

**NEW YORK STATE OFFICE OF ALCOHOLISM  
AND SUBSTANCE ABUSE SERVICES  
BUREAU OF RECOVERY SERVICES**



**New York State Office of Alcoholism  
and Substance Abuse Services  
Division of Prevention and Recovery  
Bureau of Recovery Services**

**REQUEST FOR INFORMATION  
on  
Recovery Community Centers**

**Responses must be received by May 19, 2008**

**Contact Name and Address:**

**New York State Office of Alcoholism  
And Substance Abuse Services  
Bureau of Recovery Services  
1450 Western Avenue  
Albany, New York 12203-3526  
Attn: G. Richard Kinsella**

**Direct questions to:**

**[RickKinsella@OASAS.State.NY.US](mailto:RickKinsella@OASAS.State.NY.US)**

# REQUEST FOR INFORMATION

## I. Purpose

This Request for Information (RFI) has been issued with the intent of gathering information from parties with expertise and knowledge about recovery from addiction and about families affected by addiction. The information will be used to assist in the design, development, implementation, and operation of a limited number of Recovery Community Centers (RCC) across New York State which will be funded by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). There is particular interest in gathering information on different models of organizing and funding community-based recovery centers, learning about the range of services that could be offered through such centers by paid staff and volunteers, and suggestions for ways of measuring the performance of recovery centers.

## II. Background

The Recovery Community Services Program (RCSP) is a successful Federal program that has been competitively funded through the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA-CSAT) since 2000. Centers funded by the RCSP utilize peer-to-peer recovery support services to help people initiate and sustain recovery from alcohol and drug related problems. These centers have been associated with measurable improvement in treatment and post-treatment outcomes for participants. In recognition of the strong treatment outcomes and the benefits of offering enhanced resources for peer-based community supports, OASAS is interested in fostering the development of the RCSP model of services in New York State well beyond the scope of the Federal program.

The Governor's proposed budget includes funding for the first year of a multi-year effort to ultimately establish as many as 21 Recovery Community Centers throughout the New York State. Currently under consideration is a plan to support the establishment and operation of five (5) downstate urban, four (4) upstate urban and twelve (12) rural centers. OASAS believes there are a variety of possible ways to configure and "roll-out" the proposed services. The information submitted through this RFI will be used by OASAS to develop the service model(s), locations, and performance measures for use in this initiative. It is possible that each of these centers may be independently developed in localities where the recovering community: identifies a need, interest and capacity to provide the core mission described below; and has, or develops, an organization to operate a center. It is also understood that another model offering an overarching central administration operating several or all of the recovery centers on a statewide or regional basis may emerge as the most efficient and effective approach. Additionally, a statewide plan which utilizes both regional operators and individually operated centers could be a considered approach. Models relying on a centralized administrative structure might employ a confederation of independent operators or employ affiliates/chapters of a single organization. The RFI process is intended to identify all different organizational strategies that might be applied to the initiative.

### III. Vision for Recovery Community Centers

The proposed services are intended to help prevent relapse and promote sustained recovery for people with alcohol and other drug problems, their families, and significant others. Each Recovery Community Center is expected to provide a combination of “stage-appropriate” emotional, informational, instrumental and social supports designed to be responsive to a range of needs from early recovery to long-term sustained recovery.

- **Emotional support** – demonstrations of empathy, caring and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups.
- **Informational support** – provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration.
- **Instrumental support** – concrete assistance in task accomplishment, especially with stressful or unpleasant tasks such as filling out applications and obtaining entitlements, or providing child care, transportation or support group meetings, and clothing assistance.
- **Social support** – helping people in early recovery feel connected and enjoy being with others, especially in recreational activities in alcohol and drug free environments. This assistance is especially needed in early recovery when there is often limited reinforcement for abstaining from alcohol or other drugs.

It is important that the services developed in each center grow out of the identified needs and interests of each of the local recovering communities being served. Similarly, it is recognized that there are a variety of ways that people have succeeded in establishing and sustaining recovery. The OASAS initiative anticipates that Recovery Community Centers will serve the broader recovering community rather than be linked or affiliated with a single approach to recovery or type of service provider.

Key values associated with supporting recovery, as identified in SAMHSA’s *Blueprint for Change*, include:

- **Choice** – services must be tailored to meet individual needs, and be flexible and open to modification as the person moves forward in his/her recovery.
- **Voice** – as articulated by the mental health consumer movement, “nothing about us without us”, direct involvement by recovering individuals and family members in planning and carrying out programs and services is a critical component for success.
- **Empowerment** – services must not simply “do” for individuals and families. These interventions must educate and empower people to make their own informed choices in matters affecting their lives and to accept responsibility for those choices.

- **Dignity and Respect** – all services and all communications should be built on tangible evidence of dignity and respect for all persons involved.
- **Hope** – recovery of hope is essential for recovery from addiction and co-occurring psychiatric disorders, and life trauma. Recovery from these life problems is an achievable goal that in turn makes all other quality of life goals possible.

The Recovery Community Centers are expected to include the following essential characteristics:

- **Create Public Awareness** – Centers exist to put a positive face on addiction recovery.
- **Build “Recovery Capital”** (the internal and external resources necessary to initiate and sustain recovery) – for individuals, families and communities.
- **Demonstrate Hope** – have a physical location serving as a full time resource representing the commitment of the recovering community
- **Respond to the Recovering Community** - Have an operating board that is representative of the recovering community being served
- **Focus on Recovery** - Demonstrate through Mission and Vision, a commitment to principles of operation consistent with CSAT 2005 Summit for Recovery - Guiding Principles.
- **Invite All to Participate** – Centers are accessible to the entire recovering community and do not hold an apparent organizational affiliation/identification with prevention, treatment or other service providers, religious organizations or particular approaches to recovery
- **Promote Volunteerism** - Rely primarily on volunteers for operations and offering recovering individuals a chance to help those who are “coming up behind them”

#### **IV. Information Requested**

OASAS is seeking information and ideas related to how to organize, develop and implement Recovery Community Centers. Responders are requested to identify themselves (including organization name and contact information for clarification/elaboration purposes). Responses should address, but not be limited to, the following areas of information:

- Provide a description of the type of organization/entity that you believe would be most appropriate to operate these centers and suggest the necessary level of experience with recovery services.
- Suggest developmental and operational plans for a recovery center model including proposed services and activities and estimates for associated space requirements for programming at the model recovery center(s).
- How could each center assure the active representation, participation, and sense of ownership of the local recovering community that it proposes to serve (including recovering individuals, family members, and significant others)?
- How could the model address inclusivity of all pathways to recovery and non-discrimination for all members of the recovering community?
- Suggest staffing, recruitment and training plans for staff and volunteers for the proposed model recovery center.
- Identify operating expenses and revenue resources that should be anticipated in the operation of Recovery Community Centers.
- Describe the desired relationships or linkages with local prevention, treatment, employment, housing and other human service providers.
- Propose methods for the model recovery center to measure and report performance and outcomes of the various services to be offered; anticipated target values for suggested indices would be helpful.

## **V. Response Documents**

Responses should be written documents and can be submitted on paper, via email or fax by May 19, 2008. Please limit the document to no more than six (6) pages with at least one (1) inch margins and a common 12 Point font. Responses should be sent to:

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Bureau of Recovery Services  
NYS Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue  
Albany, NY 12203-3526

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## **VI. Resources**

SAMHSA's Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders  
<http://mentalhealth.samhsa.gov/publications/allpubs/sma04-3870/default.asp>

CSAT – 2005 Summit for Recovery – Guiding Principles  
[http://pfr.samhsa.gov/report\\_notice.html](http://pfr.samhsa.gov/report_notice.html)

New York State Department of State – Not for Profit Filing Information  
<http://www.dos.state.ny.us/corp/nfpfile.html>

New York State Office of the Attorney General – Charities Bureau Information  
[http://www.oag.state.ny.us/charities/how\\_to\\_incorporate.pdf](http://www.oag.state.ny.us/charities/how_to_incorporate.pdf)

Internal Revenue Services – Tax Information for Charitable Organizations  
<http://www.irs.gov/charities/charitable/index.html>

Faces and Voices of Recovery – Recovery Advocacy Teleconference Series  
“How to Build Your Own Peer to Peer Recovery Center from the Ground Up”  
<http://www.facesandvoicesofrecovery.org/pdf/Recover%20Project-%20How%20to%20build%20recovery%20center.pdf>