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The Birth of the Connecticut Community of Addiction Recovery (CCAR): An Interview with Bob Savage

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Introduction

One of the leading addiction recovery advocacy organizations in the United States is the Connecticut Community of Addiction Recovery (CCAR). The driving force behind the founding of CCAR was Bob Savage, who retired from CCAR in September of 2003. In subsequent years, CCAR became a model for organizing and mobilizing individuals and families in recovery toward the goals of forging pro-recovery social policies and expanding recovery support services within local communities. In the spring of 2014, I had the opportunity to interview Bob about the early days of CCAR. Please join us in this engaging conversation.

Early Involvement in the Addictions Field

Bill White: You worked for some time in the addictions field before getting involved in recovery advocacy. Could you describe how you first got involved in the field and the work you did over the course of your career?

***Bob Savage*:** I graduated from college with a degree in Business Management and worked in the Marketing Division of The Singer Corporation in New York City for eleven years. During the last year, I agreed to go on loan to the New York City branch of the National Alliance of Business Men, which was put in place during President Johnson's tenure. In total, we were thirty individuals placed on loan from thirty of the largest corporations in the city. The primary purpose was to have us work with the corporations in the city to hire the hard core unemployed and to assist the corporations to developing a ladder of advancement for those hired.

After the year was completed and as a result of all that I had learned regarding social injustice, I just could not go back to working with Singer. So I got a job teaching the seventh grade in a poor black and Hispanic neighborhood in Long Branch, New Jersey. It was a terrible year for me as most of the pupils could not read and it was very difficult to teach under such an environment. So I left and was hired as a teacher at Discovery House, a drug free treatment community in Marlboro, New Jersey for three

years. Recovering addicted persons ran the treatment community. Discovery House received a grant to start a methadone treatment program in Red Bank, New Jersey. No one wanted the job as mostly all of the staff thought that methadone was just another drug and could not, therefore, be involved. I accepted the opportunity and set up successful methadone treatment programs in Red Bank and Asbury Park, New Jersey.

After three years I was totally exhausted and needed a change. My wife and I then agreed to move to Connecticut where I agreed to create a central Screening Program for all persons in Fairfield County seeking addiction treatment prior to their being admitted to treatment. Our staff consisted of psychiatrists, psychologists and social workers--a total of 20 staff. We were successful in providing valuable screening for programs at the time of the client's admission. Unfortunately, funding ran out after three years. I was then was able to secure a staff position at the newly formed State Connecticut Alcohol and Drug Commission in Hartford as Director of Special Projects. We had the opportunity to create a number of new programs, i.e., treatment program monitoring efforts, service programs during the AIDS epidemic, programs to treat women and their children, a central training program for alcohol and drug treatment and prevention program staff and a number of other initiatives. I worked with the commission for over 20 years and really enjoyed having the opportunity to create a number of new programs. After I retired, I started planning on how to organize the Recovery Community in such a way as to encourage them to advocate for their recovery process and treatment needs.

Bill White: To what degree was a focus on long-term recovery a missing ingredient in the field during those years?

Bob Savage: Throughout the whole period of my previous involvement in the addiction field, the only recovery programs that I was aware of were Alcoholics Anonymous and Narcotics Anonymous. Both of these programs were anonymous and unless one was part of either, one any form of recovery was hardly mentioned anywhere else.

CCAR

Bill White: Could you describe the birth of CCAR as a recovery advocacy organization?

Bob Savage: I was a member of the New England Institute of Addiction Studies for over twenty years. We often would discuss how we might organize the people in recovery to be able to advocate for addiction treatment and recovery needs, but we never had the time to take it on. When I retired, I offered to take it on if they were willing to support my travel, to which they agreed. I indicated that I would work to determine if it were possible and, if at the end of six months there was little or no progress, I would end my commitment.

So I started setting up meetings with whomever would be interested in hearing my views regarding the importance of putting a face on recovery that would permit the possibility of advocating to meet the needs of the substance abuse field in order to have the resources to do a more comprehensive job. I had the advantage of having worked in the field for over 30 years and I knew most of the directors of treatment programs and other significant leaders in the field. So I started calling on these individuals in Connecticut and other New England states to arrange to let me speak to their boards or whoever might be interested. I don't know how many miles I traveled. Eventually a number of individuals agreed to arrange meetings where I could present my ideas. At quite a few of the meetings, many people in the room would insist that because of AA anonymity, it was impossible to put a positive face on recovery. But there were most always one or two persons in the room who were willing to discuss different possibilities that might work, which proved to be helpful.

After a few of these meetings, I invited a few directors of treatment providers and other leaders in Connecticut to attend a meeting where we could explore different

possible approaches. Fifteen people showed up at our first meeting, including Tom Kirk, who was a DMHAS (state agency) deputy director at the time. I kept looking out the window prior to the start of the meeting to see if anyone would come, as I was not to sure who would show up. Fifteen experienced people did show up. Once everyone was settled, I gave a little introduction and then asked the group to present ideas and discuss how this might work and what had to be done to start. I wrote down all the ideas that were presented on a flip chart, thanked everyone and brought the paper to my little office in my spare bedroom. These ideas and suggestions were excellent and I often referred back to these recommendations as we moved forward. I also arranged a meeting of leaders across New England. Around fifty people showed up representing all six states. I asked the similar questions I had asked in the earlier meeting in Connecticut and again received some very valuable information. I often referred to these suggestions for guidance quite often throughout my ten years at CCAR.

About six months into the process, we started to hold monthly meetings to get ideas from our new CCAR members and letting them know what had been accomplished to date. Shortly thereafter, approximately 100 individuals who we called members showed up at these meetings with a high interest, which resulted in very productive sessions. Tom Kirk attended a few of these meetings but kept very quiet. During this time, he and I would meet quite frequently. I would present areas where I thought that he could help and he would give me suggestions as to how to move forward. This turned out to be a very helpful process.

It was around that time that a few of us met to determine what the name of our organization would be. This turned out to be a more difficult process then I had thought. We would come up with a few good words for a name and when we looked at the acronym it just didn't work. Finally we came up with The Connecticut Community for Addiction Recovery (CCAR), which we brought to our next meeting for approval and CCAR became our name. One rather influential person said CCAR is an awkward acronym and will be very difficult for people to remember. Phil Valentine's son who was nine at the time drew a picture of a car going down a steep hill with no driver and called the car CCAR. I am sure that his art was very innocent, but it concerned me as it looked as if the car was headed for a major crash. Fortunately and to our pleasant surprise the name CCAR became quickly well-known among addiction treatment and recovery organizations in Connecticut. We now know that the name CCAR is known throughout the country and outside of our country as well.

After about a year that CCAR was in operation, Tom Kirk called me to let me know that DMHAS was organizing a major addiction-related conference and that the Governor would be the major speaker. He asked if it would be possible to have five of our members speak at the conference and tell their story. I had no choice but to say yes, but down deep I was really worried as to whether we could pull it off. We identified a white woman, a white male, an African American male, a Hispanic youth, and a person on methadone who were willing to speak and worked with them in helping them to develop their five-minute presentation. We all realized how important this event would be as this had never been done before anywhere in public and in such a venue.

About a week-and-a-half before the conference was to take place, I got a call from Tom at 11:30 at night saying that there was a major problem related to the conference concerning one of our members and that I had to do meet with him right away that night. So I did meet with him and the problem was that one of members, who was unsuccessful in trying to get DMHAS funding for his program, told Tom that unless DMHAS agreed to fund his program, he and a woman who lost her son to an addiction overdose would chain themselves to the fence located to the entrance of where the conference was to be held and let the governor know his problems with DMHAS. I had never seen Tom so upset and that is definitely not Tom's usual temperament. I

immediately arranged to have two or three of our members and I meet with this person to persuade him that what he proposed to do was not the way to get funding.

We met with him over a three-day period, darn near 24-7, to try to convince him to back off. Finally he did see the logic of what we were telling him and he decided not to carry out his threat. What I did not tell Tom at the time was that the individual in question was one of the persons who agreed to speak at the conference. Once this individual agreed not to do what he had suggested, we called Tom and he agreed to meet with him and ourselves. As a result of the meeting, Tom felt comfortable and agreed to go forward. At that meeting, Tom explained at length why he was so committed to the Mental Health and addiction field. His story was very powerful. So everything was okay and the conference went forward.

I met with the five individuals who were to speak prior to the conference a number of times, reviewed their five minute talk and asked that they all come to meet with me for two hours on the day of the conference prior to the time we were scheduled to present. I arrived early at the conference site where we were scheduled to meet. The young Hispanic person let us know that he was not going to show and the person on methadone also said he could not make it. I immediately told the person who knew the young Hispanic person very well and said that you have no choice but to find him and bring him here. He was successful and brought him in. One of the methadone program directors was also there and I told her our problem. So she and a DMHAS staff member agreed to find someone who was on methadone and train them to speak for five minutes. They were also successful in finding a person on methadone that was willing to speak.

So here it is Friday afternoon, the third day of the conference and there were about 200 people in the room getting very restless and were ready to go start the weekend. The time arrives for the start of our event. A CCAR member introduced the five members and they started to give their presentations. Their presentations were very powerful; including the member who was going to disrupt the conference, that you could hear a pin drop in the room. This was CCAR's first step of putting a face on recovery at a public event. Following the presentation, the Commissioner of DMHAS and Tom Kirk came up to me and asked that I submit them a proposal and that they would agree to fund CCAR. This was our first funding, which permitted CCAR to rent space, hire much-needed staff and permit me to move my office out of my bedroom. Imagine how much longer it would have taken us to get some funding if we had screwed up. That funding helped us to develop a program that then helped us to get that very important federal funding. As you know, when one starts something new, there are always critical times that can determine if a program is going to succeed. CCAR had their share of them, but none was as involved and critical as the one I described above. CCAR met their share of them and each one that we overcame helped to make us stronger. CCAR then went on to become the program that it is today.

Early CCAR History

Bill White: What were some of the early CCAR activities that, in retrospect, were very important to what CCAR would later achieve?

Bob Savage: The first thing that comes to mind was CCAR's first recovery celebration walk**.** Walks had been used before to publicize particular issues, such as cancer and diabetes. And this suggestion was brought up in one of our regularly scheduled staff meetings. We started discussing the possibility of holding a recovery walk in Bushnell Park in the city of Hartford, which is located directly in front of the capital. The purpose of the walk would be to publicize addiction recovery and to put a face on recovery. We brought the topic to one of our monthly member meetings and with their blessing, we decided to go ahead to do the necessary planning to hold one during the month of September.

We assigned Phil Valentine to the project and he readily took on the responsibility. Our whole staff and members were committed and involved in helping out in any way that we could. It was clear to all of us on the staff that, with Phil in the lead and hearing how he planned to approach the walk, we were on our way. Doing the many things necessary to organize the walk was quite an undertaking. The big issue was how many people in recovery and their families would show--even with the considerable amount of publicity that was planned. A month and a half prior to when the walk was scheduled to take place, Phil came to me and was very concerned that even with all the effort he was putting into it, that it was possible that not very many recovering people would show and that would not be very good for CCAR recovery in general. My response was to explain that this was our first effort and that, even though not that many individuals and families may show, we will have learned at lot on how to do it better next year. I believed there was no such thing as failure on any project as long as we did our best. That seemed to help and off Phil went to do more work.

We hoped for 70 to 100 attendees and, lo and behold, over 700 came on the day of the walk and had a great time. In the final analysis, the most significant contribution to the walk were the number of persons in recovery and their families that were willing to put their face on recovery in that manner for the first time. The numbers continued to grow each of the following years that we held the walk and Phil and the staff continue to improve how the walks are organized.

Another of our early endeavors was in the area of telephone recovery support services. Agreements were established with treatment programs to set up a follow-up system by telephone where a CCAR member volunteer would speak to an individual within a week of when a person was discharged by a treatment program, and follow up by telephone once a week until it was no longer necessary. Both the volunteer making the call and the person receiving the call received significant empowerment.

We also scheduled legislative days where we would invite legislators to speak to our members and also have the opportunity for our members to speak directly to their respective legislators. In addition, we set up meetings with legislators to present our concerns regarding a specific issue that we wanted them to address.

. We received notice from CSAT that we could compete for $25,000 by proposing a special project. We proposed that the funds be used to establish a Recovery Community Center to provide a welcoming place where persons in recovery could spend safe time, attend training and social events, etcetera. Our proposal was approved. With the $25,000 from CSAT and $15,000 from DMHAS, we decided to place the center in a town with the reputation of having serious drug usage problems. What was amazing to me was that we had no problem citing the center on the town's main street. The first center was very successful and we eventually were able to open three others.

One of the most significant problems that our 2000 members faced at the time was the fact that a large number were felons and qualified to apply for a pardon. The problem was that most who were unsuccessful in securing a pardon were never told why they were rejected even though they their applications were correct. We decided to apply to the legislative Judiciary committee for a hearing, which they granted. The hearing was scheduled on a Monday morning and 200 CCAR members showed up in support. We had identified 16 members representing different types of vocations and worked with them to develop a three-minute presentation describing their issues. We had a CCAR staff member sit next to them during their excellent presentations and made sure that their presentation was limited to three minutes. The hearing was scheduled for two hours and we ended on time. At the end of the presentation, the chair of the committee mentioned to me that when he walked into the room and saw the 200 members he thought that hearing was to go on much longer than two hours and complimented us on how efficient and effective our

presentation was. Within a year, the pardon board was completely restructured and formalized and became an official part of a state agency permitting an open and fairer hearing,

Bill White: I seem to also recall early work assisting leaders of sober houses in CT.

Bob Savage**:** Yes. Sober houses were in the process of being established throughout the state of Connecticut as well as other parts of the country and run and managed by persons in recovery. The basic principal of a sober house was that, within a month after a person was admitted, they had to find a job in order to pay their monthly rent. Recovery support services were also provided. I was discovering that problems about how these houses were managed were starting to crop up. The houses in some parts of the country were either being closed or having to change how they were managed. My concern was that if something seriously happened in a sober house in our state, it could have serious consequences for all. An individual from the Department of Corrections and I decided to bring a small number of housing managers together and discuss how the managers could establish an organization that would set standards and invite only the houses where management agrees to meet house standards to become a member of the coalition. We stressed the importance of making sure that the coalition was independent of any state agency and that they had the power to monitor all the houses to make certain that they continued to meet the standards that were set by the coalition.

We were able to obtain $100,000 from DMHAS that had been in their budget for a few years. It had been granted to them by CSAT to establish a specific program to organize the houses in the state. This project proved not to be successful. As a result of our working with the sober house leaders, they were able to organize and establish a formal coalition named “Recovery House Coalition of Connecticut (RHCC)”. Under their leadership with support from CCAR, they did become an independent organization, established standards for independently owned, privately operated recovery housing. They also developed a state of the art Internet database to include 100 independently owned, privately operated recovery houses covering 1,069 beds. Programs could now confidently go on line to determine which sober house to use and where it was located.

Bill White: The addiction and mental health core values that CCAR helped shape were very important to the evolution of recovery-oriented care in Connecticut. How were these values developed?

Bob Savage: Shortly after Tom Kirk became commissioner for DMHAS, he called together around 60 individuals representing addiction treatment and mental health services to discuss what could be done to help update and rejuvenate the current treatment systems. DMHAS staff brought a proposal to the table at the first meeting and after much discussion the group felt that more work had to be done. So Tom asked the representatives from the treatment community to develop a proposal that would be discussed at a future meeting. The treatment providers did present their proposal and it was fairly well-received. While they did include ways of including recovery as part of their treatment process, they did so without consulting CCAR or Advocacy Unlimited who were there representing the Recovery Community. In order to emphasize our disappointment that they did not include us, we walked out of the meeting for 20 minutes. When we returned to the meeting, Tom Kirk then charged us with coming up with a proposal.

As a result, three CCAR Staff members and three Advocacy Unlimited members met and started to plan a response. First, we agreed that except for the recovery portion, the treatment providers’ proposal was adequate. After much discussion, we came up with the idea to develop recovery core values that could enhance the treatment providers’ proposal. After two or three meetings, we felt that what we had developed was fine to present at the next DMHAS meeting. So Phil and his

counterpart from Advocacy Unlimited developed a Power Point presentation. We called Tom and said that we were ready to present our proposal. The meeting was scheduled and Phil and his counterpart would alternately present the slides and read them to the group. When that was completed, Tom said that we have made history here today. Within a very short period, DMHAS then established the "Commissioner's Policy Statement and Implementing Procedures entitled Promoting a Recovery-Oriented Service System. Chapter 6.14. The rest is history and hard work." Refer below for DMHAS policy details. **http://www.ct.gov/dmhas/lib/dmhas/policies/chapter6.14.pdf**
Establishing the Recovery Core Values was probably the most powerful work that CCAR did during my tenure. Those value are posted at **http://www.ct.gov/dmhas/lib/dmhas/recovery/resourceguide.pdf**

Family Involvement in CCAR

Bill White: I recall you as the early champion of family involvement in the new recovery advocacy movement. Could you discuss why you felt this was so important?

Bob Savage: My father reached the advanced stages of alcoholism at the age of forty or so and eventually committed suicide at the age of 52. I certainly experienced the shame, family disruption, family violence, poverty, as well as other symptoms that family members have to endure as in our case, because of our father's alcoholism. To this day only two members of our family of six siblings are willing to acknowledge that he was an alcoholic and eventually committed suicide. I personally feel that a family member in such a situation suffers more that the alcoholic member of the family and with little or no place to go for help. The alcoholic member has alcohol as his or her outlet. The family members are just there dealing with the negative circumstances in isolation from the rest of the community and with no help. I think that the greatest shame that the married male alcoholic has, if they are fortunate to reach recovery, is the irremediable damage that they have done to their family. This is why I feel so strongly that unless family members organize to put a face on their issues and advocate for their needs in partnership with persons in recovery, the new recovery movement will never reach its full potential.

The other significant issues facing parents with children who are addicted is where to go for help. There are no organizations, including Al-Anon, that are organized to provide this help. During my latter stay at CCAR, I organized family members with these problems to come together and help each other. A parent's love for their children and strong urge to help makes it very difficult for them to take the necessary steps to help. That is why in our family sessions, we invite a person who is in recovery to be present so that they could help the parent see that, in most cases, they must take strong steps if their child is to recover.

I had the opportunity to work with you on a paper that addresses the needs of families and here is a portion of that that I think is most important.

For two centuries, families have been as likely to be blamed for the addiction of one of their members as offered support in responding to that addiction and its impact on themselves. And yet through this period, family members have played an important role in advocating for more enlightened attitudes and social policies related to alcohol and other drug-related problems. As a new recovery advocacy movement seeks to define itself locally and nationally, we believe that is it time to honor the historical legacy of family members by embracing them as co-leaders of this movement. It is also time to define the family as the basic unit in the design of addiction treatment and sustained recovery support services.

One of CCAR's primary purposes is to put a positive face on the Recovery Community, which includes persons in direct recovery, family members and friends. A second and

equally important purpose is to provide support to the recovery community to help sustain recovery and improve the quality of life for recovering people. Over the past few years, CCAR has devoted a considerable amount of work in these two areas and has started to see positive changes at the legislative, state policy and local community levels. A similar effort needs to be launched for families who have family members who are or were addicted. A vanguard of family members is needed to tell their story to legislators, policy makers, other family members and the community at large. Family members are needed to advocate for the support they need and for other family members still needing help. Telling their story will help provide a better understanding of the impact that addictions has on the family, help give permission for all families to speak about these issues and help make it more acceptable for families to seek help for an addicted family member.

Recovery community organizations like CCAR provide training and the opportunity for family members to come together as a group to achieve things that could not be done on their own. Working as a group to put a positive face on family issues and provide support to families can provide a sense of community and purpose and provide a venue for service to other family members still suffering. To the family members who are reading this, we encourage you to seek out recovery advocacy organizations in your area and help support them in ways that will benefit you and the larger community. It is time family members became full partners in this new recovery advocacy movement.

Bill White: CCAR emerged early as a leader within the recovery advocacy movement. Could you describe your relationship with other recovery advocacy organizations during those early years?

Bob Savage: First, let me say what an excellent job Pat Taylor did in organizing Faces and Voices and making it a powerful and influential advocate for the Recovery Community. As for CCAR, I think that our relationships with other recovery advocacy organizations in the country were very good. We agreed early on that anything that CCAR wrote and/or developed was freely available to all the recovery communities along with any assistance that we could provide. We believed strongly that it was important for recovery community organizations from around the country to succeed, not just CCAR.

Bill White: The Center for Substance Abuse Treatment through its Recovery Community Support Program exerted an enormous influence on CCAR and the new recovery Advocacy movement. Could you describe that influence from your perspective?

Bob Savage: I would say that one of the most pivotal periods in the history of the new recovery advocacy movement was the decision by CSAT to fund 19 recovery programs organized to put a face on recovery. The leadership on the part of Rick Sampson, who provided overall supervision; Cathy Nugent, who provided the direct leadership; and June Gertig, who supervised and provided outstanding individuals for the provision of the technical assistance, was outstanding. I have had considerable experience in working with the Feds over the years, but never have I experienced such firm, intelligent, strong, caring, and patient leadership provided to all 19 grantees. I just cannot say enough about how much I appreciated their ongoing leadership throughout the period that I had the privilege of being involved.

Reflections and Lessons Learned

Bill White: What are some of the lessons you learned about how to launch a recovery advocacy organization that might be helpful to others presently in this position?

Bob Savage: I think that the most important first step is to identify persons in recovery who are interested in getting involved. Once you have a sufficient number of interested individuals, one should approach the

appropriate people in the applicable state agency and present your case for support. You should also at some point set up some meetings with other existing organizations, like CCAR, who you will find welcoming and willing to support you in any way that they can. Once you start, keep at it for as long as is necessary to reach a point of organization stability. Never stop at the first few hurdles that you will face. It will never be easy, but any positive results will be more satisfying and self-empowering than you can ever imagine.

Bill White: What do you think are some of the major organizing pitfalls that local and national recovery advocacy leaders?

Bob Savage: I do not hear of much in the way of continued advocacy. Persons in recovery and their family members can be very powerful in putting a face on recovery in their local governments, state governments and national government. One must keep at it and never rest on one's laurels, as leadership at these governmental levels changes as do their funding priorities. One never knows when the necessary funding for their program and for addiction treatments is going to dry up. We must keep at it to both sustain our financial support and to create empowering opportunities for recovering people to share their stories.

Bill White: What do you feel best about as you look back over your years of involvement with CCAR and the national movement?

Bob Savage: I can best express this by my experience in attending the CCAR Annual Board Meeting where they give out the Bob Savage Advocacy Award. It gives me the opportunity to say a few words and to see and feel the excitement and appreciation in the faces of the 100 or so persons in recovery in the room and to know I played a part in the wonderful beginnings of what has continued to unfold.

Bill White: Are there any things in retrospect that you would do differently?

Bob Savage**:** I wish that I could have been able to start CCAR at a younger age so that I would have had the time necessary to start and organize the recovering family members on a local and national level. I invite someone out there who is a family member and/or a person in recovery to take this on. Just think of the advocacy power that would be available if both the family members and persons in recovery were able to advocate together for their needs and for substance abuse treatment in general. The rewards are substantial for both groups and especially for the individual or group that are willing to undertake such a project.

Bill White: Do you have any final words for our readers?

Bob Savage: I have always felt that having to opportunity to create something new is one of the most rewarding and life-changing experiences. CCAR provided me with that experience and for that, I will be forever grateful. I strongly recommend that anyone who is fortunate enough to have such an opportunity to fully embrace it with their heart and soul and do whatever is necessary to keep it alive.

Bill White: Bob, thank you for sharing your experience within the early days of CCAR and thank you for all you have done for people seeking and in recovery and their families.

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