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The Recovery Association Project (RAP) is a nonprofit organization dedicated to creating a vehicle for people in recovery in the Portland, Oregon metropolitan area to speak out and challenge the stigma on substance abuse related issues. RAP's goals are to develop leadership among people in recovery and to support individual recovery through a range of peer-to-peer recovery support services. Core values and principles of RAP include the following beliefs: (1) active citizenship is a stage of recovery- it helps to end the social marginalization that is often involved with a history of addiction; (2) collectively in recovery, we can do together what we could not do alone; and (3)attainment of self-respect, integrity and development of one's personal gifts is critical to one's recovery. From 2003-2007, RAP's RCSP-funded peer recovery services included: a recovery center with a drop-in resource center, a wide range of clean and sober social and recreational activities, and numerous self-help meetings; a café located in the recovery center which served as a job training program for peers; and leadership training for civic engagement of people in recovery. The feedback RAP gathered from the GPRA survey of participants during its RCSP grant, and from additional satisfaction questions RAP added to the survey, showed that RAP's services are meeting the needs of participants and helping sustain recovery. At the 6-month follow up point, over 85% of participants in RAP services indicated that they had not used alcohol or drugs in the past 30 days.

KEYWORDS: recovery support, peer to peer, addiction

INTRODUCTION

The Recovery Association Project (RAP) is a nonprofit 501(c)3 corporation dedicated to creating a vehicle for people in recovery in the Portland, Oregon metropolitan area to speak out and challenge the stigma on substance abuse related issues. RAP's goals are to develop leadership among people in recovery and to support individual recovery through a range of peer-to-peer recovery support services. Core values and principles of RAP are derived from the

following beliefs: (1) active citizenship is a stage of recovery; it helps to end the social marginalization that is often involved with a history of addiction; (2) collectively in recovery means that we can do together what we could not do alone; and (3) attainment of self-respect, integrity and development of one's personal gifts is critical to one's recovery.

RAP was founded in 1998 by Central City Concern, a nonprofit social services agency, and was funded in the first round of the Recovery Community Support Program, a program of the federal Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA, CSAT). RAP was created to organize the local recovery community and develop individuals in recovery into leaders engaged in public action to increase local resources for treatment and recovery services and to reduce the stigma of addiction. RAP was funded again from 2003 to 2007 in a later round of CSAT's Recovery Community Services Program (RCSP), again with Central City Concern as the facilitating organization. With this second RCSP grant, RAP expanded its focus to develop and implement peer recovery services and thus became a separate and independent recovery community organization. RAP continued to grow as a peer-led organization with diversified funding sources, numerous key partnerships with community service providers, providing a broader range of services to the recovery community.

RAP's peer recovery services developed in two main areas: (1) leadership training for civic engagement of people in recovery, leading to a range of public and civic involvement among peers, and (2) supporting a recovery center with a drop-in resource center, a café serving as a job training program for peers, classes and trainings, a wide range of clean and sober social and recreational activities, and numerous self-help meetings

RAP's Government Performance Reporting Act (GPRA) evaluation data confirms that RAP's peer services are effective in helping participants maintain their recovery from addiction. Additionally, participants report a high level of satisfaction with RAP's services. RAP's growth as a recognized community leader and the development of peer services illustrate the importance of the basic principles of RAP, including:

- **The power of story**: the stories of individuals in recovery attest to the challenges faced, the support received, and the steps taken to sustain recovery. These stories provide the essential building blocks for the development of peer services and help to overcome the stigma of addiction.
- **Gift development**: identification and development of each individual's unique strengths not only is critical to continued recovery, but is also essential to building a cohesive recovery community
- **Self- interest and organized action**: because of the stigma, if those in recovery don't speak out and take action, the gaps in the traditional services continuum would never be filled by much needed and cost effective peer services.

This article will discuss how RAP evolved from its roots in recovery community organizing into the realm of peer recovery support services, and developed into an independent organization leveraging significant resources in addition to the CSAT RCSP grant in order to facilitate better services for those seeking and in recovery.

NEED FOR PEER SERVICES

The Recovery Association Project was founded as part of a national paradigm shift in how addiction and recovery are viewed. The role of peer-to-peer recovery support services has emerged as a critical strategy in successfully addressing the chronic, relapsing disease of

addiction. Traditional addiction treatment, that generally treats addiction with short-term, professional interventions in response to acute symptoms, is now recognized as just one element in the full continuum of recovery services (White et al, 2003). Research has shown that ongoing community-based peer support for recovery, during the many evolving stages in an individual's recovery journey, plays a major role in sustaining recovery (McLellan, 1998; White, 2001; Prochaska & DiClemente, 1982). Viewing the need for recovery services from a broader lens, the concept of "recovery capital" has emerged, defined as individual, relational and community resources that prevent relapse and support sustained recovery. More broadly still, using the "social determinants of health" framework, recovery interventions have a widespread impact on individual, family and societal health (Marmot & Wilkinson, 1999).

The national movement of grassroots community organizing by and for people in addiction recovery, and the subsequent development of peer services, has its roots in the histories of community organizing and peer leadership among mental health consumers and people living with HIV/AIDS. Like many recovery organizations nationwide, RAP adheres to values arising from its consumer leadership, including: the primacy of peer leadership and the personal stories of people in recovery; reducing the stigma of addiction; and, the collective power of the recovery community. As organized groups of people in recovery, RAP among them, identified the need for peer recovery services, a framework for these services emerged (SAMHSA, 2007). RAP identified a need for peer recovery services which are not professional addiction treatment nor are they self-help groups based in anonymity (such as 12 step groups like Alcoholics Anonymous); they are open, accessible, and informal; they utilize existing peer recovery networks; and they provide a range of social support of different types, identified in the literature as emotional, informational, instrumental, and companionship (Salzer, 2002).

During the 1990s, Oregon was the tenth fastest growing state in the U.S., increasing by a half million with the Portland metropolitan region experiencing 45% of that population growth (Portland State University Population Research Center). Oregon's unemployment rate was the highest in the nation and had been higher than the U.S. average since 1996 (Oregon State Employment Department, 2002) and Oregon was ranked first in the country for the percentage of households experiencing hunger or food insecurity (USDA, 1998-2000). Issues related to poverty and homelessness greatly exacerbate recovery obstacles and impede the efficacy of treatment. In one study surveying the extent of substance dependence and abuse in Oregon, the rate of addiction/dependence was found to affect 12% of the population (Feyerherm & Skokan, 1996).

Under the Oregon Health Plan (OHP), the public health plan that was available to all those whose incomes fall below 170% of the federal poverty level (FPL), eligibles were 1.5 times more likely to need addictions treatment than the rest of the population. Additionally, while 20% of those eligible for OHP were estimated to be in need of addictions treatment (Oregon Health Forum, 1998), only 5% utilized A&D treatment services (Oregon Alcohol and Drug Abuse Program report, 2000). Studies of treatment needs in the four counties comprising the Portland metropolitan area showed that, depending on the county, 10% to 18% of the population was in need of alcohol and drug treatment, but only a small percentage of those in need of treatment actually received it, ranging from 1% to 24% of those in need (Holzer, Kabel & Nordlund, 1999; OADAP Databook, 2000).

A survey of treatment programs from around Oregon identified over 2,000 families annually that had no safe, supportive or affordable housing to move into upon treatment completion (Central City Concern, 1997). Approximately 2,220 homeless individuals accessed

Portland shelters, motel vouchers, transitional housing and rent assistance in March 2003, while 337 individuals had to be turned away (Multnomah County, 2003). An April 22, 2002 homeless count found 1,672 people sleeping outside on that night (Oregonian, 2002). This data used reflects the time in which RAP was operating, not the most recent data available on homelessness and treatment efficacy.

From RAP's efforts in organizing people in recovery in the Portland area, several needs were identified. RAP realized that the scope of the need for recovery support was greater than the ability of any one organization to address, but RAP was prepared to rise to the challenge and continue to make an impact. Major issues identified by people in recovery were:

- the continuing need for affordable alcohol and drug free supportive housing;
- recovery peer-led support to navigate complex service systems;
- child care for single parents involved in recovery services;
- barriers to attaining permanent affordable housing and employment due to criminal histories;
- lack of resources for people re-entering the community from the criminal justice system; and
- the need for job placement, vocational training and supported education.

RAP's peer recovery services are open to all people in recovery and their family members. There are no exclusions for participation. A fundamental purpose of employing RAP's relationship-building methodology is to discover the common ground among diverse people, those who may otherwise have significantly different backgrounds, experiences, interests and opinions. RAP's peer services included recovering people from urban, suburban and rural areas across Oregon and southwest Washington, with a varying length of recovery time and following different pathways to recovery; men and women with diverse ages and sexual orientation in

recovery from alcohol, heroin, meth, cocaine, and other substances; and dually diagnosed with mental health disorders, Hepatitis C, and other chronic health conditions.

The RCSP grant required collection of Government Performance Reporting Act (GPRA) data from participants involved in RAP's services. While SAMHSA-CSAT changed the GPRA reporting requirements several times throughout the course of the grant, RAP exceeded its targeted goal of GPRA interviews and RAP's contracted evaluator, Herbert & Louis, conducted initial in-depth GPRA interviews with 152 RAP participants and six-month follow-up interviews on 95.8% of these from the period 2004-2007. RAP's GPRA data shows that the average age of RAP participants is 43, with 61% males and 39% females, and an average length of recovery of 4.8 years. Thirty percent reported clean and sober time of less than one year, and almost 14% reported 10 years or more of sobriety, with 53% reporting involvement in recovery self-help groups Approximately 8.5% were homeless, living in a shelter, or in residential treatment, and 44% were parents. Over 90% of participants were working full time or part time, with a high school education, and 25% engaged in school or job training, with an average monthly income of $1,390 which is approximately 80% to 170% of federal poverty level (depending on family size). The ethnic breakdown from the GPRA data shows that participants in RAP services were more ethnically diverse than the Portland metropolitan area, with higher percentages of African Americans and Native Americans utilizing RAP services than found in the general population. RAP believes that the overall group of peers accessing RAP services is more ethnically diverse, newer in recovery, and lower income than shown by the GPRA data as RAP continues to reach out to a more diversified and earlier in recovery population.

As RAP's peer services were implemented, two subgroups of the recovery community were particularly engaged: residents of Oxford Houses and ex-offenders. The Oxford House

model involves self-run, self-supporting clean and sober housing, established by people in recovery through a lease with the landlord. Each Oxford House is supported by the local and national Oxford House organization. There are 149 of these houses in Oregon with over 1,100 beds for singles and families (Oxford Houses of Oregon, August 2007). Over 80% of Oxford House residents were homeless or at risk of homelessness upon moving into these recovery homes. RAP found that Oxford House residents could benefit from accessing and leading RAP peer services, building on their already existing supportive recovery network at home.

Re-entry issues for individuals coming out of incarceration were identified as a high priority for RAP's peer services. RAP's GPRA data showed that 26% of participants were on parole or probation at the time of initial involvement with RAP, and many more had past histories of criminal justice involvement. RAP's success around addressing re-entry issues continued to attract ex-offenders to the organization.

DEVELOPMENT OF RAP PEER SERVICES

By 2003, when RAP received funding to develop recovery support services, it had already become a local success and a national resource in three areas: engaging recovering people in building a successful recovery organization, developing specific peer-driven services, and securing funding sustainability for those services. RAP's major successes included:

Leadership Training: Over 200 recovering people completed 15 hours each of RAP leadership training with over half of these completing advanced training. RAP peers conducted numerous leadership trainings nationally for other RCSP grantees and locally for recovery groups and treatment professionals.

Building Allies: RAP developed effective relations with State, County and City officials, treatment providers, other recovery groups, business leaders, community organizations and 35

faith-based institutions that belong to the same broad-based organization as RAP. These relationships helped to change policy and funding for treatment and related recovery services.

Peer-Driven Program Enhancements: In response to a local epidemic of heroin overdoses and Hepatitis C in 1999, RAP negotiated with Multnomah County to form task forces on these issues. RAP secured $550,000 from public officials to implement task force recommendations, which had a dramatic impact on heroin overdose deaths and Hepatitis C care (Centers for Disease Control, 2000). Within weeks of the RAP-initiated reforms, the death rate from heroin overdose began to drop for the first time since 1991, and within a year, the death rate dropped by 40%. Outcomes included the creation of an innovative County funded program linking heroin addicts to peer Recovery Mentors (Moore, 2001). RAP also had several successes in creating new City of Portland funding for Alcohol and Drug Free Community (ADFC) housing (Moore, 2000).

Preserving State and County Treatment Funding: RAP's organized advocacy for preservation of state and county treatment funding, including testimony at state and county legislative budget hearings, voter registration, and public education campaigns, helped preserve addiction treatment funding throughout several successive declining budget cycles. For every dollar spent on treatment for alcohol or other drug abuse in Oregon, $5.60 is returned in public savings on reduced welfare, food stamps, Medicaid, crime, courts and imprisonment (Finigan, 1996).

Hands Across the Bridge Recovery Month Event: RAP started this annual Labor Day event in 2002 for the Oregon and Washington recovery community to publicly celebrate recovery and to bring public attention to recovery and treatment needs. Hands Across the Bridge grew from 200 people the first year to 1500 people today, with a high energy program of

speakers and music followed by attendees joining hands on the freeway bridge spanning Oregon and Washington.

In its first five years, RAP had involved thousands of people in recovery in its activities and made a measurable impact on local and state recovery resources. This work was clearly called for based on the environment RAP and other organizations were operating in. When the opportunity arose for RAP to develop recovery peer services through the CSAT RCSP initiative, RAP had established a strong track record of success in developing leadership among people in recovery, and had effectively used the organized power of the recovery community to create and preserve recovery resources.

RAP envisioned peer services as taking the lessons the organization had learned through recovery community organizing into a new phase. RAP's peer services would continue to develop the strengths and unique contributions of people in recovery, with the overarching purpose of building recovery community capacity, through achieving the following goals: (1) supporting the development of effective citizenship skills through leadership training, thus enhancing the ability of recovering people to "give back" and create valuable social capital to the entire community; (2) putting a positive public face on recovery and reducing stigma; (3) providing a range of social support to sustain individual recovery, reduce relapse, and connect participants to a supportive, inclusive recovery community; and (4) building RAP's own capacity to ensure a strong, stable organization with diverse funding and support for long-term sustainability.

Upon notification of funding in 2003, RAP engaged in a community assessment and peer services planning process based on RAP's existing community organizing methodology. RAP entered into the process with a core group of peers in recovery trained in the structured process

of identifying the needs of people in recovery and developing solutions to meet those needs. This process involves one on one and small group conversations about issues and needs for people in recovery. The identified issues are refined further through plenary discussion, research, and analysis. RAP's community assessment involved four main groups from the recovery community that collected and analyzed data to arrive at the final workplan for peer recovery services. These groups were (1) the recovery community at large, (2) the RAP Stakeholder Advisory Group, (3) trained recovery community leaders, and (4) project staff and evaluator.

The process started with existing data on recovery service needs and gaps gathered during a series of 20 RAP peer facilitated discussions involving a total of 478 recovering people and family members over a two-year period. RAP's trained peer facilitators condensed information into six major focus areas that emerged as the highest priority and facilitated meetings for the recovery community and for stakeholders. The areas which had emerged as the highest priority in the local recovery community were: (1) a place for RAP (which was then housed at the facilitating organization), (2) resource clearinghouse (information and referral), (3) mentors/recovery coaches, (4) training and knowledge, (5) support for families of people in recovery, and (6) employment/jobs.

A peer facilitated Town Hall meeting in late 2003 attended by over 80 recovery community members, representing a diverse range of people, gathered specific service ideas for these six focus areas. RAP peer leaders and staff then categorized and prioritized these services into a final service template, with input from the RAP Stakeholder Advisory Group (SAG). The SAG included 17 diverse agencies: treatment providers, several state and county service agencies, culturally specific groups serving Hispanic and Asian communities, an alcohol and drug free housing group, an employment center, and others. SAG members attended a five-hour

training about RAP's methodology, history, and their role in the community assessment process. They attended five monthly peer-facilitated meetings to provide assessment data and expertise on service design, existing resources and service gaps, and anticipated usage of services. The Project Evaluator, Thomas Moore, Ph.D. of the firm Herbert & Louis, researched the existing treatment and recovery support services in the community as part of the assessment and attended many of the peer led recovery community discussions and stakeholder meetings.

Two notable subgroups identified in the assessment process were those new to recovery and those who had been involved with RAP for some time. Those new to recovery focused on the need for RAP to provide services to assist with life skills, employment, treatment, recovery support, training and mentorship. Those whom had been involved with RAP for some time sought avenues to utilize their newly developed skills by teaching and mentoring those new to recovery based on the expertise they had gained over time. Additionally, those involved with RAP felt that new avenues needed to be created to advance their leadership beyond its current status. Opportunities to become trainers, recovery coaches and decision-makers on RAP's Board of Directors would offer new challenges and prospects for expanding their leadership in the recovery community.

In May 2004, RAP held a large public assembly for approximately 500 recovery community members to celebrate its newly developed peer services and the contributions of all the participants to the planning process. This event served as a kickoff for RAP's peer services, with outreach materials, recognition of the first cohort of peer teachers and coaches, and 13 stakeholder agencies publicly committing to support RAP's peer services through outreach presentations and participant referrals.

THE RAP PROGRAM

RAP Organization and Funding

One of RAP's main goals in developing peer services was to also develop the organizational structure and diverse funding needed to continue to provide services beyond the time frame of the CSAT RCSP grant. Sustainability is a key element in successful peer service development, and is among the quality indicators for recovery peer services identified by emerging research (SAMHSA, 2006). As RAP became a recovery peer service provider, the organization grew from one part-time staff and a core of volunteer leaders, housed at a larger facilitating organization/fiscal agent, into a peer-led organization with multiple funding sources and numerous community partnerships, providing a range of services to the recovery community. RAP became an independent recovery community organization, achieved 501c3 nonprofit status, developed a Board of Directors, and created an organizational and fiscal structure.

It is important to note that there were key points of tension along the path of applying structure to an organization that was largely grassroots in nature. Sometimes this caused feelings of mistrust between some of the professional staff and some of the peer leaders. Many times, members of the board and other, more "elder" leaders of the organization were involved in mediated discussion to allay fears that the organization was turning into a "top down" organization. Rather, RAP was attaining structure while maintaining a peer led organization.

RAP received technical assistance through the CSAT grant and from local consultants who worked intensively with RAP's peer leaders to develop a structure that would incorporate RAP's grassroots recovery base and provide the necessary fiscal, legal and operational oversight. RAP formed a Board of Directors in 2004, primarily comprised of recovering individuals involved with RAP as staff or peer leaders since 1999. RAP's initial Board included a broad range of management and fiscal experience, including the Homeless Services Director for the

City of Portland and the Director of the WorkSource Portland Metro-Downtown employment center. RAP's Board supervises RAP's lead staff and oversees the fiscal, management, and facilities aspects of the organization. RAP's peer leadership teams are responsible for membership recruitment and development and work with the Board and staff on strategy and focus of the organization. Several committees and issue-focused teams include Board members, staff and peer leaders. RAP held several retreats and strategic planning sessions to gain input from peers, Board members and staff in the process of RAP's organizational development and priorities. In 2006, RAP successfully completed the initial five-year period for 501(c)3 status, met the requirements, and was granted independent status as a public charity by the IRS. RAP became a direct grantee for several of the organization's contracts and subsequently developed independent fiscal management capacity. In 2003, RAP moved into a converted house that served as the first RAP Center at a location completely independent of the facilitating organization. In 2005, RAP moved into a larger building with enough space to host a range of clean and sober social and recreational activities and function as a drop-in center. In 2007, RAP moved into a smaller office space when its primary focus became supporting clean and sober Oxford Houses statewide.

Over the course of its peer service development, RAP grew and diversified its funding sources from having CSAT as its sole funder to obtaining a range of continuing support. Table 1 illustrates the different areas in which RAP successfully marketed its peer services to funders. RAP's experience shows that developing peer services that meet the needs of a range of funders, including government agencies, treatment providers, foundations, peers in recovery and recovery-friendly businesses, is a successful strategy for sustainability.

INSERT TABLE 1 ABOUT HERE

Peer Practice

RAP's RCSP peer services developed in several different areas, originating in the community assessment discussed above, evolving based on peer usage and remaining grounded in RAP's core values (i.e., the power of individual recovery stories and experiences, full development of individual strengths, and meeting the self-interest of people in recovery). The community assessment that RAP conducted in order to develop peer services identified the need for a variety of services that did not exist in the community. All of the needs identified were viewed by RAP's peer leaders as critical, yet many were too broad in scope for RAP to attempt to undertake with RCSP funding. RAP focused on those services that were most likely to be successfully implemented using the peer to peer service model: recovery coaches/resource information, training and a Recovery Center.

A clear theme that emerged from the community assessment was that peers wanted a recovery center with a resource room, social/recreational activities, and a base for RAP's operations. In 2003, RAP first moved from the facilitating organization into a large house and started peer services on a relatively small scale with a drop-in resource center and RAP-trained peer coaches assisting peers in accessing computers and finding resources, such as housing and employment. Motivated by the passion and hard work of RAP's peers who led the process to secure a larger space, RAP moved into a larger location in late 2005. A peer Operations Council was responsible for the peer support activities and center operations. In the new facility, the resource center was expanded and there was more space for social and recreational activities. Both locations were central and transit-accessible with day and evening hours and over 220 peers accessing the resource center services each year.

RAP had originally envisioned a "Recovery College" with a full slate of peer-taught classes. While there were several classes and workshops offered with over 300 peers in attendance, RAP found the "Recovery College" to be an intimidating concept to the recovery community and shifted focus to leadership training and social/recreational activities. Classes included Computer Basics, Yoga, Meditation, Creative Writing, Conflict Resolution, Prostitution Recovery, and Parenting.

RAP was also involved in peer-led trainings and presentations to other agencies. RAP peers trained 13 partner organizations, including local government agencies and treatment providers, RCSP grantees, and conference attendees on Recovery Mentoring, Recovery Coaching, and Leadership. RAP peers and staff also conducted over 60 outreach presentations to potential referral sources about RAP's peer services.

RAP provided peer-led leadership training on a regular basis to over 100 peers in total; this proved to be one of RAP's core peer services. Peers participated in a variety of RAP groups and committees which helped develop their leadership skills, including the RAP Board, finance and fundraising committees, county-based strategy teams, the Operations Council responsible for managing the RAP Center, and planning committees for RAP's annual Recovery Month event.

Civic engagement was also a priority. Peers used the leadership skills they had learned through RAP training to participate in several public processes with the goal of preserving and expanding recovery resources. This included public testimony at a variety of state and local hearings focused on recovery and treatment. RAP negotiated with elected officials in Portland and Clackamas County to preserve existing treatment and housing programs, and to create new resources, including alcohol and drug free housing and peer mentor services for ex-offenders. The culmination of these efforts was two large public events attended by several hundred people

in recovery. Peers also participated in conferences on recovery issues as workshop providers, planners and attendees and served on citizen advisory councils.

Employment and job training are always an issue in recovery. At the larger RAP Center, RAP started a small café operation to generate revenue from sales of food and beverages during clean and sober social and recreational activities. Over 30 people were trained in basic work skills (e.g., customer service, handling money) in a sober, supportive environment through the People In Training (PIT) crew.

The RAP Center hosted a variety of self-help meetings representing diverse sectors of the recovery community, many organized by RAP peers, including NA, AA, other 12 step groups, Secular Organizations for Sobriety, SMART Recovery, parent mentor groups, and groups following other paths to recovery. When RAP established itself in a larger space, the RAP Center proved to be a popular location for self-help meetings with several scheduled daily.

RAP sponsored many social and recreational activities. At RAP's initial smaller location, regular open houses and activity nights were held. RAP sponsored a recovery softball team. At the larger RAP Center, RAP had enough space to hold a regular schedule of dances, barbecues, movie nights, celebrations, and other clean and sober social activities, many attended by over 150 people at each event. The RAP Center became a social hub for many in the local recovery community and was a family-friendly environment, with many children in attendance and childcare provided.

From its inception in 2002 with 200 people in attendance, the annual Labor Day Recovery Month Hands Across the Bridge event has grown to attract over 1500 people to this public celebration of recovery. Hands Across the Bridge serves several purposes for RAP's peer services. It reduces stigma and celebrates recovery, raising RAP's public profile with media

coverage and keynote speeches by Oregon and Washington U.S. Representatives, Governors, Mayors, and County Commissioners. Planning and fundraising for an event this size involves dozens of peers who gain leadership and teamwork skills to make it a reality. Hands Across the Bridge attracts a diverse cross-section of the recovery community to learn more about RAP and participate in RAP's peer services.

Ethics for peer recovery support projects

RAP encountered several ethical issues in its development of peer services, reflecting the experiences of many recovery community organizations involved in the RCSP program. As RAP and other RCSP grantees advanced into the relatively new realm of peer recovery services, they faced issues unique to these types of programs. Professional addiction treatment and mutual aid 12-step groups both have highly codified procedures and practices around ethics, developed over many years of service delivery. Peer services, however, are clearly different from these services (SAMHSA, 2006) and providers are in the process of developing a standard set of ethics to guide this emerging field.

RAP experienced several ethical issues. First, peer volunteers providing services to other peers in recovery faced boundary and power issues as these roles are different from those in the treatment realm (with a clear differentiation between paid professional staff and clients) and the mutual aid 12 step tradition (with clear rules for members, sponsors, and those in leadership roles). Second, there was confusion about the decision making authority of the different groups involved in RAP (peer volunteers, Board members, and staff) in this grassroots organization based on leadership, which was also a 501c3 nonprofit with legal and fiscal responsibilities. Third, relationships overlapped and conflicts of interest existed within the recovery community,

with many RAP peers also involved in the same12 step groups, Oxford Houses, or other recovery groups.

RAP found that successful strategies for addressing these issues included focusing on RAP's core value of strength-based leadership development and peer recovery values (SAMHSA, 2006). In addition, some of these issues naturally resolved themselves over time as RAP implemented peer services, moved past the start-up stage of unfamiliarity in new roles, and gained experience. RAP's decision to contract with a professional evaluator to collect the GPRA data from peers removed the potential ethical issues of RAP staff and peers collecting this sensitive and confidential information.

RAP'S OUTCOMES

RAP evaluated its success in developing and implementing peer to peer recovery services through the CSAT RCSP initiative in several ways. The feedback RAP gathered from the GPRA survey of 152 participants and from additional satisfaction questions RAP added with the GPRA data collection, shows that RAP's services are meeting the needs of participants and helping sustain recovery. At the six-month follow up point, over 86% of participants in RAP services indicated on the GPRA survey that they had not used alcohol or drugs in the past 30 days (see Figure 1). This shows the importance of RAP's services in helping prevent relapse and maintain recovery among participants. According to the evaluator who collected the GPRA data, these data show that individuals who participated in RAP's peer services were more likely to maintain abstinence than the average client in recovery exiting alcohol and drug treatment.

INSERT FIGURE 1 ABOUT HERE

As shown in Figure 2, satisfaction with RAP's services was very good with approximately 95% reporting a strong willingness to recommend the program to others. Over

89% found the services helpful and over 92% found the materials available were helpful. This high satisfaction rate shows that RAP's services are effectively meeting the needs of those involved. The true impact of RAP's services can best be shown through the long-term stories of recovering people involved with RAP.

INSERT FIGURE 2 ABOUT HERE

RAP also evaluated the success of its RCSP initiative by measuring progress towards the goals identified at the start of the project, including developing citizenship skills among people in recovery through leadership training; reducing stigma; providing a range of support services to sustain individual recovery and reduce relapse, and connect individuals to the recovery community; and building RAP's capacity to provide peer recovery services long-term.

As detailed in this article, RAP made significant progress towards meeting these goals and built a program which demonstrated many of the quality indicators for peer services identified in recent RCSP research (SAMHSA, 2006). Particularly notable achievements for RAP included:

- Supporting the recovery of the thousands of people in the Portland area who engaged in RAP's training, RAP Center, civic involvement, and Hands Across the Bridge
- Establishing the RAP Center as a well-used clean and sober environment with a variety of services and social/recreational activities for the Portland area recovery community
- Training people in recovery to use their stories and collective power to engage with public officials
- Achieving success in leading an effort in Clackamas County to create new resources for ex-offenders in recovery re-entering the community from incarceration, including funding for peer mentors and alcohol and drug free housing

- Achieving success in the City of Portland and Multnomah County in preserving funding for treatment and for alcohol and drug free housing
- Establishment of RAP as a 501c3 nonprofit recovery community organization, with diversified funding sources and programs.

The overall impact of RAP's peer services can best be illustrated through the individual stories of the hundreds of people in recovery who, through involvement in RAP, challenged themselves and grew into leaders. When M. came to RAP in 2005, she was in recovery but had very little work stability, her daughter was in family foster care, she had an infant son and was living in a domestic violence shelter. M. volunteered at RAP's front desk through a Welfare to Work program and was then hired by RAP in to fill temporary positions and, in 2007, a full time administrative position. As of 2010, M. had become one of the experienced mainstays of the organization, a senior staff member with a solid recovery lifestyle, a house, custody of her children, and a new marriage. According to M, "RAP has had an immense impact on my life both professionally and personally. I have grown and exceeded my own expectations…and I have the opportunity to lead others in their growth."

LESSONS LEARNED

RAP learned a variety of lessons in the process of developing peer recovery services. Some of the most significant lessons, which may prove helpful for other recovery organizations, are detailed below.

RAP's focus on building relationships through *intentional, one on one conversation* was the foundation for all services and activities. Peer leaders formed personal relationships, taught new members to tell their stories to one another, and discovered interests of peers to address current recovery issues and new service needs. Listening to each other's stories and translating

those stories into effective peer services and successful civic engagement is the core of RAP's success. RAP's most successful peer services – leadership training, and the numerous activities at the RAP Center – were developed from the issues identified in the stories of peers. Less successful services, such as the initial "Recovery College" concept of classes, were not as grounded in story and thus were not sustainable.

In developing peer services, RAP attempted to adhere to one of its founding principles, "Never do for others what they can do for themselves." This meant identifying varying strengths among peers – leadership, organizational/logistical skills, volunteer recruitment, etc. – and working with peers to help them grow in these areas. RAP also learned that existing successful models can be replicated. For example, RAP successfully negotiated with public officials to create new resources in Clackamas County, a suburban/rural county in which RAP had not previously had a strong presence. RAP used a proven model it had developed in Portland/Multnomah County. In developing sustainable peer recovery support services, recovery organizations should build on their existing strengths and maximize the diverse gifts of peers.

For peer recovery services to attract peers and meet their needs, they must be grounded in the clear self-interest of people in recovery. This self-interest is as varied and wide-ranging as the highly diverse recovery community. Individuals will bring different needs, experiences, skills, and passion to the recovery organization. The broader the range of activities offered so there is "no wrong door," the more people will engage with them. However, RAP learned that the challenge this poses is to focus on those peer services that will be sustainable over the long term and continue to engage people's self-interest. RAP also learned that it takes more than one leadership group to assure successful peer recovery services. For example, a Board member may contribute by helping develop financial reporting systems, and a peer Operations Council

member may contribute by planning and staffing a clean and sober dance. Both contributions are important and having strong groups committed to different aspects of the organization is vital to its overall health.

SUMMARY

The twelve-year history of RAP has been an evolutionary process fueled by the dedication and personal growth of people in recovery. Through tenacious learning and trial and error, individuals who had been marginalized from society were able to stand in front of audiences in excess of several hundred peers and community leaders. They told their personal stories, the same stories they had shared with their peers, and articulately identified the needs of the recovering community. Through hard work, they were able to clearly identify services to meet their needs and then to convince elected officials and civic leaders to ensure funding and policy changes to create these services. RAP leaders built an organization responsive to the needs of peers in recovery with diversified funding and future potential. In doing so, they credibly challenged the stigma that addicts and alcoholics are irresponsible and unable to be community leaders. Finally, many found themselves in positions to provide support to their peers and in so doing realize a stronger link with their own personal recovery.

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Table 1: RAP Diversified Funding

Federal Center for Substance Abuse Treatment	Recovery center, classes and coaching, training
State of Oregon Addictions and Mental Health	Open and support peer-run recovery homes
Washington County Department of Corrections	Open and support peer-run recovery homes
City of Portland, Mayor's Visioning Project	Recovery community engagement and assessment
Mid Valley Behavioral Care Network	Recovery center in Salem (Oregon state capitol)
State Dept of Corrections through a treatment agency	Peer coaching for ex-offenders re-entering community
State agencies, treatment providers, RCSP grantees	Training on leadership and peer mentoring
Event sponsors (foundations, businesses, individuals)	Hands Across the Bridge Recovery Month celebration
Peers in recovery accessing recovery center services	Clean and sober dances, café, other social activities

Figure 1. Substance Use in the Past 30 Days

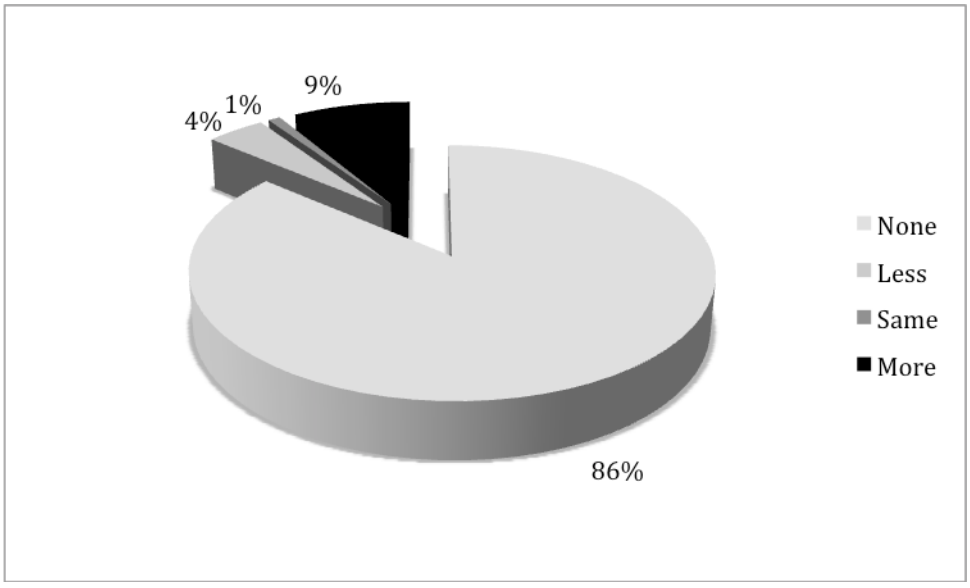

Figure 2. Satisfaction at 6 Months