



Recovery Community Leadership Symposium

June 13-15, 2012 – Providence, Rhode Island



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This meeting summary was prepared by Abt Associates under the auspices of the Substance and Mental Health Services Administration (SAMHSA) for the Partners for Recovery (PFR) Initiative under Contract No. HHSS2832007000081, Task Order No. HHSS28300002T. Shannon B. Taitt, M.P.A., served as the Government Project Officer.

I. BACKGROUND

Context

RCOs are independent, nonprofit organizations led and governed by representatives of local recovery communities. Broadly speaking, the mission of an RCO is to increase the number of—and quality of life for—people in long-term recovery from alcohol and other drug addiction. RCOs achieve this mission by working with the community to educate, advocate, and support those in recovery and their families. They engage in policy advocacy, community and public education, and outreach programs. Some, but not all, offer peer recovery support services (PRSS). RCOs incorporate many pathways and cultures of recovery, focusing on capacity building, leadership and program development, and support and resource sharing within the recovery community.

Leaders of RCOs have many responsibilities. According to William White and Pat Taylor, RCO leaders are responsible for eight core strategies:¹

- Building strong grassroots organizations that develop leaders, offer opportunities for recovering people to express their collective voice, and provide a forum for community service.
- Advocating for meaningful representation and a voice for people in long-term recovery and their family members.
- Assessing needs related to the adequacy and quality of local treatment and recovery support services.
- Educating the public, policymakers, and service providers about the prevalence and multiple pathways of addiction recovery.
- Developing human and fiscal resources by expanding philanthropic and public support for addiction treatment, recovery support services, and recovery advocacy, and cultivating volunteerism within local communities of recovery.
- Advocating for policy changes at the local, state, and federal levels that promote and remove barriers to recovery.
- Celebrating recovery from addiction through public events that offer living testimony of the many successes of recovery.
- Supporting research that illuminates effective strategies and processes in support of long-term recovery.

RCOs have been growing in numbers and prominence. As this growth occurs, so do the responsibilities of its leaders. This is particularly the case with the advent of health reform and recovery-oriented systems transformation. Leaders of RCOs not only must fulfill the traditional roles of a recovery community leader, as described above, but also must confront issues that require attention to

¹ White, W.L., & Taylor, P. A new recovery advocacy movement. Retrieved from http://www.facesandvoicesofrecovery.org/pdf/White/a_new_recovery_advocacy_movement.pdf

participate in the current health care environment, such as obtaining certification and/or accreditation for the peer services they deliver, collecting quality measures and outcomes, utilizing technology, and collaborating with a variety of new entities, such as accountable care organizations (ACOs), Federally Qualified Health Centers (FQHCs), and person-centered health homes. In addition, many RCOs are involved in statewide advocacy to promote recovery-orientation and peer services in essential health benefits (EHBs), Medicaid and state health exchanges, and enrollment strategies.

Purpose

Leaders of recovery community organizations (RCOs) and recovery programs within host organizations possess numerous skills and strengths to deal with these new and evolving issues. These include:

- empathetic, resilient, and caring;
- creative and resourceful;
- collaborative and well-versed in the community;
- hardworking and mission-driven; and
- strong advocates.

These assets and many others contribute to the success of RCO leaders in operating community organizations that offer advocacy and support for individuals in and seeking long-term recovery from addiction. At the same time, RCOs leaders confront a variety of stressors and challenges in managing their organizations and recovery. For example, leadership positions bring new roles and responsibilities, which require leaders to interact differently with staff, peers, and the community.

Balancing organizational leadership and personal recovery is essential to well-being, success, and happiness. As the recovery community continues to grow and gains prominence, recovery community leaders have expressed a desire to learn and share methods of effectively balancing personal recovery with professional responsibilities. RCO leaders often acquire their positions because of leadership qualities, but with limited prior experience in leading and managing an organization. As organizational leaders, they are responsible not only for their work, but for the work of staff and volunteers and the overall functioning of the organization. Leaders may need additional support to achieve an appropriate work-life balance within this role, yet there have not been suitable models and resources tailored to their specific needs.

To create a forum in which leadership strengths and needs could be addressed, the Recovery Community Leadership Symposium was held June 13–14, 2012, in Providence, Rhode Island. The objectives of the symposium were to:

- explore the issues and challenges experienced by recovery community leaders in balancing self-care with their leadership roles and responsibilities, and
- develop strategies and tips for addressing these challenges.

Twenty-five leaders, including executive directors and individuals in senior leadership positions from RCOs and recovery programs in host organizations, participated in this 2-day event, hosted by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Partners for Recovery (PFR) Initiative.

The purpose of this meeting summary on the Recovery Community Leadership Symposium is to identify issues and challenges confronting RCO leaders and strategies to address them, while balancing one's self-care. The meeting provided an opportunity to explore these issues and identify resources and supports necessary to the growing numbers of RCO leaders. Through a greater understanding of these issues; strategies, tools, and resources can be developed to support capacity-building among current and emerging RCO leaders.

II. MEETING OVERVIEW

The Recovery Community Leadership Symposium brought together 25 addiction recovery community leaders to engage in a 2-day national discussion related to balancing self-care with leadership positions in the community (see appendix A for the complete symposium agenda). These leaders represented urban and rural communities across the nation and the perspectives of diverse ethnic and cultural groups.

The Symposium began, with a welcome from Donna Hillman of Abt Associates Inc. Ms. Hillman thanked the participants for their time and commitment as recovery community leaders, outlined the structure of the symposium, and introduced the agenda of events and activities. She explained that the tips that would arise out of the planned summit sessions would be shared with other current and emerging leaders in the recovery community.

Andre Johnson, president and CEO of the Detroit Recovery Project, followed by recapping a 2-day Workforce Leadership Development Planning Retreat, supported by the PFR Initiative that took place in Detroit, Michigan, in August 2011. The focus of this retreat was a facilitated discussion with a small group of recovery community leaders about self-care and sustained recovery for those serving in leadership positions in the recovery community. Areas of discussion for this retreat included dealing with such issues as personal and professional relationships, compassion fatigue, isolation, self-inventory, personal trauma, and stress. Following this retreat, PFR decided to continue the discussion at a national level.

Following Mr. Johnson's remarks, the symposium participants introduced themselves (see appendix B for participant list.)

The remainder of day 1 was dedicated to brief panel presentations, designed to stimulate thinking and discussion, followed by participant dialogue. From the discussions, the following issues were identified:

- Personal and Professional Challenges of a Recovery Community Leader
- A Dialogue: Building Collaboration
- Workplace Wellness

As the discussions continued, participants agreed on four overarching categories that would be discussed in greater depth on day 2:

- Session I: Leadership and Management
- Session II: Vision, Advocacy, and Sustainability
- Session III: Mentoring, Support, and Community
- Session IV: Boundaries, Balance, and Personal Well-Being

Day 2 of the symposium began with participants being divided into four groups. Each group participated in a facilitated discussion on one of the topic sessions. Throughout the course of the day, every group participated in all four topic areas.

III. CHALLENGES AND TIPS

In the course of the two days, meeting participants identified the issues and challenges that they frequently experienced, as well as offered tips for address them. Although all organizational leaders face a variety of challenges, RCO leaders confront particular demands, including

- balancing personal recovery plans and self-care with organizational leadership,
- creating a realistic balance between recovery service commitments and organizational leadership duties, and
- establishing clear boundaries with staff and volunteers with whom leaders held preexisting relationships in the community.

In each breakout session, symposium participants identified common issues, challenges, and strategies (tips) for dealing with these issues. RCO leaders often face similar challenges and are very experienced in developing creative, action-oriented solutions. The meeting participants proposed multiple tips to aid current and the next generation of RCO leaders. These management and leadership methods have been used effectively by RCO leaders and will provide helpful guidance to other leaders.

As a result of the breakout sessions, participants identified 15 of the most common challenges facing RCO leaders categorized within four broad areas:

Leadership and Management

- Being a healthy role model
- Creating an empowering and trusting work environment
- Leading with recovery principles and values
- Enhancing management skills
- Handling personnel issues
- Implementing sound business practices

Vision, Advocacy, and Sustainability

- Establishing visionary organizational leadership
- Undertaking recovery advocacy activities
- Creating partnerships to sustain the organization

Mentoring, Support, and Community

- Identifying mentors to assist, guide, and provide support
- Maintaining a recovery support system separate from the organization
- Interacting with community leaders

Boundaries, Balance, and Personal Well-Being

- Establishing and maintaining professional boundaries
- Maintaining a healthy work-life balance
- Attending to self-care and personal well-being

The shared experiences of the symposium attendees, and lessons learned in dealing with the identified demands and challenges, are offered below as guidance to others who serve individuals in addiction recovery.

Leadership and Management Challenges and Tips

Issue: To be successful, leaders of RCOs need development in both management and leadership. Leaders must create a healthy work environment that is empowering, promotes creativity and initiative, and allows for a healthy work-life balance. Leaders also must develop efficient operations and programs while honoring recovery principles and values. Many RCO leaders do not have sufficient background or experience in management and business. This lack of experience can present challenges in human resource issues, business development, and budgeting.

Leadership Challenges

1. **Being a healthy role model:** Being a healthy role model while balancing the commitments of one's leadership role is often not easy. Warning signs of overwork may include tiredness, irritability, becoming less tolerant of demands, and self-doubt. Modeling appropriate behavior in the RCO workplace and maintaining an appropriate work-life balance is vital to maintaining personal recovery and a focus on wellness.

Tips: **Set** and maintain a work schedule that accommodates breaks, lunch, and occasional “down time” to rejuvenate and focus. **Plan** and honor commitments to activities with family, friends, and significant others. **Set** a designated time at the end of the day after which you do not accept work phone calls or e-mails. **Cultivate** a non-work-related activity or hobby that brings you fulfillment or pleasure. **Delegate and empower** staff to address a variety of situations that do not require your permission or prior approval.

2. **Creating an empowering and trusting work environment:** Good leadership and recovery both help to seed empowerment and trusting relationships with others. When leaders establish this type of environment within their organization, it not only honors the recovery of those in the organization, but also encourages self-care through shared responsibility and accountability. Delegating tasks and including staff in decisions to create this environment can be difficult for leaders, but establishing an environment where individuals are treated as vital to the organization and its daily functioning is essential for personal fulfillment and organizational success.

Tips: **Develop** a participatory decision-making process in the workplace by engaging staff and volunteers to help design and plan programming and activities. **Delegate** tasks to individuals based on expertise and capability and let them take responsibility for completion of assigned tasks. **Provide** sufficient instruction, resources, and supervision to help staff and volunteers succeed in their work. **Allow** individuals to make mistakes; turning a mistake into a “teaching moment” allows that individual to learn and reinforces a trusting and empowering work environment. **Ask** staff to

formulate and test solutions to challenges that arise. **Encourage** staff to seek input from others within the organization, creating and reinforcing a collegial and participatory atmosphere.

- 3. Leading with recovery principles and values:** Recovery is achieved through multiple pathways, with each pathway incorporating shared recovery principles and values (e.g., culturally appropriate, supported by peers, and person-centered). RCO leaders should recognize and welcome the variety of recovery methods and encourage their staff to do the same. Recovery leaders must be vigilant that the power, control, and responsibilities of the position do not circumvent recovery-focused leadership.

Tips: Acknowledge, honor, and welcome the many pathways of recovery. **Incorporate** trainings on cultural awareness and recovery principles into the workplace and **involve** the community, including members of diverse ethnic and cultural groups, in the development of policies and procedures reflective of this philosophy. **Seek** and incorporate the support and recommendations of allies, advocates, and “champions” related to the structure of and activities of the organization. **Build** a work environment that demonstrates the recovery principles; an environment free of stigma and discrimination that is strength-based and person-centered.

Management Challenges

- 1. Enhancing management skills:** Many RCO leaders possess strong leadership and caregiving abilities, but these skills do not always translate into management skills without training and guidance.

Tips: Seek consultation from a professional business mentor for guidance on business and management practices in your organization. **Acquire** support from other recovery leaders to share and discuss issues, concerns, and potential solutions. **Establish** a personal support system of individuals who can offer advice on personal managerial roles, responsibilities, and performance. **Continue** to engage staff and volunteers in all aspects of the management plan for the organization and the importance of maintaining a healthy, participatory environment.

- 2. Handling personnel issues:** RCO leaders are ultimately responsible for the work of staff members and the effective operation of their organization. Leaders must address issues of poor staff performance and take disciplinary action, when appropriate. Leaders must separate personal recovery philosophy from business responsibilities and focus on job performance. For some, the desire to help others has posed a personal conflict with how to handle underperforming staff.

Tips: Seek guidance from those with human resources expertise when faced with difficult staff decisions or situations. **Work** with staff members to address underperformance or misconduct directly; consider these situations to be “opportunities for growth” and offer to provide the individual in question with access to training and/or an assigned “buddy” for support. **Provide** positive feedback if performance improves. **Ensure** that all problems are documented and discussed with staff, take progressive disciplinary or probationary action, and, if necessary, remove the staff member from his or her position and the organization.

- 3. Implementing sound business practices:** Recovery leaders may have to make difficult decisions that require activities outside their comfort zone and may also feel counterintuitive. Often these activities relate to sound business practices, such as defining policies and procedures that address human resources, business development, financial management, and quality standards.

Tips: **Seek** professional assistance to ensure that financial responsibilities and accountability satisfy the requirements of various funders. **Develop** policies and procedures that clearly establish expectations for all staff members and volunteers. **Communicate** these expectations through staff meetings and individual supervision. **Establish** a performance evaluation process that is strength-based and participatory and incorporates opportunities for personal growth and increased skill sets. **Model** the appropriate manner in which to deal with management, staff, or volunteer relapse by providing access to support resources and by clearly defining the organization's policy regarding requirements for return to work. **Train** all staff and volunteers on appropriate personal and professional boundaries, stressing the importance of avoiding dual relationships with clients. **Ensure** quality service standards by establishing outcomes measures and developing an evaluation process based on quality-of-life measures. **Establish and engage** in learning communities with other well-established RCOs regarding sound business practices.

Vision, Advocacy, and Sustainability Challenges and Tips

Issue: The leaders of an RCO bring together diverse perspectives to create a vision for the organization within the community, to create partnerships to carry out and sustain that vision, and to develop recovery advocacy initiatives. These responsibilities are complex and challenging and can be stressful, particularly in communities that do not understand and appreciate the value of recovery support.

- 4. Establishing visionary organizational leadership:** In order to become a recognized partner and vital member of the community, an RCO leader must create a "shared" vision with community members, leaders, and stakeholders that may not share or understand the value of recovery support. Developing a shared vision requires specific skills that include education and raising consciousness about recovery values, principles, and culture.

Tips: **Explore** the needs of the community and find ways in which the RCO can visibly benefit community members. **Develop** a presentation that highlights what the organization brings to the community. **Ensure** "planned redundancy" within the organization: multiple individuals should fully understand the vision, purpose, and contributions of the organization to the community so that someone is always available to interact with community members and to **encourage** the development of mutually beneficial relationships between the community and the RCO.

- 5. Undertaking recovery advocacy activities:** To be effective advocates for those in recovery and RCOs, leaders must maintain a strong presence in a variety of settings and be active in decision-making in arenas that affect policy and programming. RCO leaders need to become comfortable sharing their lived experience with addiction recovery, speaking in public, and offering guidance as "subject matter experts" on recovery. Leaders must also build leadership capacity by "building up" others in recovery to be confident in leadership positions.

Tips: **Become** the "go-to" person for any and all issues or questions concerning people in recovery. Volunteer to meet with organizations and community leaders to educate them on recovery issues, highlighting both the barriers to recovery and the benefits of recovery

resources. **Provide** data, information, and resources that identify individuals associated with the RCO as key informants and subject matter experts. **Develop** a speakers bureau that is available to promote public education and advocate with policymakers to adopt practices and policies that enhance recovery and help people get well.

- 6. Creating partnerships to sustain the organization:** RCO leaders must bridge the dual role of sustaining personal recovery and maintaining the financial viability and long-term success of the organization. Many leaders have not yet acquired adequate experience in organizational and business development—two crucial skills to sustaining an RCO. Cultivating stakeholder relationships and creating partnerships to enhance businesses development may require skills and knowledge that may need further development.

Tips: **Enlist** the aid of a mentor who has experience in business to assist with organizational, development and financial planning. **Conduct** presentations about your organization to a variety of community institutions, including the media, elected and agency officials, civic organizations, social service organizations, health providers, businesses, and community colleges. **Explore** the strengths and needs of the community and build collaborative partnerships with community leaders by holding town hall meetings, focus groups, and open houses that showcase the benefits of recovery, address barriers to recovery, and create/reinforce a shared vision of community health and wellness. **Develop** relationships with local, county, and state policymakers who are in a position to **influence** policy and funding decisions to help them understand the importance and benefits of recovery. **Create** a strategic funding plan that includes all possible funding sources, and develop a business case for supporting recovery for individuals, families, and communities. **Explore** reinvestment strategies for savings that result from sustained recovery.

Mentoring, Support, and Community Challenges and Tips

Issue: RCO leaders often require support from others in addressing personal and professional challenges. Leaders may need guidance with a technical area or need support in managing staff with whom they have had prior personal or collegial relationships. In situations in which support systems have been formed around those prior relationships, new support systems must be constructed. Without new support systems, leaders can become isolated in their leadership positions.

- 7. Identifying mentors to assist, guide, and provide support:** Leading an RCO can require a leader to broaden his or her repertoire of professional skills. To effectively meet this need, the leader may need to seek guidance in a number of areas, including business development, community outreach, and public speaking.

Tips: **Locate and engage** one or more mentors to provide resources and guidance when support is needed. **Seek** mentors both within and outside the recovery community. Individuals from different fields and communities can often offer new perspectives and helpful insight. **Apply** newly acquired skills and techniques suggested by your mentor(s) to your organization and community.

- 8. Maintaining a recovery support system separate from the organization:** It is important for the RCO leader to establish a recovery support system outside of the workplace. Leadership positions can be isolating, particularly if the leader's support network previously consisted of those individuals they are now responsible for managing.

Tips: **Engage** a personal mentor or seek professional assistance outside the workplace to provide guidance and support. **Establish** a personal recovery system outside the workplace where you can freely express recovery-related personal issues in a safe space. **Conduct** a self-inventory to assess the way in which your personality or attitude can have a positive impact on staff, volunteers, and community members, and **seek** support and assistance to identify old, negative habits and reinforce positive approaches.

- 9. Interacting with community leaders:** It can be challenging for RCO leaders to work with community leaders that do not understand and support recovery. Modeling personal recovery is essential for leaders, especially when interfacing with community partners and stakeholders who may not fully understand recovery. By witnessing the words and actions of the recovery leader, others may begin to understand the impact that recovery can have on organizational and community leadership.

Tips: **Engage** community members by participating in community activities, such as park cleanup days, community fairs, and civic improvement projects. **Communicate** a spirit of cooperation and benefit for all involved. **Encourage** community members to become involved in RCO activities, to get to know the people in recovery, and to hear their stories of success and transformation. **Share** the vision of the RCO in order to create and maintain enthusiasm both within the recovery community and the wider community. **Develop** allies within the community who can bring fresh insight and offer innovative ways in which to engage the community in RCO activities and to expand resources and outreach efforts.

Boundaries, Balance, and Personal Well-Being Challenges and Tips

Issue: For many leaders, maintaining a work-life balance and setting appropriate boundaries are essential to sustaining their long-term recovery. Often, leading an organization can demand a great deal of time and personal resources, potentially tipping the work-life balance and becoming a possible threat to personal recovery.

- 10. Establishing and maintaining professional boundaries:** RCO leaders must be sensitive to interactions with staff, volunteers, and recovery community members. Although leaders need to be friendly and supportive, they must clearly communicate boundaries that establish and fortify their role, the roles of others. A recovery culture encourages relationship-building that fosters a friendly and supportive—and often personally charged—environment. The RCO leader must balance this environment with the reality of the workplace, so as not to create the perception of favoritism or inappropriate interaction.

Tips: **Define** all boundaries in organizational policies and procedures so that they are fluid enough to support a recovery culture but firm enough for an organizational workplace. **Implement** a training program for all leaders and employees of the RCO to outline and establish appropriate boundaries. **Address** boundary breaches within the organization in an assertive manner, in alignment with your organization's boundary policy. **Attend** support meetings with other leaders who are addressing similar issues.

- 11. Maintaining a healthy work-life balance:** RCO leaders strive to maintain a healthy work-life balance and develop a healthy disengagement from their organization. However, in an age of

electronic communication and social messaging, many RCO leaders feel the need to remain closely connected to their organization and overly involved with the RCO's day-to-day activities. This can compromise the strength of the organization, minimize the importance of others, and threaten the recovery leader's efforts to maintain a balanced, healthy lifestyle. Delegating and ensuring redundancy of roles maintains the health of the organization and the health of the leader.

Tips: **Revisit** the recovery principles upon which the RCO was founded and upon which personal recovery is based. **Overcome** the tendency to micromanage, and learn to engage others, trust in their skills and capabilities, and delegate responsibilities and workloads. **Celebrate** the successes of others within the RCO and the community in managing organizational tasks and activities. **Enjoy** a healthier work-life balance by promoting an atmosphere of shared responsibility.

12. Attending to self-care and personal well-being: Family relationships, personal hobbies and interests, and physical health can easily take a back seat to an RCO leadership role. As a result of their drive to help others some leaders may experience forms of "compassion fatigue," which can compound preexisting stress.

Leaders in recovery can let themselves be overwhelmed with demands that may seem critical but are often self-imposed. An honest appraisal of personal and professional demands can be of great benefit to the organization, as well as to the leader's own physical, mental, and emotional health and well-being.

Tips: **Balance** personal responsibilities with leadership responsibilities and learn to **reconcile** contradictory demands in a healthy manner. **Develop** outside interests and hobbies that are rewarding and fulfilling on a personal level and that help to reduce stress. **Enlist** a personal mentor to aid in increasing self-awareness related to over-involvement at work and to provide associated recommendations. **Learn** to appreciate "alone time" and take pleasure in pursuing hobbies and personal interests. **Conduct** periodic self-inventories to gauge and maintain balance and well-being.

To remain on top of these challenges, participants repeatedly echoed the need for a periodic self-inventory to proactively ensure work-life balance. The following questions should be considered in a self-inventory:

- Am I taking care of body, mind, and spirit (e.g., paying attention to my personal recovery)?
- Are my expectations for accomplishments realistic, or too much?
- Do I have tools to project a positive attitude and to overcome any sources of irritation?
- Am I accepting my part in things that I allow to bother me?
- Am I setting realistic goals for myself and others?
- Am I monitoring and changing old behaviors, such as people-pleasing?
- Am I accepting progress, in lieu of perfection?
- Am I delegating tasks responsibly so that I do not take on too much myself?

As delineated within this section, participants suggested numerous tips to address the most common challenges experienced by RCOs leaders. Although leaders each brought their own perspectives to this event, their shared points of view and experience in solving these issues should provide helpful guidance to others who may confront similar challenges in their leadership roles.

IV. CONCLUSION

The Recovery Community Leadership Symposium held on June 13–14, 2012, in Providence, Rhode Island, brought together a diverse, engaged, and compassionate group of RCO leaders to explore the issue of balancing self-care with their leadership roles. The symposium created an opportunity for the participants to share openly and honestly common personal and professional challenges, and to discuss how they have successfully dealt with these issues throughout their careers.

This event presented unique opportunities for leaders in recovery to explore self-care and work-life balance in a context that has not been previously offered to them. This symposium begins a dialogue that can lead to solutions on this very important topic for current and emerging RCO leaders. Symposium participants' input offers an excellent starting point for future discussions and guidance for leaders. To further define and refine the challenges faced by RCO leaders and various strategies to address them, additional dialogue with broader representation among leaders is needed. As RCOs continue to increase in number and prominence, their work will likely become more demanding. For RCO leaders to maintain healthy lifestyles and succeed in their work, they must be adequately equipped with tools and resources that promote a work-life balance, allowing them to achieve their full leadership potential.

APPENDIX A: AGENDA



Recovery Community Leadership Symposium

June 13-14, 2012

Providence, RI

A G E N D A

DAY 1

Wednesday, June 13, 2012

8:30 AM – 9:00 AM Registration Providence Foyer

9:00 AM - 4:30 PM General Session Bristol Ballroom

9:00 AM – 9:30 AM Welcome and Opening Remarks

9:30 AM – 10:15 AM Recap of Workforce Leadership Development
Conference Planning Retreat
 Andre Johnson, President/CEO
 Detroit Recovery Project

Overview of Symposium
Expectations and Charge for Participants
 Donna Hillman, Associate
 Abt Associates Inc.

10:15 AM – 10:30 AM Break

10:30 AM – 11:30 AM	<p>Panel: Personal and Professional Challenges of a Recovery Community Leader Moderator: Tom Hill, Director of Programs Faces and Voices of Recovery</p> <p>Panel: Beverly Haberle, Executive Director The Council of Southeast Pennsylvania, Inc. Andre Johnson, President/CEO Detroit Recovery Project Beverly Haberle, Executive Director The Council of Southeast Pennsylvania Inc.</p>
11:15 AM – 12:15PM	<p>A Dialogue: Building Collaboration Regina Sims-Alston, Co-founder CommunitySpeaks, LLC</p>
12:15 – 1:45 PM	Lunch On Your Own
1:45 PM – 2:45 PM	<p>What is your greatest challenge right now? Andre Johnson, Executive Director Detroit Recovery Project</p>
2:45 PM – 3:00 PM	Break
3:00 PM– 4:00 PM	<p>Workplace Wellness: Regina Sims Alston, Co-founder CommunitySpeaks, LLC</p>
4:00 PM – 4:45 PM	<p>Brainstorming to Determine Sessions for Day 2 Challenges That Affect Community Leaders Donna Hillman Abt Associates Tom Hill Faces and Voices of Recovery</p> <p>Recap of Day 1 and Expectations for Day 2 Donna Hillman, Associate Abt Associates Inc.</p>

DAY 2

Thursday, June 14, 2012

8:00 AM – 4:30 PM Information Desk Open Providence Foyer

8:30 AM – 4:30 PM Concurrent Breakout Sessions

The content of the breakout sessions will be determined from the list of challenges that the participants identify in the brainstorming session at the end of Day 1. Participants will rotate through all four sessions.

8:30 AM – 10:00 AM **SESSION I – Bristol Ballroom**
Facilitator: Tom Hill, Director of Programs
Faces and Voices of Recovery

SESSION II – Trent Ballroom
Facilitator: Regina Sims-Alston, Co-Founder
CommunitySpeaks, LLC

10:00AM-10:15 AM Break

10:15AM-11:45AM **SESSION III – Bristol Ballroom**
Facilitator: Mike Barry, Executive Director
People Advocating Recovery

SESSION IV – Trent Ballroom
Facilitator: Donna Hillman, Associate
Abt Associates

11:45 AM-12:45PM Lunch On Your Own

12:45PM-2:15PM **Repeat Session I – Bristol Ballroom**
Repeat Session II – Trent Ballroom

2:15PM-2:30PM Break

2:30PM – 4:00PM

Repeat Session III – Bristol Ballroom

Repeat Session IV – Trent Ballroom

4:00PM – 4:30PM

Process for Feedback and Next Steps
Completion of Event Feedback Survey
Donna Hillman, Associate
Abt Associates Inc.

Closing remarks

APPENDIX B: PARTICIPANT LIST

The Recovery Community Leadership Symposium

June 13–14, 2012
Providence, Rhode Island

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