

Reference: *The CCAR Experience* <https://files.acrobat.com/a/preview/fd1295f1-0473-426f-b599-80226471c482>

IDAHO ASSOCIATION OF RECOVERY COMMUNITY CENTERS

OPERATING PRINCIPLES AND STANDARDS

I. The Purpose of the Recovery Community Centers

Recovery Community Centers (RCC) exist to advocate for and support individuals seeking to initiate or maintain recovery from behavioral health and/or substance use disorder. The centers are a safe-place and a resource for skill-building, education, information, support and socialization for those in recovery and their loved ones. They are not a clubhouse, a drop-in center or a crisis center - but they do contain elements of all three. They are a place where isolation becomes inclusion, problems find solutions, and strangers become friends. By their very existence they make real the belief that recovery from mental illness and substance use disorder IS possible.

II. Volunteering and Recovery Community Centers

The peer-based recovery support services offered at a recovery community center are non-clinical services that focus on removing barriers and linking individuals to existing resources. Peer-based recovery support services are activities provided by a volunteer and/or paraprofessional force dedicated to helping and facilitating recovery. The support offered is not meant to replace treatment, twelve-step support or other mutual aid support groups. Peer-based recovery support services compliment treatment and other support groups and become an essential component in a recovery-oriented system of care.

III. Recoverees Governance Roles

Programs and services provided should be governed by the individuals being served by the Center. The governing body for each Recovery Community Center must be made up of at least 50% individuals who identify as being in recovery and of the local community.

IV. Foundational Principles

- You are in Recovery if you say you are
- There are many pathways to recovery
- Focus is on the recovery potential, not the pathology
- Err on the side of the Recoveree
- Err on the side of being generous
- Meet people where they are at....

Also see: [William White's Guiding Principles for Recovery](#)

Effective February, 2018

V. Recovery Community Center Core Elements Overview

An RCC:

1. Is a recovery-oriented sanctuary anchored in the heart of the community that seeks to organize the local recovery community.
2. Is visible so local communities of recovery can actively put a face on recovery.
3. Serves as a physical location where peers can organize the local recovery community's ability to care, specifically through the provision of a variety of recovery support services.
4. Provides peer-based recovery support services using a volunteer force to deliver a vast majority of these services.
5. Attracts people in recovery, family members, friends, and allies to serve as volunteers, who in turn help those coming up behind them.
6. Fosters the inherent nature of the recovery community (people in recovery, family members, friends and allies) to give back.
7. Functions as a recovery resource for the local community.
8. Is a location where, sometimes, people still struggling with addiction and/or mental health will enter and the RCC will help them navigate the system.
9. Is a place to find workshops, training, and educational sessions to enhance one's own recovery.
10. Maintains a structured schedule of recovery related workshops, trainings, meetings, services and social events.

An RCC is NOT:

1. A treatment agency
2. A 12-Step Club
3. A drop-in center
4. It is not a hang-out
5. Is not a crisis center
6. ...but it may contain elements of each

Site

1. A RCC should strive to have:
 - a) Large group/training room.
 - b) Computer lab that can comfortably hold at least four computers.
 - c) Two offices: one for the RCC manager, the other for additional staff.
 - d) Reception area.
 - e) Private telephone room for making Telephone Recovery Support calls with at least three phones and phone lines.
 - f) Lounge area for reading, socializing.
 - g) Kitchen area.
2. Location. IARCC believes by having a prominent, visible location whose sole purpose is to promote recovery, we literally bring recovery from church basements onto main street. The location should also be easily accessible to those without personal transportation.
3. An RCC should be handicap accessible.

Administration

1. At a minimum, an effective RCC should strive to have the following staff:
 - a) One RCC Director or Manager. Ideally this person will be intimately familiar with the local recovery community and knowledgeable of all local social services, businesses, faith organizations and neighborhoods.
 - b) One RCC Assistant Manager in charge of volunteer staffing
 - c) One Administrative Assistant.
2. Each RCC will operate within an annual budget to provide programming, training, workshops and social events.
3. The staff and selected volunteers of an RCC will participate in local and statewide fundraising activities.
4. Each RCC is overseen locally by a volunteer board of directors which the director or manager reports to. This board has the responsibility for fundraising/sustainability, budgeting, activity planning, and most policy and procedure approval.

Programming

1. All program efforts at an RCC are overseen by the paid staff and volunteer force, and significant input is gathered from the recoverees at the RCC, the volunteer force, and the local recovery community.
2. Programming is determined through three sources:
 - a) Management team
 - b) Staff
 - c) The local recovery community
3. Suggested programming may consist of:
 - a) Telephone recovery support
 - b) Recovery oriented employment services
 - c) Referrals to recovery housing
 - d) Recovery and re-entry services (Dept. of Correction)
 - e) Various recovery support groups
 - f) Volunteer trainings
 - g) Staff orientation and training
 - h) Family/community education
 - i) Family Support Partners and groups
 - j) Recovery coaching
 - k) Peer Support Specialists
4. An RCC will deliver basic orientation, de-escalation techniques, mental health first aid, and recovery peer volunteer training to its volunteers utilizing peer volunteers and outside facilitators who have been trained to conduct such programs.
5. An RCC will organize and/or host social activities that are member and committee driven and supported by peer volunteers.
6. An RCC is welcoming to mutual aid societies (i.e. 12-Step, DBSA, NAMI, faith-based and/or secular groups, Al-Anon, SMART, etc.), or other recovery related programs to host their meetings and/or events at the RCC.
7. An RCC will publish a monthly schedule of activities. This schedule will be posted prominently in the RCC itself and available on the internet.

Volunteers

1. Volunteers are the RCCs number one resource and must be treated as such. Each RCC will make an outstanding effort to recruit, train, engage, supervise and recognize volunteers.
2. All programs and services in an RCC are best implemented by volunteers who are trained and supported through IARCC's collaborative data management system. Staff is paid to support the volunteers.
3. A statewide volunteer manager will work with the staff of each RCC and the Management Team to achieve the goals and objectives of the VMS.

General

1. An RCC must be volunteer driven, member inspired and premised on peer support.
2. An RCC must have clear Policies and Procedures that are readily available to the membership and reviewed every year.
3. An RCC will have rules of conduct clearly posted.
4. An RCC may have a van or other tools to address transporting people and to help with access to peer-based recovery support services.
5. An RCC will have computers for individuals in recovery with connections to printers and internet.
6. An RCC will have at least one large screen TV, DVD player, and VCR for training, workshops, and seminars. The TV will NOT be hooked up to cable, dish or any other connection that allows for multiple channel viewing.
7. All RCC staff and appropriate volunteers will be trained to use the online databases and the internet to access services for recoverees. Every RCC will have a community resource book with pertinent forms and applications that is updated quarterly.
8. In general an RCC will not be open on Holidays. Holidays are times for paid staff and dedicated volunteers to take time away for rest and rejuvenation. IARCC understands Holidays may be a tough time for some individuals and will rely on other natural recovery supports to assist those individuals.

VI. Other Foundational Principles:

A. Recovery definition per SAMHSA

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

A. Ethics

- B. RCCs follow the Peer Support National Guidelines Code of Ethics. A copy can be viewed here: <https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>
- C. Code of Conduct/Center “Rules”

IARCC RCCs will have in place rules similar to the following regarding:

Safety:

1. We will honor each other’s confidentiality and right to privacy.
2. We will seek to resolve conflicts with each other and not to create disturbances by way of the use of profanity, gossip, fighting, choosing sides, outbursts of anger or harming others.
3. We will not use relationships made here for personal gain.
4. We will not bring drugs and/or alcohol on the premises or attend any activity or meeting under the influence of drugs and/or alcohol.

Respect:

1. We will strive to treat everyone with dignity and respect, and as a valued individual.
2. We will support others in making their own decisions and choices in regards to their own lives.
3. We will be role models within the community, always remembering we are representatives of the recovery community.
4. We will work together as a group, maintaining the concept of all times of peer-run programs, remembering we are not counselors, therapists or professional in this capacity, although some members may be in their professional lives.
5. We will not take another person’s belongings or any property not belonging to us.

Compassion:

1. We understand that relapse may be a part of recovery and we will welcome back those who are struggling.
2. When a member of the community needs to talk, we will do our best to listen with full awareness, without criticism or judgement. We will refer to clinical treatment with a professional when a member has need for that service.
3. We will work hard to represent all members of the community, especially those that feel they have no voice.

Acceptance:

1. We will strive to meet each person where they are at in regard to recovery, way of life, emotional stability, and health.

2. We will seek to recognize our own biases and prejudices and attempt not to place them on others.
3. We will honor each member's culture, race, life experiences, belief system, religion, class, sexual orientation, gender and appearance.

(Source: The Center for Hope)