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To the honorable Senator Harp and Representative Geragosian, thank you for allowing me to testify before the Appropriations Committee. My name is Cheryle Pacapelli, I am a person in long term sustained recovery since June 1989, I am the Director of Operations at Connecticut Community for Addiction Recovery, a taxpayer, voter, a recovery living center owner, and mother of a son who is also in recovery since September 2006.

I was first introduced to CCAR in 2004, they approached asked me what I needed to run a more effective Recovery Living Center. They had my attention and I was hopeful that we were on the right track. Providing services for people after they leave treatment. Treatment is a way to initiate recovery, but if we don't provide recovery supports then we people new in recovery often lose their way. Peer to peer recovery support services provide an effective solution.

While I was going to meetings about Recovery Housing in 2004, CCAR was planning it's 5th Annual Recovery Walk. I had never heard of a Recovery Walk, but again they got my attention. As I asked questions about the walk, they offered me an opportunity to volunteer the day of the walk. It was the most powerful day filled with hope, healing, and the power of recovery.

I was hired in 2005 by CCAR to be the Recovery Housing Coordinator and was tasked with creating a Recovery Housing Coalition, developing a training for new house owners and developing standards for an effective recovery house. All those things are in place today, CCAR has provided training to over 200 people interested in opening recovery houses, and at least 30 new houses have opened allowing approximately 300 additional people the opportunity to begin their recovery in a safe and affordable environment.

It has been a privilege for me to work with CCAR as we expand. I now oversee four Recovery Community Centers, Recovery Housing Project, Volunteer Management System, Telephone Recovery Support and Recovery Orientated Employment Services.

CCAR's Recovery Community Centers are located in Willimantic, Hartford, Bridgeport and New London. They are a recovery-orientated sanctuary in the heart of the community where education, social events, peer to peer recovery support services take place. They are not treatment center, or drop in centers, they are a safe place for people in recovery to go. CCAR's Volunteer Management system has provided volunteers and opportunity to give back to help them support their recovery. CCAR volunteers in 2008 gave over 12,000 hours of service.

Telephone Recovery Support (TRS) is a service we provide for people new in recovery to receive a phone call once a week for twelve weeks. It is a simple way to keep people engaged in recovery. Trained TRS volunteers call new recoverees this is a win/win scenario both people who participate are engaged in recovery. As of January 2009, CCAR received referrals from 37 different providers across the state and enrolled 1,285 new recoverees in 2008. The average time period that each recoveree is involved in Telephone Recovery Support is 19.85 weeks. Our recoveree with the longest length of stay in the program has 1,000 days enrolled in the program, or just under 3 years! 45% of the referrals are coming from recovery living centers that are part of the Recovery Housing Coalition of Connecticut. In 2008, CCAR volunteers placed 24,951 outbound calls to recoverees across the state. Of those calls, we talked to someone 8,184 times (33% of the time). The latest data taken from the 843 recoverees who have received calls for 12 weeks reveals that 707 reported they had maintained their recovery, an astonishing 83.9%! Even more encouraging outcomes are derived from the 367 people who have been in TRS for 12 weeks AND lived in a Recovery Living Center - the recovery rate rockets to 92.7% with 340 reporting they were still in recovery after the 12 weeks!

CCAR has developed an 8-week continuous curriculum to help recoverees with employment called ROES (Recovery-Oriented Employment Services). CCAR in collaboration with ADRC is running a Recovery-Oriented Employment Services (ROES) program out of the Hartford Recovery Community Center, Windham Recovery Community Center and New London Recovery Community Center.

I would ask in closing that as you make the tough fiscal decisions that are before you, that you think of recovery as an investment in the future. CCAR has made a huge impact on communities across the state.

Recovery is possible.
Cheryle Pacapelli
Person in recovery since June 28, 1989



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To the honorable Senator Harp and Representative Geragosian, thank you for allowing me to submit testimony to the Appropriations Committee. My name is Phillip Valentine, devoted husband and father of five, tax-payer, voter, Executive Director of the Connecticut Community for Addiction Recovery (CCAR) and person in long-term recovery from alcoholism and cocaine addiction since December of 1987. CCAR is a Recovery Community Organization (RCO), now serving as a model for other RCOs nationwide. CCAR envisions a world where the recovery from alcohol and other drug addiction is thoroughly understood and embraced. We organize the recovery community (consisting of people in recovery, family members, friends and allies) to do two things: 1) put a face on recovery – to offer ourselves as living proof that recovery is real and 2) to provide peer-led recovery support services to maintain and sustain recovery. We see ourselves as helping to bridge the gap between treatment and long-term sustained recovery.

CCAR receives a majority of its funding from the Department of Mental Health and Addiction Services (DMHAS). DMHAS has been a long-time supporter of CCAR and the recovery community. Any dollars spent on the solution to the scourge of alcoholism and drug addiction, in my opinion, are dollars invested, not expended. Long-term, sustained recovery is the answer. Recovery redeems lives and restores citizenship. It moves people from being a burden to paying taxes. I am living proof. And I am one of thousands upon thousands whose lives have been transformed through the healing power of recovery.

CCAR, a 501c3 non-profit, currently operates four recovery community centers in Hartford, Willimantic, Bridgeport and New London that have had a dramatic impact on countless lives. They have tapped into a natural resource; the recovery community's amazing capacity for giving back. Here are some highlights:

- In 2008, 276 CCAR volunteers contributed more than 12,700 hours of service.
- In 2008, the CCAR Telephone Recovery Support (TRS) program made 24,951 outbound phone calls to 1,285 recoverees. TRS is a program where a recoveree receives a phone call from a trained CCAR volunteer (usually a person in recovery) once a week for 12 weeks to check-in on the recoveree's progress. If a recoveree remains enrolled for the 12 weeks, 84% maintain their recovery, far above the average recovery rate.
- In 2008, the four recovery community centers recorded more than 20,000 visits indicating a very high level of foot traffic.
- On September 26th, 2009 CCAR will host the 10th annual Recovery Walks! in support of recovery from alcohol and other drug addiction. This has served as a model for dozens of other walks across the country.
- CCAR has many other projects that have experienced a high level of success. Some of these are Recovery-Oriented Employment Services, Recovery Coach Academy, All-Recovery Groups, Family Support and Education and Recovery Social Events.

CCAR will gladly provide more information at your request. Of course, you are welcome to visit any of our recovery community centers. I believe this state could use many more cost efficient, highly effective recovery community centers where volunteerism fuels success.

Finally, I encourage you to keep the broader construct of recovery in mind when making tough choices in this economic climate. Recovery makes fiscal sense.

Sincerely,

Phillip Valentine
Executive Director, Connecticut Community for Addiction Recovery (CCAR)
In recovery since December 28, 1987
