CONSUMER LINKAGE EVENT

I. Executive Summary

The growing knowledge base of addiction as a primary metabolic brain disease has spurred on the addiction treatment field to begin considering different models of care, particularly those that are more responsive to addiction as a long term, chronic disease.

A common theme among the changing systems is the central role of consumers (i.e., direct or indirect purchasers or users of services in response to addiction and/or alcoholism). In addition to taking a more "pro-active partnering" role in selecting treatment providers and in designing treatment and recovery plans, consumers are emerging as important stakeholders at the planning, administration and clinical care delivery levels. (Improving the Quality of Mental and Substance-Use Conditions, *Quality Chasm Series*, 2006).

The inclusion of consumers in policy making roles is also recommended as a means through which to overcome stigma and discrimination in behavioral healthcare. (Corrigan *et al.*, 2001). Studies have shown that contact between individuals who hold negative attitudes towards consumers and those with mental health, addiction and/or alcoholism issues is among the most effective means of countering erroneous beliefs and stigma. It is when participants have equal status, interact in a highly collaborative manner and have personal rather than formal contacts that stigma and discrimination can be overcome. (Kolodziej and Johnson, 1996) Equal status is facilitated when individuals work together on specified activities giving those in a stigmatized group the opportunity to apply and demonstrate their own knowledge, skills and competence. Such contact is recommended at the administrative level, clinical care delivery and policy-making roles. (*Quality Chasm Series*, 2006, p. 114)

Authentic, active consumer involvement in the field of addiction is unique, invaluable and irreplaceable. Experienced and knowledgeable consumers have as much to offer as any other stakeholder participant in helping the field navigate the transformation to a new system of services that is consumer-informed, consumer-legitimate and consumer friendly. Client centered treatment, recovery and prevention services are at the heart of an improved system care for addiction as a chronic disease.

The role of the consumer in treatment is likewise evolving from that of passive recipient of unilateral professionally delivered directives to dynamic, active partner with care-givers. Consumers who are addiction literate are more actively seeking out customized services from professionals and, increasingly including peers. In the near future, with an increase in addiction literate consumers there will no doubt be demands for adequate, accessible services of the highest quality (evidence based, peer endorsed).

Among the Division of Addiction Services (DAS or the Division) initiatives in transforming care is to align addiction services to be more consistent with the chronic disease model. Rather than limiting treatment responses to acute care services, the Division has adopted a more realistic response grounded in the reality of addiction as a chronic disease. Expectations regarding addiction "treatment" are rapidly changing from a one time fix-it-all to a longer term commitment of individualized care with supports wrapped around the client, family and loved ones.

When consumers receive the services they need for successful living and providers focus on continuity of care, the peaks of acute symptoms/interventions decrease in severity and are spread farther apart, separated by longer and longer periods of time. (Tom Kirk, Ph.D.) In the "recovery zone", addicts receive varying degrees of support services each according to their needs, preferences and resources. They learn to acquire those skills that will enable them to sustain remission from active addiction for increasingly longer periods of time, ultimately

building a life of recovery. Within the "recovery zone" the client acquires valuable relapse prevention skills, from various means according to what works best, to sustain recovery. Experiences with relapse are translated into valuable lessons and integrated into revised recovery plans that most closely reflect the client's needs, preferences and values. The outcome in sustained recovery is in saving lives, families, communities and dollars.

Consumer endorsement of the "recovery zone" philosophy is important to the Division. The initiatives necessary to make it a reality and bring it to life also require input from consumers. With this in mind, the Division sought authentic consumer input as to the validity of the "recovery zone" approach. The Citizen's Advisory Council (CAC) was consulted and a partnership was formed with the purpose of hosting a meeting of diverse consumers. The consumers would be subject to an abbreviated introduction of the "recovery zone" and then spend the remainder of the morning discussing, analyzing and reaching consensus as to the "recovery zone" and the services and philosophies most valued. Consumer responses from the Consumer Linkage Event were analyzed and summarized. The conclusions are represented in this report.

DAS has been presenting the "recovery zone" to various audiences throughout the state. On September 16, 2010, the Division, in partnership with its CAC, sought feedback about the "recovery zone" and other consumer-specific issues from consumers representing geographic diversity throughout the state. Approximately fifty people whose lives are directly impacted by addiction and alcoholism were invited to participate in a Consumer Linkage Event at Eva's Village.

The purpose of the meeting was to obtain authentic information directly from consumers and consumer representatives. The consumers were seated at eight separate tables each with a facilitator trained by Master Facilitator Kathy Weiner for the purposes of this linkage event. The primary areas of discussion included: (1) what information consumers value in making decisions about addiction services that are best for them; (2) what consumers thought about "the recovery zone" and changing to a recovery-oriented system of care; and (3) what consumers thought should be the next priorities of the CAC and DAS.

With the exception of a short presentation on "the Recovery Zone" given by DAS Director Raquel Mazon Jeffers, the event's guests and attendees were the focus of attention. For three and one half of the four hour meeting, consumers spoke, discussed, argued, analyzed and shared their perspectives, thoughts, feelings and beliefs about the three issues raised. Refreshments and lunch was generously provided by Eva's Village.

This report is written to summarize the consumer-participant responses on the three major categories of issues posed: (1) consumer choice: (2) the "recovery zone"; and (3) strategic priorities of the CAC.

There were also reports delivered by each of the eight trained facilitators at the culmination of the event which sought to summarize the distinct topics or themes they perceived as most important to the consumers in their particular break-out group. The information contained in these reports is represented throughout this report, often integrated with the other three major issues.

The information contained in this report from consumers' responses is a basis from which to help draw upon and inform future policy, service design and delivery, hopefully to include an even wider net of consumers. The responses received from consumers as to what should be the strategic priorities of the CAC will be integrated into the CAC's Strategic Goals and Plan.

II. Agenda and Group Process

The agenda and group process for the DAS/CAC Community Linkage Event were developed by a planning team with support from "master facilitator", Kathy Weiner. The day's activities were designed to be engaging and interactive, involving consumers, advocates and DAS participants in one-on-one and small group conversations which were recorded and ultimately summarized by each of the group's volunteer facilitators. Several days before the event, the CAC master facilitator conducted a one-hour training and orientation for the volunteers who agreed to serve as the small individual group facilitators, reviewing the agenda, planning the day's activities, summarizing the group's dialogues and clarifying expectations and deliverables. The description of the meeting agenda and group process can function as a prototype to be replicated, adapted and/or expanded by DAS and the CAC as it continues to reach out to growing numbers of consumers throughout New Jersey.

The agenda for the four-hour event **(Appendix A**) began at 9:30 AM with a welcome from Mike Santillo, Executive Director of Eva's Village Recovery Program who deferred to the Executive Director of Eva's Village, Sister Gloria Perez, for more formal opening remarks. Sister Gloria then introduced DAS Director, Raquel Mazon Jeffers, and Deputy Director, Mollie Greene, who led the "charge for the day". Lisa Mojer-Torres, DAS Consumer and Recovery Advocate, briefly introduced herself and the CAC members who were present including Kathleen Dennis, Catherine Rapiciano, Nasar Mahmud and Joanne Cole. The members who were not in attendance were Barbara Gilmore and Jon Baum. Finally, Kathy Weiner, the Linkage Event's master facilitator was introduced.

Upon registering, each participant was given an oversized name tag along with a "goody bag". The contents of the bags included post-its, stickers, markers, pens, crayons, snacks and a stapled, rolled packet of meeting materials. Participants were encouraged to use these materials to help express their thoughts, perspectives and their impressions.

Ms. Weiner briefly introduced the activities planned for the day which included the following four interactive exercises designed to share opinions and gather participant feedback.

Exercise #1 - Consumer Information and Choice: What Do Consumers Need To Know?
This exercise consisted of one half hour "ice breaker" in which participants were referred to a list of questions about what information they believe consumers need in order to make the best decisions about addiction services **(Appendix B)** and asked to circulate around the room, introduce themselves to other participants and discuss their responses to the questions. After approximately twenty minutes, the facilitator asked everyone to return to their original tables and debrief in small groups for approximately ten minutes, sharing what they had learned from others with the facilitators who recorded a summary.

At the conclusion of the "ice breaker" exercise Lisa Mojer-Torres introduced DAS Director Raquel Mazon Jeffers who again welcomed everyone. Director Jeffers then delivered a half hour PowerPoint presentation explaining the "Recovery Zone" approach. **(Appendix C)** The presentation was followed by a brief Question and Answer session after which the master facilitator, Kathy Weiner, introduced the second exercise.

Exercise #2 - Recovery Zone World Café (Round I)
In addition to the name tags worn by each participant, the goody bags included a duplicate "name tag" sized randomly numbered from one to eight. Participants were asked to form new small groups by sitting at the table that matched the number on their name tag. The purpose of mixing up the groups was to offer a dynamic participant experience while cross-pollinating ideas and opinions to stimulate explorative discussions.

The facilitator referred everyone to the list of "Recovery Zone" questions included in the meeting packet **(Appendix D)** Each small group conducted a twenty minute discussion focused on the questions, summarized and recorded during the last ten minutes by the facilitator.

Exercise #3 - CAC Strategic Priorities: 2011

Following a brief lunch break, the master facilitator, Kathy Weiner, introduced exercise #3 asking participants to rank the CAC's strategic priorities for 2011. A flipchart with a different strategic priority written on it was placed on top of every table.

The facilitator asked everyone to take five stickers from their goody bag, circulate around the room reading the priorities and vote for their top choices by placing the stickers next to the priorities they believe the CAC should focus on in the coming year. She explained that each person had the discretion to distribute the stickers as they saw fit, casting one vote for five different priorities, all five votes for a single priority, or any combination thereof. Those wishing to "write in" other priorities were asked to list them on the sheet marked "OTHER". At the conclusion of the linkage event, the votes were tallied and recorded.

Exercise #4 - Recovery Zone World Café (Round II)

This was a second round the Recovery Zone World Café. When asked for a show of hands as to whether participants preferred to change groups again or remain in their original groups, participants unanimously chose **not** to change groups. The process for exercise #4 was identical to that of exercise #2, with discussion proceeding to explore the same questions in more depth, or with new questions at the discretion of the group.

At the conclusion of Exercise #4, Ms. Weiner asked each of the eight small group facilitators to briefly share two or three of themes from the Recovery Zone World Café with the entire group. She also transcribed the summaries from each of the eight facilitators onto the various flip charts for discussion and inclusion in this report.

At 1:15 PM, Lisa Mojer-Torres brought the event to an official close by thanking the participants for attending and Eva's Village for hosting. She also asked the members of the event planning team to stand and be recognized for their work. Ms. Mojer-Torres closed by informing participants that the report summarizing the results of the Linkage Event would be available for all to review and asking participants to complete the contact sheet included in their meeting packet. She especially encouraged anyone interested in applying for CAC membership to complete and turn in the form. Facilitators' notes were then collected for later transcription with some facilitators preferring to transcribe their own notes and submit them to DAS the following day.

III. Summarized Data Analysis

A. Highlights from Facilitators' Most Important Themes

The following are highlights from the eight trained facilitators as to what they believed were their break-out groups' most important themes. The responses are organized by the nine themes or topics that were most commonly raised. Some analysis is offered, but the majority of information is derived directly from facilitators' notes. There were about as many comments regarding the "recovery zone" as there were about the need for education and the value of service continuity.

1. The "Recovery Zone"

The "**recovery zone" was the subject matter that facilitators most mentioned**. They celebrated the positive attributes such as hope, confidence, dignity, honor, etc. One of the points stressed about the "recovery zone" was that relapse not be an "end" of care, but rather a part of a process of learning through which the person accepts full responsibility for his/her actions and moves forward. The personal resources people bring to recovery should be recognized and honored; the approach to recovery should be encouraging and not punitive.

2. Education

Among the most commonly expressed themes was **the need for education**. Almost every facilitator echoed the point that education was needed for the consumer, family, workers and virtually everyone. Lack of education was perceived to be both a component of stigma and lack of information about accessible services. This lack of information about services was characterized as a "barrier to good care".

There was a strong emphasis on **introducing people to relapse and relapse prevention**, before it becomes a reality. The groups echoed that education was powerful as a means of relapse prevention in that by educating people about triggers and the brain's response to those triggers, relapse could be minimized. The importance of a person learning from his/her or even other people's mistakes was clear, but assuming responsibility for his/her disease, including relapse, was equally emphasized.

3. Basics and Service Continuity

The next most common theme involved the need for **continuity of care** or services. Addressing the basic services such as food, transportation, living and coping skills, etc. was expressed as being important along with a theme of "service continuity". Motivational interviewing and case management were also expressed as valuable services. There was strong agreement that services need to continue after treatment, until the person in recovery has worked their way well into the "recovery zone".

4. The Inter-Systems Issues

Consumers believe **collaborations** with systems outside of addictions is necessary in order to maximize time in the "recovery zone". There is a need to develop a standard protocol for how consumers might transition from one system to another or from one system into an array of often disorganized recovery services throughout the state. There is also a need to assess whether and what other systems' resources consumers may require. The need to match a person to a level of care or a service should be "strength-based" and stigma should be addressed head-on with factual information presented assertively.

5. Funding

Funding **was another of the most commonly expressed themes** recorded by facilitators. Specifics regarding funding were not provided except to say that the transformation to recovery oriented care cannot depend exclusively upon volunteers.

6. Communication

The issue of communication was raised in the context of simplifying communication between the person in active addiction or recovery (or their families) and those who are providing services. The single phrase, **"listen to consumers**" was iterated.

7. Transportation

Transportation was also raised as a common theme in that consumers believe many people in recovery have lost their licenses and no longer enjoy the privilege of driving. **Without private transportation, consumers are dependent** upon the goodwill of others or the public transportation system which is better in some municipalities than others. Transportation can become a major obstacle to treatment and recovery.

8. Client-Centeredness

Finally, the issue of "client-centeredness" was raised by three facilitators as major themes from their groups. The major point was that **client centeredness needs be different for each individual;** services need to be tailored to the client and care needs to be individualized, based upon needs versus available services.

9. The Recovery Center

A couple of comments regarding recovery centers included that it be **a place for people to receive support, encouragement and refuge from stigma.** Also, the Recovery Center was perceived as an important place at which to build healthy relationships and that people seeking services there should be met exactly where they are.

B. Summary of Responses to Recovery Zone

NOTE: Three themes are identified throughout consumers' responses. These include "funding" (to support adequate services), "education" (especially around the issue of relapse in addiction as a metabolic brain disease) and "case management."

The consumer-attendees **endorsement of the "recovery zone" as an objective in response to addiction was unanimously strong and supportive**. It was obvious from some of the consumers' responses that Director Jeffers' presentation of "the recovery zone" was their first exposure to this concept. Consistent with and related to consumers' support for the "recovery zone" is their support for education on addiction literacy. Understanding relapse as a biologic function and appreciating it as an invaluable learning tool rather than proof of a failure at recovery or sobriety was expressed as a reason education is so critical to success in making informed decisions and sustaining recovery.

A synopsis of the multiple supportive comments is that the "recovery zone" serves as a bridge between treatment and recovery from active addiction; it encourages the transition from client dependence and incapacity to a partnership that is client-centered, aspires to independence, stability and is oriented in long-term sustained recovery. The "recovery zone" is perceived by consumers as a much more positive yet realistic model than that of the cycle of acute care, abrupt discharge, relapse, more acute care, etc.

The major barriers to recovery expressed by consumers included limited admissions/slots/availability to treatment. The lack of funding was raised as an underlying reason for the limited treatment capacity and it is a common theme threaded throughout the consumers' responses. Ignorance and stigma were also cited as barriers (along with criminal records) to recovery. A lack of basic resources such as transportation to a facility, program or services was listed as among barriers.

Resources consumers believed were needed in order to support recovery included first and foremost **funding.** Ready access to treatment or services "on demand" was offered as an example of sufficient funding. Another

resource consumers considered as necessary was education and peer commitments. The removal of arbitrary caps or limits/restrictions was expressed along with the principle "each according to his/her needs."

Consumers were asked to express what they attribute to positive experiences with prevention, treatment and recovery services and again, the theme of sufficient funding was raised in that access to services made the difference between getting help or not getting help. The ability to be flexible in both programming and planning was another attribute of positive experiences. Some consumers said their having a spiritual connection made the difference in their successful experiences. Finally, many consumers said that client-centered partnerships were at the heart of their positive experience along with good case management. Good network collaboration with multiple community and recovery support services (lots of options offered) and linkages were also mentioned as factors in consumers' successful experiences.

Consumers were asked to define what "client centeredness" means to them. Most responses advocated for the inclusion of the client as an active partner in the development of a treatment and recovery plan. The consumers expressed that client centeredness also means that the treatment and recovery paths are highly individualized, unique to everyone according to their needs, resources and values & preferences. It also does not work if real options are not offered.

When prompted as to **the components of an ideal "recovery zone**", consumers responded by stating that first and foremost**, basic needs have to be met** (from point of entry or detox to discharge). Consumers described basic needs as including food, shelter, clothing and a strong system of supports, including: child care, housing, dental, mentors, transportation, etc. Education and prevention services were also mentioned as important components of the "recovery zone" and the addition of more "Oxford-type" houses was also raised. When asked how to best access the resources needed to attain and sustain recovery, consumers responded that that there be "no wrong door" to or through the "recovery zone".

When asked how the recovery zone would differ from other more traditional treatment programs, consumers said first and foremost that relapse to active use would be treated differently as a learning experience rather than a reason to discharge. Relapse education was also considered critical. Another difference is the partnership relationship between the client and the professional staff/service provider. The services would also receive adequate funding and clients would be followed past discharge into long term recovery. Finally, consumers said that people would be engaged or attracted in the ideal recovery zone approach. Services would be "consumer friendly", people would come into care sooner rather than later in the course of their addiction, untold misery would be avoided, lives would be spared and money saved.

C. Summary of Consumer Information & Choice

The majority of consumers expressed a need for education to "arm" consumers with information needed to make better, more informed choices. The education component was split between education about addictions literacy generally and information about what services are available and most appropriate for the consumer more specifically. These two components are interdependent as any decision in response to addiction requires information about services, but, without education as to the disease of addiction, deciding which services are most appropriate for the client is next to impossible.

Likewise, regardless of whether the consumer is educated about addiction, unless he/she also has a comprehensive listing of available, accessible services, the value of the education is rendered virtually useless. Also, unless there is an authentic choice as to which services the consumer can access, education and information are meaningless.

Consumers are saying "Let's educate the public about addiction as a disease and how it being a primary metabolic disease of the brain is significant to the way we respond to it." The education should highlight the significance of addiction as a disease (e.g., that there are forces at work that overcome a person's best motivation and efforts to stop using drugs and alcohol, etc.) and what it does not mean (e.g., person is not responsible for his/her actions). Furthermore, let's also work at establishing a data bank of information about programs, facilities and services in response to addiction in New Jersey that includes all relevant information needed to make informed decisions about intervention, treatment, recovery and prevention.

Consumers said that there was a strong need to know whether insurance will cover certain services, but also what particular limits are applicable. Information as to the particular philosophy of a program, facility or service was also deemed necessary.

Consumers also expressed needing information about insurance benefits and coverage as well as rights to appeal decisions that denied care. The addictions hotline was mentioned by several consumers as an important source of information about available, accessible services, so getting word out about the hotline should be a priority: i.e., that a toll-free "addictions hotline" exists, what that number is; that all inquiries are confidential and what information it can provide callers, etc. In response to the question about which means consumers would most like to receive information and education from, the majority responded with support for the addictions telephone hotline. A parallel "cyber hotline" should also be made available as many people are much more comfortable and likely to use the internet than speak to a person over a telephone.

Consumers consider the family's role in decision-making to be significant and therefore the need to provide education and information to family members is critical. Family members supply emotional and often financial support, however, in order to encourage healthy behaviors and to discourage unhealthy behaviors (i.e., enabling, etc.), family members need to be educated by objective third parties and included in the treatment and recovery process.

In summary, in order to make informed decisions regarding how to respond to active addiction, (which services to choose, etc.) consumers need to know the significance of addiction as a primary metabolic brain disease. The final question posed was "what other information might you want to know?" The sole response was "the difference between a sponsor and a mentor".

At the end of the meeting, the guests provided with ballots were invited to vote for a particular issue they believed should be the CAC's strategic priority in the coming year.

D. CAC Strategic Priorities: 2011

1. Description of Exercise

Consumers were asked to vote among eight separate strategic priority goal categories using their votes according to what they perceive to be the most important initiatives the CAC should focus on in the 2011 year. The choices consisted of the following:

a. Expand recovery support services;
b. Establish an ombudsman for people afflicted with addiction/alcoholism;
c. CAC work with DAS to find out which specific provider information would be of value to consumers and make it available;
d. Share "recovery zone" approach with consumers and others;
e. Build relationships with consumers and other State office allies;
f. Conduct similar linkage events throughout New Jersey;
g. Improve consumer satisfaction process; and

h. Consumer Advisory Council should establish a role in planning, policies and implementation of merger with the Division of Mental Health Services (DMHS) as soon as possible.

2. The voting break-down was as follows:

   a. The most popular response (with 41 votes) was that the CAC help **expand recovery support services throughout the state** according to need;
   b. Next popular (with 28 votes) was that the CAC **establish an ombudsman** to help with stigma and discrimination for people regarding addiction and recovery;
   c. Twenty-five (25) votes were cast that the **CAC work with DAS to determine specific provider information of value to consumers** and distribute same;
   d. Twenty-four (24) votes were that the **CAC share the "recovery zone" approach with consumers and seek their input**;
   e. The next most popular strategic priority with twenty-one (21) votes was that the **CAC build relationships with consumers of other State offices**, other public sector consumer groups and advocacy organizations;
   f. Fourteen (14) votes were cast that the **CAC conduct similar linkage events** in other communities;
   g. Seven voted that the CAC **improve "consumer satisfaction" process at DAS**;
   h. Four voted that the CAC should **make recommendations to DAS regarding the role of consumers in the merge**r.

3. Analysis of Recommended CAC's Strategic Priorities

   Consumers are very clear in their support of the "recovery zone" as a central and important component of what the CAC and DAS should be working towards. The majority thought it critical that the "recovery zone" be supported by those recovery support services people need in order to sustain their recovery. Two times as many votes were cast for this category than any other category that the strategic priority of the CAC ought to involve expansion of the "recovery zone" and recovery support services throughout the state, according to need.

   Consumers voted that the need to eradicate injustice experienced by people in addiction and recovery was very important and that stigma and discrimination should be addressed. The establishment of an ombudsperson for addictions stigma and discrimination was raised. There was some support for the CAC to advise DAS regarding the role of consumers in the impending merger with DMHS.

   The third most common strategic priority was that information about providers be coordinated and disseminated for consumers' in making decisions about selecting a particular provider of services and that would include a revision of consumer satisfaction assessment. There was strong support for a consumer-rated report card on each of the services, facilities, providers, etc. Finally, consumers want more, similar linkage events in other communities.

   NOTE: Eight separate strategic priority recommendations were listed with a ninth category, "Other**".**

Appendices

A. Agenda of the Consumer Linkage Event

B. Ice Breaker Exercise, "What Information Would Consumers Find Useful?"

C. Recovery Zone Presentation and Illustration

D. List of Recovery Zone Questions

Additional Reference Documents

E. Consumer Outreach

F. Citizens' Advisory Council

G. Expected Outcomes of the Event

H. Request for Ongoing Educational Credit

I. CAC By-Laws (Approved w/tracked changes)

J. Outreach/Announcement for Citizens' Advisory Council Applications

K. Application for Citizens' Advisory Council

L. 2011 Strategic Priorities and Action Plan for CAC

M. Consumer Outreach Event: Group Outreach

APPENDIX A.

New Jersey Division of Addiction Services
Citizens' Advisory Council
Consumer Linkage Event
Thursday, September 16, 2010
Eva's Village, Paterson, NJ
9:30 AM - 1:30 PM

A G E N D A

9:30 – 9:50	Welcome, Opening Remarks & Introductions	Sister Gloria Perez, Executive Director and Mike Santillo, Administrative Director of Eva's Village Raquel Mazon Jeffers, DAS Director
	Charge for the Day	Mollie Greene, DAS Deputy Director
9:50 – 10:15	Meet the CAC	Lisa Mojer-Torres, DAS Consumer Advocate
	Self Introductions	CAC Members
	Mission & Values Statements	CAC Members
10:15 – 10:45	Icebreaker Exercise Consumer Information & Choice: What do we want to know?	Kathy Wiener, CAC Facilitator
10:45 – 11:15	The Recovery Zone PowerPoint	Raquel Mazon Jeffers, DAS Director
11:15 – 11:45	Recovery Zone "World Café I"	Facilitators & Attendees
11:45 – 12:30	CAC Strategic Priorities	Facilitators & Attendees
	NETWORKING LUNCH	All
12:30 – 1:00	Recovery Zone "World Café II"	Facilitators & Attendees
1:00 – 1:15	Report Out: "World Café"	Facilitators
1:15 – 1:30	Closing & Next Steps	Lisa Mojer-Torres, DAS Consumer Advocate

Appendix B.

Icebreaker Exercise

Consumer Information and Choice: What Do We Want To Know?

1. What is the history of your name? Do you have a nickname?

2. Do consumers of addiction prevention, treatment and recovery support services in New Jersey have the information they need to make informed choice when seeking services?

   - If not, why not?

3. What information would you need to make a decision as to a treatment modality, service, provider or facility?

4. How do you believe consumers would most value receiving information about available services? (Example: by word of mouth, from their peers, in-person from professionals, on a telephone hotline, from the internet, other)

5. What do you believe should be the role of "families" in consumer decision-making?

APPENDIX C.

Recovery Zone Presentation

The Recovery Zone

- The Recovery Zone is a term used to describe a state of sustained recovery characterized by long periods of abstinence, gainful employment, stable housing and supportive and rewarding social and spiritual connectedness
- A client's entry and stabilization in the Recovery Zone is accomplished by reducing service fragmentation, promoting service continuity, and increasing clients' capacity to manage their chronic disease more effectively
- Efforts to promote client movement into and ability to sustain the Recovery Zone is central to the work of DAS

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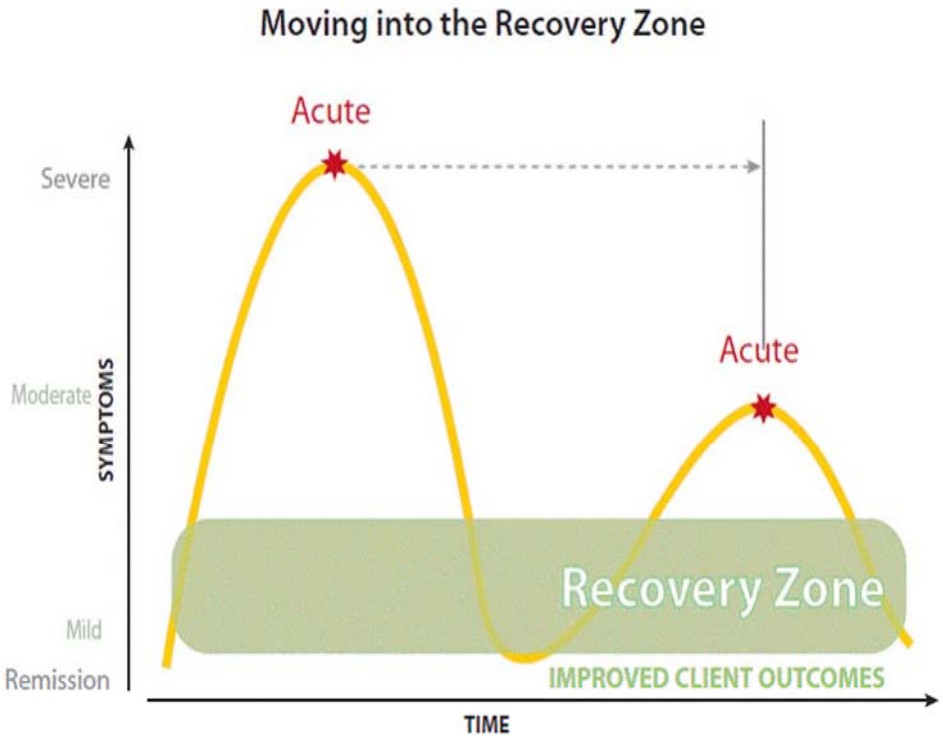

APPENDIX D.

Recovery Zone Questions

World Café: Inside the Recovery Zone

1. What do you think about the Recovery Zone approach? If you're not sure, what else would you like to know?

2. If you, or others you know, have experienced positive treatment and/or recovery outcomes, what made the difference?

3. If you, or others you know, have had difficulty accessing the treatment and/or recovery services they want, what got in the way?

4. What does the term, "client-centered services" mean to you?

5. Describe your ideal Recovery Zone?
   a. What services are available?
   b. How do consumers access them?
   c. What's different, if anything, for the consumer, providers and the community?

6. What other thoughts, ideas or questions do you have about the Recovery Zone?

ADDITIONAL RESOURCE DOCUMENTS

Appendix E.

Consumer Outreach for Linkage Event

Many people contributed to the outreach efforts for the linkage event. The aim was to appeal to as large and as diverse a base of consumers possible. "Consumer" is defined broadly as: anyone whose life has been affected by addiction or alcoholism. It was particularly important to recruit from people who were capable of representing as many consumer experiences and interests as possible. The majority of outreach efforts were accomplished via personal invitation over the telephone although the event was posted/listed on the DAS and NCADD/NJ websites.* The Citizens' Advisory Council Members also put in calls to friends, colleagues and contacts who responded in significant numbers. Contact efforts were also made by those who work with underrepresented and disenfranchised populations. For example, outreach workers for the needle exchange program were encouraged to attend by their supervisors (continuing educational credits were available). Invitations were also personally extended to the network of providers of medication-assisted treatment; known consumer advocates and consumer advocate groups.

Faith-based consumers were sought through the NJ Office Faith Based Initiatives through Ed LaPorte, veterans were outreached by Dennis Donovan and the NJ Coalition for Recovery Mentors were contacted with information necessary to register. State workers were invited from the Division of Mental Health Services through Margaret Molnar, DYFS, pre-natal cooperatives. In addition to state workers, county, GCADA, and municipal organizations involved with addictions prevention, treatment and recovery support care were also contacted.

Traditional addictions advocacy organizations such as Friends of Addiction & Recovery, the NCADD/NJ, Parent-to-Parent, etc. were contacted. The Lawyer's Assistance Program for the New Jersey Bar Association was contacted as an invitee as were the Physician's Assistance Program of NJ and the Nurses Assistance Program (one of the CAC members is employed by the Nurses RAMP program).

Addictions related academic contacts from the UMDNJ (BRTI) and CAPS from Rutgers Health Services, State University of New Jersey, New Brunswick were also contacted. Finally, an announcement of the event including the link for pre-registration was listed on the DAS list-serve of those treatment providers and other persons who have indicated a willingness to receive communications from the Division of Addiction Services.

Continuing educational credits were also offered to help fray the costs of taking a morning from work without pay.

* Follow-up data will be obtained from those who registered and indicated they would be interested in receiving future communication. The information to be obtained will include the source of people's knowledge about the event; their overall response to the morning event; what they took away from the meeting; whether they would be willing to attend another event in the future, if not, what would make it more likely for you to attend a similar event in the future aimed at continuing the dialogue with DAS and the CAC.

Appendix F(i).

Citizen's Advisory Council Description

The CAC consists of up to 12 volunteer members who meet monthly to identify consumer issues of concern, amplify the various divergent consumer perspectives and serve as a venue through which NJ citizens can impact prevention, treatment and recovery support services for addiction and alcoholism within the State. The CAC has recently completed its by-laws, mission and value statements along with new membership criteria and applications.

The CAC meets on a monthly basis on the third Thursday morning of each month at the DAS "home office" at 120 S. Stockton Street in Trenton, NJ.

If you are in recovery from or have been significantly impacted by another's addiction or alcoholism and you have information, a perspective, opinions or suggestions that would result in better, more effective, consumer friendly services/care, please join us on the morning of September 16th at Eva's Village in Paterson, NJ.

For more information, or to register, please call "Lisa Torres" at 609-292-5050

Appendix F(ii).

Citizen's Advisory Council
Role and Responsibilities

Mission:
The Citizen's Advisory Council (CAC) is composed of consumer and citizen members representing the voices of New Jersey residents at risk for, struggling with, or otherwise affected by the chronic disease of addiction. The CAC supports education, prevention, intervention, treatment, and recovery from alcohol, drug, and other addictive disorders and the elimination of associated stigma. The Council provides input and guidance to DAS in furthering its mission, linking the Division with consumers and advocating for the needs and interests of individuals, families, and communities.

Values Statement:
The CAC believes:

- In the rights of all citizens to access and receive quality prevention, treatment, recovery and support services without stigma;
- In quality, holistic, comprehensive, affordable, client-centered treatment services within a continuum of care that recognizes the need for life long management;
- In encouraging informed consumer choice, and
- That our collective voices are integral to DAS in fulfilling its mission.

Purpose:
DAS is accepting applications for individual New Jersey residents who are interested in participating as members on its internal Citizens' Advisory Council (CAC). Members will represent the various and diverse interests, issues and perspectives of consumers of substance abuse prevention, intervention, treatment and recovery services, including families, employers and others who are affected by addiction. The Council will function as a resource to the Division through which to communicate and collaborate with consumers in fulfilling its mission of developing and sustaining a system of client-centered care.

The CAC will work in tandem with other established consumer advisory boards and organizations throughout the State that share common interests and concerns.

Responsibilities:
Members will be responsible to:

- Know the CAC's mission and goals, and By-Laws;
- Bring a sense of thoughtfulness and sense of humor to the CAC's work;
- Work as part of larger team;
- Represent all communities equally;
- Foster a climate that promotes active participation by all members;
- Take an active role in CAC projects or tasks;

- Mentor a new member and/or be mentored by a veteran member;
- Comply with meeting attendance requirements;
- Prepare for each meeting by reading relevant materials ahead of time;
- Be respectful of differing opinions;
- Explain acronyms and other specialized language;
- Suggest agenda items as appropriate to ensure that significant matters are addressed;
- Participate in monthly meetings and/or teleconferences and on subcommittees as necessary;
- Attend various trainings/events as scheduled;
- Consult in the development of policies and procedures to be more client centered;
- Provide recommendations to improve current practices, and
- State conflicts of interest prior to discussions or votes on relevant CAC issues in accordance with the by laws.

Appendix G.

Expected Outcomes of the Event

1. DAS and CAC to link with and learn from State's consumers (those whose lives are or have been impacted by addiction/alcoholism);

2. Consumers are introduced to CAC and its mission, vision and values;

3. DAS and the CAC learn about what information consumers want to support informed choice regarding prevention, treatment and recovery support services;

4. Consumers learn about the "Recovery Zone" philosophy and approach;

5. DAS and CAC learn about what the "Recovery Zone" means to consumers;

6. Consumers have input into the CAC's 2011 strategic priorities;

7. Consumers have the opportunity to share other issues of importance with DAS and the CAC;

8. Consumers have information about how to apply for CAC membership and/or to stay involved; and

9. DAS and CAC learn how to hold similar "community linkage events" for expanded future access to and dialogue with the state's consumers of addiction and alcoholism services.

Appendix H.

Request H.(i) and Certificate H.(ii) for Ongoing Educational Credits

Event Name: Consumer Linkage Event
Sponsor/s: The Division of Addiction Services, (DHS, NJ) and
The Citizens' Advisory Council (DAS, DHS, NJ)

Location: Eva's Village in Paterson
Date/Time: September 16, 2010 (9:30 AM – 1:30 PM)

Event Agenda (See Attached)

Speakers:

Welcome: Mike Santillo, Exec. Director, Eva's Village
Raquel Jeffers, Director, Division of Addiction

Meet the CAC: Lisa Mojer-Torres, Consumer & Recovery Advocate, DAS
CAC Members

The Recovery Zone: Mollie Greene

Description of Facilitated Activities
Interactive Activities w/trained Facilitators

Report Out: Trained Facilitators

Closing: Lisa Mojer-Torres, Kathy Weiner & CAC

APPENDIX H (ii)

New Jersey Department of Human Services

Division of Addiction Services

Presents this Certificate to

_____

For participating in the training:

"DAS/Citizens' Advisory Council: Statewide Consumer Linkage Event"

September 16, 2010

Approved by the Addiction Professionals Certification Board of New Jersey, Inc. for Recertification Credits
Approval Number: #67091610REC4 **Approved By: APCBNJ** **Number of Credit Hours: 6**

_____

Raquel Mazon Jeffers
Director
Division of Addiction Services

Appendix I.

CAC By-Laws (Approved w/tracked changes)

New Jersey Division of Addiction Services

Citizens Advisory Council (CAC)

DRAFT BY-LAWS

As of 10/21/2010

I. Mission

The Citizen's Advisory Council (CAC) is composed of consumer and citizen members representing the voices of New Jersey residents at risk for, struggling with, or otherwise affected by the chronic disease of addiction. The CAC supports education, prevention, intervention, treatment, and recovery from alcohol, drug, and other addictive disorders and the elimination of associated stigma. The Council provides input and guidance to DAS in furthering its mission, linking the Division with consumers and advocating for the needs and interests of individuals, families, and communities.

II. Values Statement

The CAC believes:

- In the rights of all citizens to access and receive quality prevention, treatment, recovery, and support services without stigma;
- In quality, holistic, comprehensive, affordable, client-centered treatment services within a continuum of care that recognizes the need for life long management;
- That our collective voices are integral to DAS in fulfilling its mission; and
- In encouraging informed consumer choice.

III. Composition

The CAC shall consist of no less than 10 members and no more than 25 members.

IV. Meetings & Attendance

The CAC will meet on the third Thursday of every month. Meetings will last approximately two hours beginning at 9:30 AM and ending at 11:30 AM. Conference call capacity will be available for members who are unable to attend in person. Those attending by conference call will be considered present at the meeting. To remain in good standing, members may miss no more than three meetings per year.

A member who misses more than three meetings during one calendar year will be deemed to have resigned their CAC membership. Missing two consecutive meetings without communicating with the CAC is also grounds for removal. A member's absence(s) may be excused at the discretion of the CAC.

V. Selection of Members/Vacancies

Applications for membership on the CAC shall be submitted bi-annually. An ad-hoc Nominating Committee consisting of 3 members of the CAC and 2 members of DAS staff will review, screen and rank all applications and a slate of candidates will be recommended. The slate of recommended candidates shall be submitted to CAC for approval no later than 15 days after completion of the review. All applicants will be notified in writing of the decision regarding membership. Candidates are required to notify the CAC within 2 weeks of their intent to accept or decline their membership.

1) Any person who is a citizen of the State of New Jersey is eligible to apply for membership;
2) CAC membership shall include representation by at least one citizen from each three region of the State, as follows: (1) North, (2) Central, (3) Southern New Jersey;
3) CAC membership shall include members with experience either as a consumer, provider or family member of an individual in recovery or struggling with addiction;
4) Membership shall include individuals who express interest and demonstrate commitment to the CAC Mission and Values Statement;
5) Consumers who work for DAS-funded agencies or programs and/or who serve on the Board of Directors of DAS-funded agencies are eligible for membership on the CAC; however at no time shall they exceed 30% of the current CAC membership. There are no restrictions on the membership of consumers who also serve on other consumer advisory boards or committees, as long as those roles are voluntary and do not include financial responsibilities for a program, agency or organization.

In the event that a vacancy occurs through removal, resignation or other means, a new member(s) may be appointed to the CAC as follows:

- CAC will undertake necessary recruitment, application and selection activities to assure that no less than six (6) applicants are available to fill vacancies as they arise;
- Criteria for the selection of applicants will be detailed in the application;
- Nominating Committee will rank the applications of all those both meeting the application requirements and demonstrating that they are eligible to serve according to the selection criteria;
- The Nominating Committee will refer the highest ranking applicant(s) to fill a CAC vacancy(s); and

- Before being appointed, a potential new member(s) will be asked to participate in a CAC orientation, attend a CAC meeting as an observer/guest, and agree to meet the requirements of membership set forth in the CAC meeting and membership policy.

VI. Conflict of Interest

All members shall disclose and declare any perceived or actual conflict of interest by signing a "conflict of interest" statement annually that indicates the agencies and programs for which the member works or serves on the Board of Directors. A list of conflicts of interest for all members shall be distributed to the full membership of CAC. In addition, all members shall verbally state their conflict of interest during meetings that include discussions or decisions on issues for which they have a conflict. If a decision before the CAC will affect a particular service or policy for which a member has a conflict of interest, said member shall be excluded.

Members who serve on other consumer advisory boards, committees or councils are not considered to have a conflict of interest, so long as said membership is voluntary and does not involve financial responsibility for the agency, organizations or groups.

VII. Terms

Each membership term is for two consecutive years, from January 1 to December 31 of each year. A CAC member may serve up to 3 consecutive 2 year terms.

VIII. Leadership

The CAC shall elect a Chair who will be responsible for facilitating each meeting and working with DAS to develop monthly meeting agendas. The Chair may have other duties as necessary or assigned. In the Chair's absence, the Vice Chair will fulfill these responsibilities. The Chair will serve for a period of 2 years. The Chair and Vice Chair must be active members of the CAC and must be elected by a majority of the CAC membership.

IX. Council Job Description

Consistent with its mission the CAC will:

- Establish/maintain communication between CAC and consumers and improve communication between consumers and DAS, with respect to the mission of DAS and the CAC;
- Increase understanding and educate the general community about the needs, challenges and successes of people struggling with addictive disorders;
- Provide feedback from consumers to DAS on key issues in program and policy development;

- Advise DAS on matters relevant to the policies/issues and overall needs of the community impacted by substance abuse;
- Conduct an annual performance assessment to determine the extent to which it is fulfilling these responsibilities and make plans for improvement as appropriate; and
- In-kind services of a recording secretary/clerical support will be provided by DAS to support the CAC in fulfilling its responsibilities.

X. Member Responsibilities

CAC members will:

- Know the CAC's mission and goals, and be familiar with and comply with the CAC's policies and by-laws;
- Bring a sense of thoughtfulness and sense of humor to the CAC's work;
- Work as part of larger team;
- Represent all communities equally;
- Foster a climate that promotes active participation by all members;
- Take an active role in CAC projects or tasks;
- Mentor a new member and/or be mentored by a veteran member;
- Comply with meeting attendance requirements;
- Prepare for each meeting by reading relevant materials ahead of time;
- Be respectful of differing opinions;
- Explain acronyms and other specialized language;
- Suggest agenda items as appropriate to ensure that significant matters are addressed;
- Participate in monthly meetings and/or teleconferences and on subcommittees as necessary;
- Attend at various trainings/events as scheduled;
- Consult in the development of policies and procedures to be more client centered;
- Provide recommendations to improve current practices, and
- State conflicts of interest prior to discussions or votes on relevant CAC issues in accordance with the by laws.

Note: The CAC cannot, as a State-funded entity, participate in advocacy or lobbying activities. However, members of the CAC on their own time and without affiliation to the CAC, may participate in these same activities.

XI. Meeting Procedures

Meetings will be facilitated by the Chair of the CAC and will follow an agenda developed by the Chair and DAS staff and distributed to members in advance of each meeting

The CAC shall make every effort to reach consensus in its decision making. This means that while every member may not agree completely with a particular decision, all members understand and are willing to support it. If consensus is not reached, decisions will be made by a simple majority vote.

Quorum for voting is 50% plus one member of the full CAC membership. For example, if the full CAC membership is 20 people, a quorum would be 11. In the absence of a quorum at any meeting, a voting decision cannot be made, although the regular/other meeting activities may still occur.

In addition to the regular meeting schedule specified in Section IV, it is the Chairs' prerogative to call special meetings, as necessary. All CAC members will be advised no less than 10 days in advance of any special meeting or changes to the meetings schedule.

XII. Committees

The CAC will maintain the following standing committees:

- The Membership/Nominating Committee will maintain accurate records regarding the status and duration of member and leader terms of office; poll those whose terms are expiring to determine their interest in continuing to serve; and present a slate of leaders to the CAC for election as required.
- The By-Laws Committee will conduct an annual review of the by-laws, report any issues of non-compliance to the CAC, and make recommendations to the CAC regarding any proposed changes.

All committees will function to support the work of the entire CAC and will have no independent authority unless specifically authorized by the CAC. The CAC may establish additional standing or ad hoc committees as it deems appropriate.

XIII. Changing the By-Laws

In addition to the annual by-laws review specified in Section XII, a proposal to amend the by-laws can be made at any time, by any member of the CAC/DAS staff. Such a proposal must be submitted in writing to the By-Laws Committee and presented to the full membership of the CAC, along with a rationale for the proposed change. The proposal can then be considered for adoption by the CAC.

Any by-laws amendment must be approved by the affirmative vote of quorum plus one of the membership of the CAC.

Appendix J(i).

Outreach

Procedure to apply:
Complete the attached application, please print legibly or type and use only the space allotted, and submit one original and five copies to DAS, addressed to:

Alicia Meyer
Division of Addiction Services
New Jersey Department of Human Services
P.O. Box 362
Trenton, NJ **08625-0362**

For UPS, Fed Ex, courier service or hand delivery, please address to:

Alicia Meyer
DAS/DHS
120 South Stockton Street, 3rd Floor
Trenton, NJ **08611**

Faxed or e-mailed applications will not be accepted. You will NOT be notified that your application has been received. If you require a phone number for delivery, you may use (609) 292-5760. A resume may be attached to each application if you so desire.

Review process:
An ad-hoc Nominating Committee consisting of 3 members of the CAC and 2 members of DAS staff will review, screen and rank all applications and a slate of candidates will be recommended for approval.

Only persons directly involved in the selection of Citizens' Advisory Council members with a "need to know" will be afforded access to application information.

Deadline by which all applications must be submitted:
Applications must be received at DAS by 5pm on January 3, 2011.

Date by which applicants will be notified:
Notification letters will be sent to all applicants on or before Friday, January 28, 2011.

Individuals who may apply:

- Any person who is a citizen of the State of New Jersey.
- Persons with experience either as a consumer, provider or family member of an individual in recovery or struggling with addiction.
- Persons who work for DAS-funded agencies or programs and/or who serve on the Board of Directors of DAS-funded agencies are eligible for membership on the CAC. There are no restrictions on the membership of persons who also serve on other advisory boards or

committees, as long as those roles are voluntary and do not include financial responsibilities for a program, agency or organization.

Qualifications needed for consideration:

- Demonstration of the broadest possible combination and range of “consumer” experiences, perspectives and knowledge.

- Through experience, knowledge, passion and commitment; demonstration of the ability to represent multiple, diverse, “consumer-specific” interests, issues, and perspectives.

Location and meeting accommodations:

Meetings are held on the 3rd Thursday of each month at the Division of Addiction Services, 120 South Stockton Street, 3rd Floor, Trenton NJ, from 9:30 to approximately 11:30. Conference call capacity will be available for members who are unable to attend in person. Travel reimbursement will be provided?

Appendix J(ii).

Announcement for Citizens' Advisory Council Applications

Membership Positions Available!!

New Jersey Division of Addiction Services' (DAS) Citizens Advisory Council (CAC)

Providing feedback from and input to DAS to assure a consumer-informed system of care.

Applications due: January 3, 2011

** Frequently Asked Questions **

Q: Who is eligible to apply?

A: Citizens of NJ whose lives have been affected by the chronic disease of addiction.

Q: How do I apply?

A: Complete the attached application and mail to DAS. Applications are due by 5pm on January 3, 2011. (see Procedure to Apply section of application, pg.6)

Q: What is expected of members?

A: Attend monthly meetings. Participate in discussions & decisions. Represent voices of consumers. Fulfill all member responsibilities (see page 4).

Q: When will I find out if I have been chosen/accepted to the CAC?

A: Notices will be mailed on or before Friday, January 28, 2011.

Q: If accepted, when do I start?

A: The CAC meets on the 3rd Thursday of every month for approximately 2 hours, from 9:30 – 11:30. New members will be expected to attend the February 17, 2011 meeting.

Q: Who do I contact for more information or if I have a question?

A: Lisa Mojer-Torres - CAC Chairperson:
Lisa.Mojer-Torres@dhs.state.nj.us
(609) 292-5050

Appendix K.
Application for Citizen's Advisory Council

After carefully reviewing the roles and responsibilities in the application package, please answer the following questions to the best of your ability.

1. Describe why you are interested in serving as a member of the Citizens' Advisory Council. Be sure to include your combination and range of "consumer" experiences, perspectives and knowledge.

2. Through your experiences, knowledge, passion and commitment, please describe your ability to represent multiple, diverse, “consumer-specific” interests, issues, and perspectives.

3. Please describe what you hope to accomplish as a member of this Council.

4. What do you think should be the priorities of consumers for improving the current system of care?

_____

_____

_____

_____

_____

_____

_____

5. Indicate how you came to learn about the Citizen's Advisory Council.

_____

_____

_____

_____

_____

_____

Your Name: _____

Address: _____

☐ North ☐ Central ☐ South

Telephone Number(s): _____

Name of person, who is not related to you, who would provide a reference, as to your ability to contribute as a valuable, reliable member of the DAS Citizens' Advisory Council.

_____

Reference Contact Number(s): _____

Please Note: Providing Information about your Race/Ethnicity and Gender is Optional

Gender: ☐ Male ☐ Female

Race / Ethnicity: (Check all that apply)

☐Asian ☐African American ☐Caucasian ☐Hispanic ☐

Native American ☐Other _____

By signing below, I assert my willingness to prepare for and actively participate in all CAC activities.

Your Signature: _____

Appendix L.

CAC Strategic Priorities: 2011

(The following are being considered by the CAC as its potential strategic priorities for 2011. They are listed in random order for consumer feedback)

- Make recommendations regarding DAS policies and practices and policies
- Build relationships with consumers of other State offices, other public sector consumer groups and advocacy organizations
- Recruit members throughout New Jersey to join the CAC
- Conduct similar consumer linkage events in other communities
- Share the Recovery Zone approach with consumers and seek their input
- Work with DAS to determine specific provider information available to consumers
- Improve "consumer satisfaction" process at DAS licensed and funded facilities
- Establish an ombudsman to help with stigma and discrimination for people in addiction prevention, treatment and recovery
- Help expand recovery support services throughout the state according to need
- Make recommendations to DAS regarding its role of consumers in merger
- Having an ombudsman for addictions to serve as inter-system liaison
- Other

Appendix M.

CONSUMER LINKAGE EVENT: GROUP OUTREACH

DEPARTMENT OF HUMAN SERVICES
DIVISION OF ADDICTION SERVICES
In CO-SPONSORSHIP WITH
CITIZENS' ADVISORY COUNCIL
PRESENTS:

Consumer Linkage Event

September 16, 2010 9:30AM - 1:30PM

This half day session is the first of what is intended to be additional future sessions that seek to combine presentations of various subject issues that are of concern to DAS with outreach and dialogue with consumers of addiction and alcoholism services and those whose lives have been significantly impacted thereby. The session is historical in its format and in the information it inspires in a dialogue with consumers and the Division. The event includes a presentation by the Division Director regarding the "the Recovery Zone". Afterwards, the Citizens Advisory Council will be introduced as a formal vehicle which meets regularly on the third Thursday of each month through which consumers are urged to express their visions, values and preferences about how the Division can be more responsive to consumer needs.

The remainder of the event will consist of professionally trained facilitators facilitating eight tables with five consumers each to encourage feedback on one of three topics: (1) Components of the Recovery Zone; (2) Information consumers need to make informed decisions about prevention, intervention, treatment and recovery support services; and (3) Priorities for the CAC's strategic Goals.

The morning will include a series of activities through which consumers will be encouraged to share their significant and varied, diverse and valued experiences, preferences and thoughts as to what the various client oriented *Recovery Zone* should include.

Assignment One

PURPOSE
The purpose of this section is to consider in depth, what components a "*Recovery* Zone" should include in order to be "consumer-friendly" and maximize potential for sustained, but continuously evolving recovery. This assignment also provides an orientation to the a "*Recovery* Zone", course including an overview of components others have offered in the past. [ADD FOAR/NCADDNJ's CAC RECOMMENDATIONS]

LEARNING OBJECTIVES

Participants will be able to:

1. *GET TO KNOW THE VARIOUS FACILITATORS AND OTHER PARTICIPANTS*
2. *IDENTIFY PERSONAL EXPECTATIONS FOR THE COURSE*
3. Identify common values and issues of concern shared by other participants/consumers/outreach workers

Assignment Two

PURPOSE

The purpose of this section is to determine what information consumers may need and/or value in order to make informed decisions concerning addiction/alcoholism services. In addition to this determination, the purpose of this assignment is to analyze the degrees to which consumers may value wholly independent decision-making or partially independent decision-making and/or whether independence or shared decision-making is not appealing and the preference would be to have others, including by not limited to professional staff make all decisions.

LEARNING OBJECTIVES

Participants will be able to:

1. *FAMILIARIZE THEMSELVES WITH THE VARIOUS CONSUMER DECISION-MAKING MODELS*
2. *IDENTIFY WHICH TYPES OF SUPPORT MATCHES WHICH TYPE OF CONSUMER UNDER WHICH TYPES OF CIRCUMSTANCES*
3. Identify the information that is most valued and necessary to maximize consumer input into decision-making about their treatment and recovery plans

Assignment Three

PURPOSE

The purpose of this section is to consider options to include within the CAC's Strategic Plan for the next year. The CAC has completed its values and mission statements and is a vote away from adopting its by-laws, membership requirements and membership application. The assignment assumes these documents are completed and the CAC is at full function mode. Various projects, issues and/or processes will be solicited and prioritized in order of importance, given resources, mission and values statements.

LEARNING OBJECTIVES

Participants will be able to:

1. *BECOME FAMILIAR WITH DAS'S AND THE CAC'S MISSION & VALUES STATEMENT*
2. *IDENTIFY WHICH PROJECTS MOST ATTENDEES BELIEVE DESERVE PRIORITY RATING AND WHY*

Appreciate the diversity of consumer experiences, perspectives and values