



## Supporting Access to Substance Use Disorder Treatment

### Guiding Manual

We at Bay State Community Services (BSCS) have been providing addiction-related treatment service for over 50 years, and we have helped thousands of people get better. We believe that all pathways lead to recovery, because we have witnessed it.

BSCS established Project IMPACT, a statewide initiative funded by the Massachusetts Attorney General's Office and the GE Foundation, **to prevent overdoses**. To achieve this, we have pledged to partner with likeminded agencies, institutions, and providers to build a network of peer-led harm reduction access and resource sites\* throughout the Commonwealth.

The goals of the peer-led harm reduction sites are to provide individuals with substance use disorders and their families with:

- Overdose prevention and harm reduction education and resources
- Accessible and immediate support
- Flexible and non-judgmental care
- A safe place to talk with a peer with lived experience
- Information about treatment options and other local services
- Guidance, clear explanation, and real life understanding about treatment admission and discharge processes

\*please note that these harm reduction sites are NOT safe-site-injection or needle exchange sites.

The Project IMPACT Team is here to support your harm reduction initiatives, including your team's establishment of an overdose prevention, harm reduction drop-in center.

Let us help you and your community members by fostering collaborations and promoting healthier lifestyles. We are happy to connect in person, via email, phone or Zoom/Teams.

We may be reached at: 857-358-8973 (IMPACT Weymouth) and at 617-302-3287 (A New Way Recovery Center).

Our email address is [ProjectImpact@baystatecs.org](mailto:ProjectImpact@baystatecs.org)

We look forward to connecting with you to better serve our beloved communities.

Positively,

Project IMPACT Team

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## Peer Led Harm Reduction Sites

### *Why do communities need Peer Led Harm Reduction Sites?*

Based on nationwide data and various, local community needs assessments, individuals are not getting the necessary help when they need it for SUD related treatment. By acknowledging and recognizing the need, Peer Led Harm Reduction Sites can reduce barriers to services for individuals with SUD by ensuring that they have access to treatment when they are ready.

At the core of the peer led harm reduction access support sites is the deep and authentic appreciation for the courage it takes for an individual with a substance use disorder and/or his/her/their family to reach out for help.

It is a site where people can come to get help even if they currently are using substances. A place where not only can individuals and families explore options for treatment and different pathways for recovery (including harm reduction options), but also where they can receive education about the safer use of substances (until they are ready to get treatment).

We understand the readiness factor in accepting treatment and we do not want to push people away. Instead, we want to work with them so that they can feel cared for, supported, acknowledged and respected.

*Recovery starts when people are treated with dignity.*

### *What is a peer-led harm reduction site?*

It is a site:

- where people can ask for support when they are contemplating treatment options.
- where they can talk with a recovery coach who can guide them into treatment whenever the individual is ready.

Peer led harm reduction site best practices:

- Having a recovery coach available at all times to assess the individual's needs for level of care and helps get the person to the appropriate program. The recovery coach can assist with the referral if needed.
- Offering snacks, hydrating water, hot cocoa and tea to anyone who walks through the doors.
- Individuals are welcomed, encouraging words and a listening ear are given, whether an individual is ready for treatment or not.
- Support all pathways to recovery, including those who are only interested in harm reduction methods.
- Educate them about safer use to reduce harm, until they are ready for more.
- Offer help and support loved ones, families, and friends.

## ***Why does Bay State Community Services provide peer led harm reduction sites?***

Bay State Community Services, Inc. (BSCS) was formed in 1991 through a merger of five community-based agencies that had an extensive history (over 100 years) of providing innovative, responsive, and accessible programming to the communities of Southeastern Massachusetts.

At BSCS we believe in a strength-based culture of recovery that affirms the importance of dignity, belonging, relationships and collective action for the collective good. Our mission is to strengthen communities through resources, support, education and connections.

BSCS has been licensed by DPH, BSAS to provide dual diagnoses treatment. We have several programs that support the recovery journey of people with SUD related matters.

Our current peer recovery support services include:

- Peer recovery support centers:
  - A New Way Recovery Center (Quincy)
  - Turning Point Recovery Center (Walpole)
- First Steps Together (Plymouth, New Bedford, Braintree)
- Outpatient Recovery Coaching (OPRC in Quincy)
- Recovery Education Collaborative (REC, statewide program)
- MA Young Adults in Recovery (MyPiR, statewide program)
- MA Organization for Addiction Recovery (MOAR, statewide program)
- Recovery Coaching in Weymouth Bridge Clinic
- Impact Weymouth (harm reduction center in Weymouth)
- Project IMPACT (statewide project)
- Father Bills and Mainspring – Recovery coach Homeless outreach
- Prevention in Early Education
- Overdose to Action
- Behavioral Health for the Justice Involved
- Project North Recovery Navigators
- MassCALL3

BSCS has a long history of helping people navigate the road to recovery by breaking down logistical barriers that may hinder the ability to receive treatment. We at BSCS successfully operated a program for 7 years called the HEART program (Hospital Emergency Action Recovery Coaching Team). The HEART Team served in local hospitals' emergency departments where they established relationships with individuals with SUD and helped break the stigma around overdose. The Team helped individuals get into treatment programs and followed up with them once they were back in the community, where they helped to guide them to take the next step toward sustaining sobriety and/or teaching them harm reduction methods. The HEART Team's focus was to support and to help provide stability.

The HEART Team supported more than 1000 people per year. Imagine if these individuals had a peer led harm reduction site to visit for help!

In 2022, BSCS established a Walk-in Recovery Coaching Site. We merged the emergency room service into our walk-in services at our Quincy site. Once an individual who has experienced an overdose or alcohol poisoning and is medically cleared from the emergency room, our recovery coaches are able to see them at our site and to help guide them to their next step in sustaining a sober lifestyle.

Additionally, BSCS' Prevention Department worked for years with local law enforcement advocating carrying and using Narcan. Today, every member of the law enforcement carries Narcan and acknowledges its importance for saving lives.

The HEART program, the walk-in recovery coaching service, and the Prevention Department's work were the precedents for our first peer led harm reduction support site, IMPACT Weymouth, and Project IMPACT.

## ***Goals, Purpose, and Aim of Project IMPACT's Peer-Led Harm Reduction Sites***

**The goal** of the harm reduction sites is to provide individuals with SUD and/or their families with:

- Information about safer use of substances, and resources on overdose education and prevention.
- Free naloxone and other harm reduction supplies.
- Access to medication for Opioid Use Disorder (OUD).
- Transportation-needs to treatment and support groups.
- Care packages with basic needs (food, laundry, hygienic supplies, etc.)
- Navigation to resources for Social Determinants of Health /Health Related Social Needs (housing, employment, benefits including health insurance, etc.)
- Peer support meetings and social activities.
- Access to computers and phones.
- A safe place to talk with a peer with lived experience who truly understands the treatment process.
- Information about treatment options.
- Information about accurate, local and current services.
- Guidance, clear explanation and real life understanding about admission and discharge processes.
- Provide support and encouragement throughout the process of admission and the follow-up discharge.
- Overall emotional support to enhance wellbeing.

**Our purpose** is to provide:

- Accessible and immediate support
- Flexibility and non-judgmental care
- Community outreach and engagement
- Education and prevention and/or minimizing harm
- Identify high risk situation and provide prevention and support
- Prevention of disease transmission
- Building trust and rapport
- Increase access and navigating treatment options

**What we aim** for:

- To hold hope
- To complete warm hand-off
- To make real connections
- To help people understand all pathways of recovery
- To make follow up contacts, guidance, and check-ins

# Getting Started

There are many ways to develop a peer led harm reduction support site. You can start small or big, based on your budget.

This document serves as a guide. We are here to support you as you develop your actual site.

Disclaimer: This document assumes that you know the recovery process, and the recovery-oriented treatment approaches.

## I. Foundational work:

Before you start to develop your site, collect information about these four *datapoints*. They will be very helpful for when you seek alliance with local agencies for collaboration and support.

1. The demographic data about the area you want to establish the site: population, language(s), economic status, usage of substances, overdose rate, and any other relevant information.  
Goal of this datapoint: This data will support the need for a harm reduction site in your area.
2. The available treatment options for SUD in your area (non-profit and for-profit).  
Goal of this datapoint: it gives you a workplan for strengthening your collaboration with them.
3. Study other agencies' community needs assessments or create your own to survey the need in your community.
  - Hospital corporations complete their own community needs assessments every three years. The assessments are free to obtain. Read through these assessments and see what data they have collected and what outcomes they concluded in their report. Use this information for your site's benefit.
  - The benefit of creating your own community needs assessment is that you direct the narrative by asking the questions to which you are seeking answers. This needs assessment can be a continuous process, where you will receive regular feedback that you can analyze periodically.The goal of this datapoint: This helps you to see the needs and strengths of your community.
4. Study and be familiar with the laws and regulations around your area regarding SUD related matters.

## A. Develop Alliances

It is important that you *develop alliances* within your community who will advocate and support your important work to prevent overdose and get people into treatment whenever they are ready.

Talk to people in different forums about the need for a harm reduction site and why it is important to do this work. This will be continuous work with community members; however, it is really important to do so at the beginning phase of establishing a site.

Some tips on how to engage people in your community:

- Go to different community meetings (System of Care meetings community forums, your town's substance use coalition, etc.).
- Meet with social service providers (treatment providers, rehabilitative justice services, halfway houses, peer recovery centers, DMH run clubhouses, CBHCs, etc.).
- Arrange meetings with the police department and talk about the need for this type of harm reduction sites.
- Reach out to libraries, and private practitioners.
- Hold open houses (in person, virtually, or via YouTube recorded session) and talk about your plan for the project.
- Talk to your local politicians and representatives and ask for their support in this important matter.
- When you talk, make your speech relatable and authentic; share personal stories (based on your comfort zone) and/or stories you have heard from people in the community regarding SUD treatment and harm reduction.

Keep in mind: how you interact with the community members will determine the success of your work.

Use all of the information you have obtained through datapoint gathering, alliances, and talking to people in the community, to create a **pro and cons list** about your project and analyze the challenges, barriers, and the strengths of your community. *SWAT and PESTEL analyses* are great tools to use. (see appendix)

## **B. Mission and Vision Statements:**

The next step is to develop your official *mission and vision statements* for your site.

A mission statement is a brief statement about the site's purpose, values and objectives.

A vision statement is a statement about the long-term goals and the final outcomes.

The following questions can help you to develop these statements:

- Why do you want to establish a harm reduction site?
- Is there a specific sub-population you are planning to target with this support?
- What are the strengths of people in recovery?
- How do you envision the future of your community?
- What can you do?
- What and who are the key components?

See appendix.

Use a vision board. Invite your strong alliances to develop these statements with you.

After all of this foundational work, you need to get practical; In the next few pages we will discuss how to create an actual working program.



## II. Let's Get Started

### A. Location; creating an actual site

We have listed three different harm reduction options.. These options are suggestions. You may need to modify them to make it work for you and your needs. Regardless of which option you choose, we are here to support you, and you are always welcome to reach out to us at Bay State Community Services for consultation.

- Based on your budget, you may start small or big. Be realistic about your capacity and explore all options and a mix of options. Create a business plan on how you would build up the site. Include a financial forecast on expenses. (see appendix)
- Be flexible. It is a work in progress that always needs evaluation and improvement, no matter how well it goes.
- The most important element to consider when you choose the location of the site is transportation. It is a big challenge for people, and it is important that this location is at least within walking distance from a public transportation station.
- Additionally, the site should have availability for parking, preferably free parking.
- Make sure that the neighborhood supports the site, and they will not impact or disturb your operation. A 'warm welcome' is such an important factor in recovery, especially when individuals are still in the contemplation stage.
- Ensure that the environment is attractive and optimal for the purpose of the site.
- Make certain the site meets all ADA requirements.

#### *Option 1.*

#### **Utilize a suite at a location that has open and easy access.**

This option can be an easy one if you already have extra space in the building where your main program is operating. You can use a suite that is dedicated to this purpose. Ideally this suite should have its own entrance and its own lobby/waiting room. This suite should have at least one private room where meetings can be held. This suite should also have a storage room for necessary supplies.

- Make sure the suite is easily accessible and confidential, i.e. the suite is close to the entrance of the building.
- Wherever feasible, the suite should have its own separate bathroom. Make sure you have a key to the bathroom so that you can override the lock In emergency situations.
- This suite should have its own operating hours when people can walk in or pre-arrange an appointment with a recovery coach.
- We recommend that there be at least two recovery coaches present during the operating hours. A supervisor can be available as a back-up.
- The operating hours can vary depending on your budget and staff availability. You could have two full-time recovery coaches dedicated to this work, or they can job share with other programs. This probably will determine your operating hours, whether you are going to be open all day every day or only on certain days of the week for certain hours.

<b>In Summary</b>	
Suite	separate entrance, lobby, at least one private office, storage unit, bathroom
Staffing	Two certified recovery coaches Manager/Director of the harm reduction site
Operating hours	On its own

**Option 2.**

**Have an office in your building that serves as a harm reduction site.** You can select this option if you have no option for a suite. Make sure that the building the office is located in is easily accessible with public transportation, has a free parking lot, and meets ADA requirements.

- The office may share a waiting room with other programs. In this case, limit the wait-time to see a recovery coach to the very minimum.
- The office should be close to the main entrance and/or lobby area to avoid individuals wandering the building trying to find the office.
- If necessary, share a storage unit with other programs. Make sure that your supplies are well secured.
- If different programs share the bathroom, develop an emergency protocol that involves bathroom scenarios, considering the type of bathroom the building has: 1. single unit stall bathroom or 2. Multiple stalls unit bathroom.
- The harm reduction office may have its own operating and/or drop-in hours. Market the hours accordingly.
- Have at least one recovery coach fully available during operating hours. Your operating hours and staffing will depend on your budget. Your recovery coaches may job share which will drive your availability for the harm site.
- If you choose Option 2, make sure that you get the buy-in from every program or business located in the building.

<b>In Summary</b>	
Office	at least one private office, shared lobby, shared storage unit, shared bathroom
Staffing	Two certified recovery coaches (one of them may be a back-up) Manager/Director of the harm reduction site
Operating hours	On its own

**Option 3.**

**Offer virtual hours for harm reduction support.**

- You will need to create a virtual zoom room, where individuals can “drop in”. Make sure you have a virtual waiting room to protect the confidentiality of all visitors.
- Create operating hours or offer pre- arranged appointments for Zoom meetings.
- Have a recovery coach available during all virtual hours. When possible, have a back-up recovery coach available in case there are many people in the virtual waiting room.
- Create a safety protocol for providing in the community support when necessary.
- We recommend that you have a storage unit or secure closet filled with supplies. You may arrange drop-off times for supplies or you could meet them in the community, or individuals could stop by an office to pick up the needed supplies.
- For Option 3, it will be extremely important to have a well-established, thorough list of resources posted on your website. Part of the work at the harm reduction site is to provide psychoeducation, information and local resources to people. Make sure that you have a website where you can refer people for resources and information such as SDOH related resources or physical health (HIV testing, STD testing, etc.), given that the service you provide is virtual.

<b>In Summary</b>	
Office	at least one private office, shared storage unit
Staffing	Two certified recovery coaches (one of them may be a back- up) Manager/Director of the harm reduction site
Operating hours	On its own
Website	Local resources

## B. Site

Your harm reduction site should be welcoming, comfortable, spacious, clean and tidy. The first impression is key. Try to avoid making the space look like a doctor's office. The space should reflect both respect and a cozy feeling. Display artwork and wall decorations, that give a feeling of a living room where one feels comfortable sitting down for a cup of coffee and a chat.

Our recommendations for basic office supplies:

- Free internet/Wi-Fi
- Computer for open access
- Phone access
- Stress reduction supplies: stress balls, mandalas, coloring books, word-search puzzles, etc.
- Coffee, tea, hot cocoa
- Snacks for immediate consumption
- Brochures regarding SUD related resources, information.
- Comfortable, easy-to-clean chair(s) or a couch
- Mini refrigerator for cold drinks (vitamin water, water, juice)
- Microwave to heat up food

## C. Staffing Requirements

The program requires recovery coaches, preferably certified and with many years of experience in the field of helping people.

The program should have at least a program manager or director who also functions as a supervisor. We recommend that the supervisor be a trained recovery coach supervisor.

Ideal staffing pattern:

2 FTE certified recovery coach and

0.5 FTE Project Director/Manager/Supervisor

0.1 FTE licensed MA level clinician (optional)

Qualification for the **recovery coaching position**, we recommend that they:

- Be certified by CARC and have several years of experience in the field as a recovery coach.
- Have a solid understanding of the system of care and level of care for SUD.
- Have a solid understanding of harm reduction methods.
- Are Narcan and CPR/CPI trained.
- Are trained in trauma informed care
- Have a driving license, a working car, and are willing to travel

Job responsibility:

- Welcome visitors to the program
- Assess the individual's needs and readiness.
- Navigate pathways of recovery with the individual
- Educate and support the individual about harm reduction methods
- Provide resources needed regarding SDOH

Recovery coaches should get regular supervision by a certified and trained recovery coach supervisor.

## **Project Manager**

Qualification for the Project manager position:

- Certified recovery coach by CARC with many years of experience in the field
- Trained recovery coach supervisor
- Experience with project management
- Familiarity with local agencies, and resources
- Great communication and organizational skills
- Excellent understanding of system and levels of care for SUD and harm reduction methods
- Trained in trauma informed care
- Narcan and CPI/CPR trained
- Has a driving license, a working car, and willing to travel

Job Responsibility:

- Oversight of the project
- Ensure policies and procedures
- Oversee the daily operation of the project
- Provide supervision
- Provide back up when needed
- Assist in crisis
- Participate in networking events and fundraising
- Maintain collateral connections and develop/build new ones

We recommend that the site staff have a master level licensed clinician available for consultation who is specialized in addiction and has many years of working experience with this population. We suggest this because people may present with mental health related issues besides the SUD, and through consultation we can guide them to the right treatment.

## **D. Supplies and Resources for Social Determinants of Health (SDOH)**

- Display your resources, i.e. brochures, pamphlets, flyers, lists. It is important that your site provide a variety of resources. For example, display 12-step based programs AS WELL AS SMART and Dharma based recovery pathways.
- Display information people may not volunteer to ask about due to shame or fear of judgement.
- Have a list of resources of local treatment providers.
- Have a list of support groups for individuals with SUD and their loved ones.

Have harm reduction supplies onsite. Our recommended list of supplies are:

- Narcan and user guide
- Substance test kits (including Fentanyl and Xylazine test strips)
- First Aid kit (travel size First Aid kit)
- Wound care supplies, including cotton balls
- Information on safer sterile injection
- Information on STD, HIV, viral hepatitis and where to get tested for, treatment and care services
- Safer smoking kits to reduce infectious disease transmissions
- Safer injection kit (this may or may not include needles – depends on your agency’s policy)
- Sterile water and saline
- Medical lock boxes (portable/travel size)
- Safer sex kits, including condoms
- Nicotine cessation information
- Food (water, protein drinks, snacks, easy open cans of food)
- Water bottles
- Basic clothing, including but not limited to socks, underwear, hoodies, scarves, hats, gloves...
- Hygienic supplies and kits (preferable travel size)
- Tents, tarps and blankets
- Backpacks, knapsacks
- Bug spray
- Baby care supply (diapers, wipes)
- List of resources for SDOH / HRSN

These are suggested items. The supplies should be driven by the needs of your community members.

## **E. Safety Protocol**

Safety is the number one priority in this line of work. It is safety for everyone: staff, individuals being served, other building patrons, and the surrounding community. It is important that everyone feels comfortable, safe, and respected.

It is a well-known fact that individuals in early recovery are often afraid. They are stepping into an unknown world where they assume they are being judged, shamed, and do not belong. It is our responsibility to create an environment where they feel safe and comfortable.

Sometimes we must work a bit harder to create a safe space for everyone. Follow the safety protocols developed by your agency, program, department or community while providing harm reduction services under the Project IMPACT.

The following are ways to improve safety for all:

- Having a master level licensed clinician available for consultation regarding safety concerns. A clinician can evaluate the individual and provide emergency services until the local mobile crisis team or the ambulance arrives to take the individual to a CBHC location or an ER for further evaluation.
- Train your staff on emergency protocols: when and how to call for help (911, mobile crisis team)
- Review your agency's de-escalation protocol and have training when needed.
- Make sure it is clearly stated that it is NOT a needle exchange program and that your site does not collect and store needles and medication on site or anywhere.
- Review your policy on what to do if someone shows up under the influence.
- Train staff on CPR and Active shooting.
- If your staff does outreach in the community, make sure recovery coaches do not see individuals on their own. alone.
- When in the community, ensure that recovery coaches have the 'share my location' feature turned on their work cellphone.
- Review the protocol on how to get help if the individual being served is getting agitated.

You may have individuals who will frequently use the site for support. Make sure they use it for the right purpose, and it is not an avoidance on their end to attend the treatment they need. Engage in open, honest, truthful and caring conversations.

## **F. Data Collection**

Data is essential for every business as it provides feedback and opportunities to analyze the status of the program, and the need for development and improvement. Hence, we highly recommend that the Agency develop a user-friendly and simple data collection method to capture basic demographic information of the individuals they serve.

This list is a suggestion for datapoints to collect:

- Race
- Ethnicity
- Gender / gender identity
- Sexual orientation
- Language
- Town they live/hang out
- Town they are from
- Substance of choice
- Age

And follow up information on the individual:

- Number of times person uses the harm reduction support
- Outcome of the support (engaged in treatment and result: action stage of still contemplation / pre-contemplation stages of change)

We recommend asking for feedback about the usefulness of the supplies you provide, specific needs they have, and the benefits of the support the site is providing.

There are websites that provide free software for non-profit agencies for data collection and analysis, or you can use a simple Excel sheet.

## **G. Marketing**

Marketing includes advertisements on social media, newspapers, billboards, postcards, etc. However, a huge part of marketing your harm reduction site is spreading the word about the mission, the vision and its existence.

Making personal connections with the community is an essential part of keeping the project going. Updating the community about the progress of the site, sharing information about the outcomes and number of people utilizing the site are essential components of your marketing. Ask your community to be involved. Make the marketing campaign personal so that all can relate. It is important to get the community “bought into” recovery.

Building and maintaining relationships take time and energy, but these relationships are critical to the success of your site.

Here are some ideas on how to boost your marketing campaign:

- Ask the community to help spread the word (volunteers).
- Have people share their experience with your program and talk about how the site helped them or their family members.
- Don't forget that the site also supports loved ones: ask a loved one to share their experience about the support they received through your site.
- Request an interview with the local TV channel or newspaper.
- Connect with the local Health Department and SUD Coalition in your town(s).
- Collect testimonials and share them with the public.
- Connect with social service providers (including treatment programs and shelters) and ask if you can have a presentation about the site during their meetings (staff meeting, community meeting, etc.).
- Attend community fairs.
- Offer open house hours at the actual site.
- Invite local businesses for lunch-hours as an information session.
- Organize a fundraising event.



## **H. Training**

Project IMPACT provides training, consultation, quarterly (or as needed) check-ins while developing the site and follow-up meetings.

Trainings can take place in-person at your location or ours (based on your preference) or via Zoom (if it is more convenient for you).

We also offer trainings for staff on harm reduction methods.

In addition, where possible, we facilitate connections with like-minded agencies in your area to foster prevention and harm reduction in the communities we all serve.

In our resource manual, you can find suggested trainings conducted by other leading agencies in the field.

## Resources

We suggest that you create a list of your own local resources. We put together a general list that can help you start your own list of local resources in your area.

### **1. Confidentiality:**

We take confidentiality very seriously. We protect the privacy of our recoverees under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. Therefore, we expect all our staff to always maintain confidentiality. You are expected to protect PHI (Protected Health Information). Do not leave anyone's information unattended or in places where it can be seen, taken, or stolen (e.g., in your car, on your desk, etc.) and please be aware of your surroundings if discussing PHI on the phone (for example, when you are making a referral to a treatment program).

### **2. Language:**

Language is critically important to all we do. Some individuals may refer to themselves using negative terminology, reinforcing this type of self-perception is harmful and not productive. Some individuals do not see themselves as someone in recovery as there are many paths of recovery, therefore the language of the person served may best fit the individual we are providing recovery coaching services to. It is important to note that everyone in recovery is a peer but not every peer is a recoveree.

Avoid using clinical terms and enforce recovery language all the time. Break down the stigma language may bring to the table.

### **3. Responsibility to people:**

Strive to ensure that people will be treated with dignity and respect in their personal recovery process. Make an effort to see that you empower people in their physical, emotional, and spiritual growth and that you provide opportunities for them to make significant contributions to themselves, their families and friends, their communities and our society.

### **4. Trauma-informed care:**

It is extremely important that we treat people with dignity and respect. When you first with someone you don't know much about them, and treating people based on assumption is not always the right way. It is important that we approach people with care and sensitivity. Some people will tell you their story right away. Others will need time to open up, which could take a long time.

When you meet with people who have history or ongoing struggle with SUD, you could assume that they may have history of trauma, therefore approach them by keeping that in mind. They may have active symptoms of

trauma (reactive to loud noise, hypervigilant, etc.). Therefore, we recommend that you approach people with the knowledge of trauma informed care.

The following page is a summary of trauma-informed care:

#### WHAT IS TRAUMA INFORMED CARE?

- An approach of interacting with people with history of trauma that is used to reduce re-traumatization and facilitate healing.
- Includes understanding of trauma and awareness of the impact it can have across settings, services, and populations
- Involves viewing trauma through an environmental and cultural lens (context is key in how individuals perceive and process traumatic events)
- It is essential to providing effective treatment

#### ELEMENTS OF TRAUMA INFORMED CARE:

- Requires a shift in communication away from labels and languages that perpetuate the feeling of shame and humiliation to language that instills hope and restores pride
- Founded in 6 principals:
  - **Safety:** ensuring physical and emotional safety.  
In practice it means that common areas are welcoming, and privacy is respected,
  - **Trustworthiness and transparency:** task clarity consistency and interpersonal boundaries.  
In practice it means that respectful and professional boundaries are maintained.
  - **Peer support**
  - **Collaboration and mutuality:** making decisions with the individual and sharing power.  
In practice it means that individuals are provided a significant role in planning and evaluating services.
  - **Empowerment, voice, and choice:** Prioritizing empowerment and skill building. Individuals have choice and control.  
In practice it means that individuals are provided with a clear and appropriate message about their rights and responsibilities. + providing an atmosphere that allows individuals to feel validated and affirmed with every contact at the agency.
  - **Cultural, historical and gender issues**
- Specific Interventions:
  - Showing respect
  - Instill hope
  - Include the individual in decision making
  - Allowing time for questions and determining what you can do to put the individual's mind at ease
  - Meeting the individual where they are at without judgment (requires an awareness of our biases and beliefs)
  - Genuine, accepting, non-judgmental approach to care that asks, "What happened to you?" instead of "What's wrong with you?"
  - Making sure that the individual feels comfortable and understands what you need to do to care for them before you start doing it.
- Professional accountability
- Boundaries

- Patient-centered approach

Trauma is not the event, but the extent to which it impacts the person. We cannot compare traumas because the response is individual.

Impact of Trauma:

- Causes significant distress or impairment in social, occupational, or other important areas of functioning
- Disrupts a sense of control, connection and meaning
- Emotional response to trauma
- Physical response to trauma
- Cognitive response to trauma
- Behavioral response to trauma

## **5. Emergency Response**

Have a well-developed emergency response protocol within the building and in the community. Staff should be familiar with CBHCs and the local emergency response team (crisis team) and their role: what they do, when to call, where they are located at. There should be a well-defined workflow of what to do and how to ask for help when a recovery coach is with someone who is in distress.

Staff should have a list of useful public phone numbers handy such as: 988 Lifeline, Behavioral Health Helpline, 911, etc.

## **6. ADA requirements**

ADA stands for Americans with Disability Act. It is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services and participate in state and local government programs.

The ADA is broken up into five different sections that set out the requirements for different kinds of organizations. These are:

- Employment
- State and local government services
- Public transit
- Businesses that are open to the public
- Telecommunications

You can read more about this on [www.ada.gov](http://www.ada.gov)

## 7. How to create a community needs assessment

Creating a community needs assessment is not easy. If you decide that you do your own community needs assessment, connect with people who have experience in creating such assessments and ask for their advice and guidance.

Here are some tips how to get it done:

- Formulate the purpose of the assessment/survey: do you want to be general, or do you want to address one certain topic area?
- Make sure it is not too long, and it can be completed in a few minutes.
- Decide how you want them to answer the question: - multiple choice options, - free text (they write their answer) or a combination of the two
- Plan how you want to distribute the assessment: individual interviews, open community meetings, targeted focus group, emailing the assessment form, etc.
- Plan how you are going to analyze it. This will also drive your decision about how you will distribute it. Monkey survey?, QR code?, etc.
- Plan the frequency of your assessment distribution strategy? Every three months?, Every six months?, Or at a certain time period for 3 weeks?, etc.

## 8. SWOT and PESTEL analysis:

Both SWOT and PESTEL analysis tools are helpful decision-making tools when analyzing/evaluating a project (or business).

SWOT stands for Strengths, Weaknesses, Opportunities and Threats. And they usually used in a matrix format like this below. The questions are helpful hint to brainstorm about SWOT.

	Attractive to the business	Not attractive
Internal	<b>Strengths</b> What resources can we deploy? What are our advantages? What is working well?	<b>Weaknesses</b> What abilities are we lacking? Where do we struggle?
External	<b>Opportunities</b> What are our values? What trend works in our favor? What prizes are within reach?	<b>Threats</b> Who is challenging us? What could go wrong?

Pestel stands for Political, Economic, Social, Technological, Legal, and Environmental. This tool helps the business understand the external factors that may impact it.

P	E	S	T	E	L
<ul style="list-style-type: none"> <li>- Government policy</li> <li>- Political stability</li> <li>- Corruption</li> <li>- Foreign trade policy</li> <li>- Tax policy</li> <li>- Labour law</li> <li>- Trade restrictions</li> </ul>	<ul style="list-style-type: none"> <li>- Economic growth</li> <li>- Exchange rates</li> <li>- Interest rates</li> <li>- Inflation rates</li> <li>- Disposable income</li> <li>- Unemployment rates</li> </ul>	<ul style="list-style-type: none"> <li>- Population growth rate</li> <li>- Age distribution</li> <li>- Career attitudes</li> <li>- Safety emphasis</li> <li>- Health consciousness</li> <li>- Lifestyle attitudes</li> <li>- Cultural barriers</li> </ul>	<ul style="list-style-type: none"> <li>- Technology incentives</li> <li>- Level of innovation</li> <li>- Automation</li> <li>- R&amp;D activity</li> <li>- Technological change</li> <li>- Technological awareness</li> </ul>	<ul style="list-style-type: none"> <li>- Weather</li> <li>- Climate</li> <li>- Environmental policies</li> <li>- Climate change</li> <li>- Pressures from NGO's</li> </ul>	<ul style="list-style-type: none"> <li>- Discrimination laws</li> <li>- Antitrust laws</li> <li>- Employment laws</li> <li>- Consumer protection laws</li> <li>- Copyright and patent laws</li> <li>- Health and safety laws</li> </ul>

## 9. Creating Mission and Vision Statements:

### *MISSION STATEMENT:*

Every organization should have a clear mission that explains why it exists, what groups it serves, and how it serves them. The mission should be expressed in a clear statement that provides an understanding of the impact the organization seeks to make. An effective mission statement is concise, easily understood and remembered, and motivates others to support the organization – by donating, volunteering, becoming an employee, serving on the board of directors, etc.

- The mission statement should present a problem, outline an action to change the problem, and address the population served.
- It should be a short, direct, and compelling way to state your theory of change.
- It provides a link between your everyday goals and activities and what you hope to achieve long-term.
- It's like an elevator pitch: concise but comprehensive enough to be understood, and intriguing enough for readers to want to learn more.
- The best and most compelling mission statements are crystal clear and concise.

Ideally, your nonprofit mission statement should answer the following:

- Whom do you serve?
- Why do you exist?
- How do you serve them (action + result)?

### *VISION STATEMENT:*

A vision statement is a concise declaration that defines an organization's long-term goals, aspirations, and desired future state. It provides a clear and inspirational picture of what the organization seeks to achieve in the future, typically 5, 10, or more years down the road. The vision statement serves as a guiding star for decision-making, helping align the efforts of the entire organization toward a common purpose.

Purpose of a Vision Statement:

1. **Direction and Focus:** It provides a sense of direction by articulating where the organization aims to go and what it hopes to accomplish in the long term.
2. **Inspiration:** A well-crafted vision statement motivates and energizes employees, stakeholders, and persons served by painting a compelling picture of the future.
3. **Alignment:** It helps ensure that all members of the organization are working toward the same ultimate goals and are aligned in their efforts.
4. **Strategic Guide:** It serves as a foundation for strategic planning, helping the organization decide where to invest resources and what initiatives to prioritize.
5. **Identity and Culture:** It contributes to shaping the organization's identity and culture by encapsulating its values, purpose, and aspirations.

Example of a Vision Statement:

*“To create a world where every person has access to clean, sustainable energy.”*

This statement sets a clear future goal (clean, sustainable energy for all) and can inspire action across all levels of the organization to achieve that vision.

## **10. Fundraising**

Fundraising is a great opportunity to bring the community together, connect with each other and build new relationships while raising money for a good cause. However, it requires a lot of background work.

There are many options for a fundraising event, it can be a small get together or a big event like a comedy night. You can combine two events together; for instance, you can celebrate your agency's peer recovery center's anniversary and combine it with a fundraising event for Project IMPACT at your location.

You can raise funds through admission tickets, raffles, auctions, selling pictures peers painted, organize a 5K run/walk, etc. Just be realistic about the event.

You can approach local businesses to sponsor your event and/or donate money to a good cause. Use your connections and enthusiasm for this good cause.

Ask the community to donate. Anyone's donation is welcomed whether it is an individual, or family or an organization. The size of the donation does not matter either, and it does not always need to be money. It can be furniture for the site, or supplies, or even their time to help marketing as an example.

Another option for fundraising is grant writing. Be on the lookout for grants for harm reduction related matters. SAMHSA and BSAS are invested in harm reduction. Check out their websites regularly for grant opportunities.

## 11. Creating a Business Plan

Why is a business plan useful? It helps to evaluate the business you are planning to develop. It outlines the marketplace, the goals and forecasts the budget.

The list below describes the parts of a good business plan:

1. Executive summary  
It is your ‘sales pitch’ that summarizes the most important findings of your business plan.
2. Company summary  
This part describes the history of the company, and how the new service line would fit nicely into the profile of the company.  
Describe: market positioning, the competitive edge of the company,
3. Market analysis  
Talk about similar products on the market and why this product would be different from the others. If it is a brand-new product or service, you describe here why it would be different and outstanding on the current market going into the future.  
Talk about the targeted customers/service recipients and how they would benefit from it. Describe why service would be profitable/beneficial to the company, and how you are planning to get the service recipients.  
Talk about the competition if any.
4. Industry analysis  
Outline the industry (in this case it is the healthcare industry and SUD treatment)  
Show historical data, incorporate research in this section.  
Complete a SWOT analysis
5. Product or service description  
This is the section where you can ‘brag’ about the service and why it is a great thing to implement it.  
Describe the service components and staffing.  
Talk about substitute service in the industry if exist.
6. Strategies and implementation  
Describe how to get the product in front of the customer.  
Describe the following strategies you are planning to implement advertising, target market (specific population), website, milestones. Do not forget to talk about the exit strategy if the service does not work out.  
Talk about timeline of service implementation, launching.
7. Financial planning  
Discuss SMART and FAST goals.  
Review financial metrics and KPI.  
Create a projected balanced scorecard.  
Make a financial plan (short term, intermediate and long term)
8. Budget forecast



Describe personnel planning: hiring, operating workplace, staff cost and compensation, key positions, onboarding and starting pay.

Provide a projected income statement, cash flow and sheet and balance sheet.

Create a break-even analysis along with a business ratio analysis.

## 12. Code of Ethics

The ethical delivery of services and implementation of boundaries is not only important to the success of the recoveree but also to the Recovery Coach. Professional conduct in relationships includes communicating honestly and clearly with a recoveree, setting expectations and limitations in advance, treating everyone involved with dignity and respect, and maintaining professional boundaries. It is always the responsibility of the Recovery Coach to define and maintain the boundaries. If you ever have questions or concerns about what an appropriate boundary is, please bring the matter to your supervisor; your supervisor is there to provide you with such support.

### Core Recovery Values and Ethical Conduct (Adopted from the Recovery Coach Academy)

<i>Gratitude and Service</i>	Carry hope to individuals, families, and communities
<i>Use of Self</i>	Know yourself; be the face of recovery; and share your story and know when to use your story
<i>Capability</i>	Improve yourself; and give your best
<i>Honesty</i>	Tell the truth; separate fact from opinion; and when wrong, admit it
<i>Authenticity of Voice</i>	Accurately represent your recovery experience and the role from which you are speaking
<i>Credibility</i>	Walk what you talk
<i>Fidelity</i>	Keep your promises
<i>Humility</i>	Work within the limitations of your experience and role
<i>Loyalty</i>	Do <i>not</i> give up; offer multiple chances
<i>Hope</i>	Offer self and others as living proof; focus on the positive-strengths, assets, and possibilities rather than problems and pathology
<i>Dignity &amp; Respect</i>	Express compassion; accept imperfection; and honor each other's potential
<i>Acceptance</i>	Learn about diverse pathways and styles of recovery
<i>Autonomy &amp; Choice</i>	Recovery is voluntary; it must be chosen; enhance choices and choice making
<i>Discretion</i>	Respect privacy and do not gossip
<i>Protection</i>	Do no harm; do not exploit; protect others; and avoid conflicts of interest
<i>Advocacy</i>	Challenge injustice; be a voice for the voiceless; empower others to speak
<i>Stewardship</i>	Use resources wisely

## 13. Recovery Capital

Recovery capital is defined as the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery (White & Cloud 2008) as well as the quality of an individual's life, their home or family life, the status of their work life, their financial security and their physical or mental health (Killeen, 2013). It is the main focus of your job as a Recovery Coach to help people to build recovery capital. There are three main types of recovery capital:

### 1. *Personal Recovery Capital*

Personal recovery capital includes physical health, financial assets, health insurance, shelter, clothing, food, and access to transportation. Within this group is a sub-group of human recovery capital, which includes an individual's values, knowledge, education/vocational skills and/or credentials. It includes problem solving capabilities, self-awareness, self-esteem, and self-efficacy. Personal recovery capital also includes hopefulness, optimism, the perception of one's past/present/future, a sense of meaning or purpose in life, and interpersonal skills.

### 2. *Family and Social Recovery Capital*

Family and social recovery capital is the willingness of friends, intimate partners, and family members to participate in understanding treatment and recovery. It includes the presence of others in recovery, whether they are family or part of one's social network, as well as sober outlets for sobriety-based fellowship, leisure activities, and relational connections to conventional institutions like church, school, workplace, etc.

### 3. *Community Recovery Capital*

Community recovery capital encompasses community attitudes, policies, and resources specifically related to helping individuals resolve substance use disorders. This could include recovery activism and advocacy aimed at reducing stigma, recovery support institutions, educational-based recovery support, recovery housing, and recovery ministries and churches, peer-led support, such as mutual-aid meetings, that seek to meet the diverse needs of the community, recovery centers, visible and diverse local recovery role models, resources to sustain recovery and early intervention programs, like employee assistance programs, and drug courts.

## 14. Levels of Care for SUD

The treatment of SUD is categorized by ASAM. It is good to know what this means:

ASAM= American Society of Addiction Medicine

ASAM defines national standards for placement, continued service and transfer of patients with addiction and co-occurring conditions.

The purpose of the ASAM criteria is to promote individualized and holistic treatment planning and guide professionals in making objective decisions about admission, continuing care and movement along the continuum of care.

The goal of addiction treatment services is not simply stabilizing the patient's condition but altering the course of the patient's chronic disease toward wellness and recovery.

The Continuum of care has 4 broad levels of care (1 through 4) with decimal numbers expressing further graduations of treatment.

Level 4 and x7 levels of care are **MEDICALLY** managed addiction treatment programs, focusing on withdrawal and stabilizing biomedical and psychiatric concerns.

The x1 and x5 levels of care are **CLINICALLY** managed addiction treatment programs, providing full spectrum of psychosocial services and recovery support services.

The x5 programs have a greater emphasis on psychotherapy (high intensity)

The x1 programs focus more on counseling and psychoeducation. (low intensity)

### *Summary of the ASAM Criteria of Continuum of Care*

<i>Level 4: Inpatient</i>	<i>4</i>
<i>Level 3: Residential</i>	<i>3.1, 3.5, 3.7</i>
<i>Level 2: IOP/HIOP</i>	<i>2.1, 2.5, 2.7</i>
<i>Level 1: Outpatient</i>	<i>1.0, 1.5, 1.7</i>

### *The ASAM Criteria Level of Care Management*

<b>Clinically managed levels of care</b>	<b>Medically managed levels of care</b>
Level 1.5 Outpatient therapy	Level 1.7 Medically Managed Outpatient Treatment
Level 2.1 Intensive Outpatient Treatment	Level 2.7 Medically Managed Intensive Outpatient Treatment
Level 2.5 High-Intensity Outpatient Treatment	Level 3.7 Medically Managed Residential Treatment
Level 3.1 Clinically Managed Low-Intensity Residential Treatment	Level 4 Medically Managed Inpatient Treatment
Level 3.5 Clinically Managed High-Intensity Residential Treatment	

1. Acute Treatment Services (ATS)
  - a. Level 4.
  - b. 24 hours, 7 days a week
  - c. ASAM medically monitored intensive inpatient addiction treatment service, that provides evaluation and medically supervised withdrawal management services and/or induction onto maintenance treatment.
2. Clinical Stabilization and Support Service (CSS)
  - a. Level 3.
  - b. 24-hours, 7 days a week
  - c. ASAM Clinically managed high-intensity residential treatment service offered in community settings.
3. Residential Rehabilitation Services (RRS)
  - a. Level 3
  - b. 24 hours, 7 days a week.
  - c. ASAM Clinically managed low intensity residential treatment service offered in community settings.
  - d. General for people with SUD.
  - e. It can also serve specialty populations:
4. Youth, pregnant women, families, young adults, etc.
5. Co-occurring Enhanced Residential Rehabilitation Services (COE-RRS)
6. Individualized Treatment Stabilization Service (ITS) Tier 1.
  - a. Level 4 and 3 combined.
  - b. 24 hours, 7 days a week.
  - c. A program that provides enhanced ATS and CSS services in a single unit/location for stabilization and continuity of care.
  - d. Tier 1 serves individuals who are involuntarily committed.
7. Individualized Treatment Stabilization Service (ITS) Tier 2.
  - a. Level 4 and 3 combined.
  - b. 24 hours, 7 days a week.
  - c. A program that provides enhanced ATS and CSS services in a single unit/location for stabilization and continuity of care.
  - d. Tier 2 serves individuals who have co-occurring disorders and multiple unsuccessful treatment episodes at lower levels of care.
8. Transitional Support Services (TSS)
  - a. Level 3
  - b. ASAM clinically managed low-intensity residential active treatment and reassessment services, on a short-term basis in a 24-hour community-based setting.
9. Opioid Treatment Programs (OTP)
10. Structured Outpatient Addiction Program (SOAP) and Enhanced SOAP (E-SOAP)
11. Partial Hospitalization Program (PHP)
12. Intensive Outpatient Services (IOP)
13. Individual Therapy and Psychopharmacology
14. MOUD/MAT

15. Support Groups
16. Certified Sober Homes ([mashsoberhousing.org](http://mashsoberhousing.org)) / Recovery Homes
17. Peer recovery support centers
18. Self help groups: AA, NA, Dharma, Smart, etc.
19. Harm reduction sites