coaches to use to meet with clients.

CENTER MANAGER ROLES AND RESPONSIBILITIES

CENTER MANAGER RESPONSIBILITIES:

- Make monthly calendar
- Order supplies
- Oversee the space and maintenance
- Provide security
- Coordinate the events in and out of the center
- Community outreach, including presentations, recovery walks, and other community events
- Rent out the space for outside groups to use. Rental is only done with written agreements with outside vendors
- Schedule monthly gambling presentations
- Visit schools and other local organizations
- Coordinate the staff member who will open and close the space each day
- Complete weekly reporting forms
- Meet daily with volunteer manager to coordinate goals and volunteers' tasks
- Meet with volunteer manager for problems and concerns – to be dealt with together as a team
- *Recommendation from Rita*, Center Manager: know everyone's name who comes through the center's doors and greet them enthusiastically.

CENTER MANAGER WEEKLY REPORTING:

Each week, Center Managers complete a form with the following information:

- Recovery community support
 - Five instances of one on one recovery assistance provided
- Services
 - At least ten instances of recovery services provided
 - Achievements, issues, and challenges
- Promotion and marketing
 - Number of presentations given that week
 - The location, audience, number of attendees, name of group, description of agenda of each presentation
- Training series
 - Describe trainings given
 - Number of trainings held
 - Number of people in attendance
 - Achievements and challenges
 - Report inspirational quotes or stories
- Administrative
 - Report any significant work
 - Other duties
 - Report any other significant duties completed

CENTER MANAGER ADMINISTRATIVE TASKS:

Center Managers distribute, collect, and input the following forms:

- Center sign-in sheet
Data collected include: date, name, phone number, are they RCC Staff, who attended- all recovery meetings, met with staff, volunteers, resources, recovery coaching, event, training, other, calculating totals for each category
- Meeting sign-in sheet
Data collected include: topic, date, time, facilitator, name of the attendee, phone number of attendee, and email of attendee
- TRS consent
Data collected include: name, DOB, phone number, referred by, cell phone number, gender M/F/O, Residence type Sober/Halfway/Other, City, State, Zip, Pronouns, time of day, language preferred, do not leave a message on answering machine, consent information, date and signature

CENTER MANAGER HOSTS THE MONTHLY COMMUNITY MEETING

These required meetings are held monthly and are check-in opportunities to find out what is working or not working well for participants within your RCC. During this meeting, new groups or activities are proposed. It is important to have participant input on what activities or groups they would like to have held at the RCC.

CENTER MANAGER CREATES THE MONTHLY CALENDAR

The CM hosts events M-F 8:30a-4:30 pm. They often host 3 or 4 daily activities per day that include required and additional activities. Based on a review of four CCAR calendars, the following patterns were observed:

- **Required Daily Peer Support Meetings:** every RCC has one in-person and one virtual All Recovery Meeting (ARM) every day,
- **Optional Peer Support Meetings-** each center can add up to 3 additional meetings a day, which reflect many group types (all pathways), including Spanish ARM, young people's ARM, smart recovery, AA, NA, Dharma Recovery, et cetera
- **Required Weekly Peer Support Meetings:** friends, family ally support weekly, parents in recovery weekly, women's ARM weekly, Recovery Capital (Willimantic) weekly, Recovery on a high note (Willimantic) weekly
- **Required Weekly Trainings-** one recovery coach module training from the 9 total modules, volunteer training

- **Required Monthly Trainings-** volunteer orientation training, professionalism, receptionist training, Peer Facilitation training, CCAR Ambassador Training, TRS training, recovery coach support with Phil Valentine.
- **Required Monthly Events:** community meeting, volunteer recognition, problem gambling event, (unclear if support coach for gambling was weekly or monthly)
- **Optional Activities:** examples include meditation, gratitude group, game time, song time, volunteer recognition and leadership, self-empowerment, story time, advocacy, resume 101, RNP services, Open Mic, effective communication, how you livin', Art and relax, Spanish for beginners, women's empowerment, Friday fun day, Narcan training, men's empowerment, recovery capital, walking away from stigma, Movie- anonymous people or generation found, ambassador training, webinar, CCAR podcast, ted talk discussion, motivation thrive, phoenix social, book club (four agreements, paradoxical commandments, Tuesdays with Mori), Zen tangle, courageous conversations (privilege, grief and dying, homophobia), team building, journaling, listening session with researchers, move a muscle walk, coloring and connecting, center cleaning, gratitude journaling, you are what you eat wise food choices in recovery, Q/A with harm reduction, overdose awareness, gentle yoga, writers group, game day, peer facilitation, public speaking, no matter what, CCAR ambassador training, hiking club, pet therapy, friends/family/ally activities (UCONN hosts a monthly dinner)

Recommendations: Brian advised to be sure to leave space in your calendar so you can be flexible to daily needs. It is critical to have an All Recovery meeting every day, but the entire day doesn't have to be filled- this way, participants and volunteers know what is going on and can decide what happens. No two centers have the same calendar- these are developed to meet local needs.

CENTER MANAGER SPEARHEADS OUTREACH TO COMMUNITY

CCAR noted that some of these groups might be able to drop people off for your meetings or refer them to TRS. Make sure to alert them about meetings and services as well as information about your RCC.

- Treatment facilities
- Medical/hospital staff and clinical teams
- Sober houses
- Local community colleges, career nights and internship fairs
- Community events e.g. overdose awareness
- Halfway houses
- Respite centers
- Follow other CRC/RCCs TikTok/Instagram/twitter
- Collective impact/coalition work

VOLUNTEER MANAGER ROLES AND RESPONSIBILITIES

VOLUNTEER MANAGER RESPONSIBILITIES:

- Recruit volunteers
- Hold interviews with potential volunteers, not all applicants are selected to be volunteers
- Run monthly orientation sessions for new volunteers
- Provide weekly recovery coach trainings from the 9 modules
- Provide activities, discipline, and structure for the volunteers
- Oversee volunteers are clocking in and out each day
- Oversee tasks are being completed
- Run the TRS program
- Provide TRS training
- Complete weekly reporting
- Meet daily with center manager to coordinate goals and volunteers' tasks
- Meet with center manager for problems and concerns – to be dealt with together as a team
- Oversee volunteer recognition events
- *Recommendation from Liz Torres, Volunteer Manager-* Volunteers need activities, discipline, and structure!

VOLUNTEER MANAGER WEEKLY REPORTING:

Each week, Volunteer Managers complete a form with the following information:

- Volunteer hours
- Number of new volunteers
- Number of active volunteers
- Volunteer training- date/type/number of attendees
- Recruitment activities- date/type/number of attendees
- Orientation activities- date/type/number of attendees
- Scheduling activities- date/type/number of attendees
- Evaluation activities- date/type/number of attendees
- Recognition activities- date/type/number of attendees
- Supervision and support
 - List 1 on 1 meetings
 - Report achievement and challenges
 - List new employment or returning school vocation training
- Recovery community support
 - Report at least 5 instances each week for 1 on 1 recovery support assistance
- Administrative
 - Any significant administrative work completed
- Promotion and outreach
 - Describe any activity that was done to promote recovery, CCAR, or the center
- Report any significant other duties completed

VOLUNTEER MANAGER OVERSEE VOLUNTEER TRAINING

NOTE : All CCAR RCC use same training materials provided by the RCO.

Volunteer Managers are responsible for conducting all volunteer related trainings, including:

- **Volunteer Orientation** provided to each new volunteer (often provided weekly):
This 2 hour orientation includes application and review of Vision, Mission and Values, available positions and trainings, background check, time commitment, confidentiality, code of ethics, policy and procedure agreement
- **Volunteer Roles Training** provided before volunteers take on new tasks (often weekly):
 - 1 hour Telephone Recovery System training
 - 1 hour peer facilitation training
 - 1 hour professional development training
 - 1 hour CCAR (Recovery Iowa) Ambassador training
 - 1 hour Power of Stories training
 - 1 hour receptionist training
 - 1 hour resolving conflict training
 - ? hour vocational support
 - ? hour center operations and management
 - ? hour administrative support
 - ? hour community relations
 - ? hour events and fundraising

NOTE: items with question mark were on the list but did not have a time allotted to them.

- **Volunteer Trainings for Recovery Coach Support** is provided each week (each RCC is required to provide at least one module per week) on the following topics:
 - What is a recovery coach?
 - Motivational interviewing
 - Multiple pathways of recovery
 - Boundaries
 - Resumes, cover letters, and job search strategies
 - Interviewing and answering the tough questions
 - Staying in your lane
 - Stages of change
 - Stages of recovery
 - Recovery coach practice/role playing

VOLUNTEER MANAGER ADMINISTRATIVE TASKS:

Volunteer Managers distribute, collect, and input the following forms:

- **Volunteer application** (with background check consent form)
Data collected include: name, address, phone, email, DOB, referral, skills checklist, days available, race, ethnicity, education level, income, employment status, veteran status, agree to background verification, if community service how many hours needed, if intern year of study and major
- **Volunteer timesheet** (also used for interns and community service volunteers)
Data collected include: date, time in, time out, hours worked, which job worked, how many people did you speak with as a volunteer recovery coach one on one

VOLUNTEER MANAGER OVERSEE STUDENT INTERNS

Volunteer Managers recruit student interns through outreach to universities, trade schools, high schools, and other programs that require internships. Each intern in the program must complete the following requirements:

- Run a seven week peer group where they choose the topic- such as healthy living, seven pillars of wellness, et cetera
- TRS Calls
- Must facilitate at least one ARM
- Help people on computers with resumes and applications
- Do outreach and events as needed