

Resources for Recovery: A Mini Guide with MOAR to Come



*The MOAR Mini Guide:
Printed with Resources from
MA Bureau of Substance Abuse Services
and The Boston Public Health Commission
via AdCare Educational Institute, Inc.
MOAR Inc. is responsible for contents*



A Collective Voice



For Addiction Recovery

The MOAR membership of individuals, families and friends informed us of the need for a Recovery Resource Guide. In response to this need, we have prepared our third “MOAR Mini-Guide with MOAR to Come” with prevention and treatment resources, parent support group lists, and AREAS, Addiction Recovery Education Assistance Service, our recovery services program.

This guide includes an array of “how to and where to go for help” fact sheets to support individuals and families in the recovery process. It needs your help to become MOAR resourceful to you. Please continue to tell us what additional information would be helpful for you.

By the way, you too can do MOAR. Please come to one of our meeting locations in Boston (East Boston and Jamaica Plain), Worcester, Marshfield, New Bedford, Pittsfield, and Springfield. We hope to be MOAR visible in Lowell, The Cape and anywhere that wants to enhance the voices for recovery.

If you are MOAR interested, call Toll Free, 1-877-423-6627.

MOAR MISSION

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Our mission is to organize recovering individuals, families and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.

MOAR VISION

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MOAR envisions a society where addiction is treated as a significant public health issue and recovery is recognized as valuable to our communities.

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AREAS – A Recovery Community Service Program

What is a Recovery Community Service Program (RCSP)?

An RCSP is largely designed and delivered by individuals and families in recovery to support individuals and families (peer to peer) in their (*our*) recovery process.

MOAR Does AREAS

AREAS stands for Addiction Recovery Education Assistance Services.

History

MOAR is an affiliate of NEAAR, New England Alliance for Addiction Recovery, a six state addiction recovery consortium, working together to reduce the stigma of addiction. With the support of the New England Institute of Addiction Studies, NEAAR was a former recipient of a CSAT, Center for Substance Abuse Treatment, RCSP grant.

We continue the project, under AdCare Educational Institute.

Why AREAS as an RCSP?

“Before we can educate the public about the value of recovery, we need to heal from our experienced stigma. We don’t know how to get legal, medical, treatment, healthcare services, and we fear asking for help,” came the message from MOAR participants. Thus, MOAR developed supportive curriculum and resource guides. Dialogue that allows openness, and builds an action plan, appears to be a major key to the project.

How does AREAS Work?

Currently MOAR has weekly, one-hour facilitated sessions from a curriculum that addresses topics such as, CORI, Hepatitis C, Sober Housing. Groups are held in Worcester and East Boston. We have added Relapse Prevention for Recovery Advocates, Clarifying Our Values.

For example, Tony Winsor and Fran Fajana, Massachusetts Law Reform Institute, have been resources for spreading this “How to Cope Series” because having a felony challenges job, education, and housing applications. Participants have been mostly from the Worcester Aurora Project, Faith House, and East Boston’s Meridian House.

Connections through these presentations put a face to the issues and the resources needed to address them. These groups help to build relationships that appear to strengthen recovery and reduce stigma.

How About a Parent or Family Support Group Education Service?

Diane Kurtz, Parent Support Groups of Western MA, facilitator does presentations of “How to do a Peer-to-Peer Parent Support Group.” Diane has many years of experience and is recognized for her skills. The goal is to help parents or family members who want to learn how to set up Peer-to-Peer Parent or Family Support Groups. Participants walk away feeling hope, and enthused with steps to help other parents.

*How to Start a Parents Support Group –
Parent Support Groups of W MA Style,
Diane Kurtz and Tanyss Martula*

The Basics:

Make the commitment. (Weekly works best so that people can count on it.)

Find another parent who will make the commitment with you. You can share responsibility and cover for one another for vacations, conflicts, etc.

It is useful to find a professional to occasionally bounce things off or call for questions.

Find a donated spare meeting space (i.e. hospital, school, church, the Y, community center.)

Pick a night and time. (Perhaps start with one hour when group is small. Two hours work well as group expands).

Make the group free so that it is accessible to all. (Donations are accepted for material given out.)

Put ads in self-help page of area newspapers.

Make up a flyer and distribute it to:

Schools (Counselors, Parent Organizations, Teachers, Open Houses)

Probation Officers

Churches

Hospitals, especially emergency rooms

Pediatricians, family practice physicians

Therapists

Drug Rehab Programs

Expect that it may take a while for the group to catch on. In the early weeks, you as facilitators may be the only ones there. However, it is important to show up and to continue to get the word out. The need is there. It will happen, primarily by word of mouth.

Once the group does get going, expect the size of the group to ebb and flow from week to week. Usually a “core” group establishes itself, and others are in and out.

Next Steps:

Speaking engagements (in schools, community organizations) are also a great way to get the word out in person. If time permits, presentations about the support group by facilitators at staff meetings of court probation departments and of schools, as well as to service provider groups and therapists at conferences can be very effective as these are referring groups.

Decide upon a structure for running the groups or allow it to evolve as the group does. A structure can be useful, such as AA for example, in allowing a group to continue to regardless of who is facilitating it.

One Easy, Workable Structure suggested is the following:

- 1) Greet any newcomers so that those in crisis or new may get more “floor time”. Use the model of confidentiality or any topic that is of importance to the group. Possibly develop fact sheets on topics of interest. We pass “information packets” that we have put together to help parents.
- 2.) Once the group assembles, anyone may make announcements of related events and pass out any handouts of information. We also use nametags (first name only) for all members.
- 3.) Start out the group with a short check-in if the group is large. Go around the circle, each person give their first name and an update or anything he/she would like to speak to briefly. Anyone may “Pass” if they wish and give only their first name. No cross-talk during this check in time.
- 4.) Cross-talk discussion begins around issues raised during the Check-In process.
- 4.) A possible alternative to steps 3 & 4 might be to have a long individual Check-In, allowing each person to speak without interruption and then have others join in the discussion with questions or advice before moving on to the next person. The time-keeper/facilitator needs to be particularly astute to get everyone in step with this process.
- 5.) Closure to the meeting is nice to have if time permits. Sometimes our group says the Serenity Prayer together or a group member or facilitator may read a section from one of our favorites, SETTING LIMITS or THE LANGUAGE OF LETTING GO.
- 6.) In all of the above steps, the facilitator plays an important role as timekeeper and of keeping order (which is rarely if ever needed).

NICE EXTRAS (Possibly some expense involved)

Build up a portable library of books and pamphlets which group members may check in and out. (Keep a list of who took what with a phone # to contact them if needed.)

Go to substance abuse conferences, workshops, and bring back information and new resources to the group.

Foster an awareness of educational outreach around issues of concern (i.e. parity, treatment gaps, budget reductions) but don't push educational outreach when a member is in crisis.

Create packets of information to give to each new group member whether that person returns to the group or not.

A packet might include:

Area Resources

Alanon and Alateen meeting schedules

Treatment Facilities, Inpatient & Outpatient

Handouts on drug signs & symptoms

Information on specific drugs

Guidelines for parents on setting limits

Reading Lists, Web Sites

Invite outside speakers in occasionally – probation officers, substance abuse counselors, representatives from rehabilitation programs, criminal justice, non-denominational chaplains, recovery home clients, advocacy groups.

GOOD LUCK & HAVE FUN
DIANE KURTZ & TANYSS MARTULA

STAGES PARENTS GO THROUGH

By Diane Kurtz

1. **Search** for the reason for the changes in our child.
2. **Question** possibility of substance abuse.
3. **Question child;** accept their answer that they are not using.
4. Our own **denial** of any substance abuse.
5. **Frustration**
6. **Reality** - substance abuse is the problem.
7. **Fear**
8. Search for the **reasons** why this happened.
9. **Guilt** for not realizing earlier.
10. **Feeling** like a failure as a parent.
11. **Shame** of our family situation with outsiders.
12. **Grief** - for the loss of the dreams we had for our child.
13. **Acceptance** of substance abuse as reasons for changes.
14. **Action** - find a way to cope.
15. **Learn** how to let go to save our own sanity.
Learn some skills to let them feel their own consequences
as a result of their own choices and realize it is not our responsibility to always
find their answers.
16. Learn to **distinguish the difference** between the behavior of the child with the
disease and the child himself.
17. Be **aware** we do not have to accept unacceptable behavior.
18. **Understand** that our children will take their own action.
(We can provide some information and guidelines, stick to
them and then let our children make their own choice on
which avenue to take.)

It may be that the course taken would not be of our choosing
but necessary to allow them to see where this road is
leading them.

ABOVE ALL WE MUST LEARN HOW TO TAKE CARE OF OURSELVES AND MAKE A LIFE FOR OURSELVES REGARDLESS OF THE PAIN WE FEEL OUR CHILDREN ARE IN. PAIN IS GROWTH... IN OUR GROWING UP PROCESS WE'VE ALL HAD IT AT ONE TIME OR ANOTHER AND LEARNED FROM IT.

THE FOLLOWING TEXT IS BASED ON THE FACILITATOR'S FAMILY PERSONAL EXPERIENCES.

1. Search

We tried to search for a reason that would explain our child's behavior. In the beginning we thought this was just normal adolescent behavior.

Is he unhappy?

Does he have enough friends?

Is school going well?

Are the teacher's treating him as unfairly as he says they are?

A lot of children skip a class or a school day.

A lot of children's marks fall as school becomes harder.

A lot of children isolate and do not want to be involved in family functions.

A lot of children become secretive.

But along with the above there were the times that our child would call at a late hour and ask to sleep at a friend's. This was a clue.

Most children would ask in advance to sleep out. If refused permission to do so, they would accept a no for an answer. Our child never accepted no. After awhile, if permission wasn't granted, he would just start swearing, hang up and not return home till late the next day.

All the above was a direct result of our child's drug and alcohol abuse.

2. Questions

We had a lot of questions – was this normal adolescent behavior?

Was this how other children acted or was this different?
Could this be some kind of psychological problem?
Could medication help?

We were totally confused. We went to the pediatrician for help and he felt that what we were experiencing was normal adolescent behavior, but my gut kept telling me to look further.

Finally the possibility of drugs came into play and it scared us to death, but, we had to really take a look at this. After all what did we know about substance abuse? Time to find out as much as we could. After all, this was our son's life we were talking about.

If it is substance abuse, now what???

3. Asked the question-

Let us talk to our son. Ask if he is using any substance. Oh good – he said no! He couldn't believe we would even ask such a question. He said we had told him how dangerous this could be and he was listening.

We are so thankful that the answer was no. What could we have been thinking?

4. Denial

Because of the answers we received we did not, at that time, want to believe it was substance abuse. Perhaps he is just having a hard time coping with being a teenager.

This kind of attitude kept us in the dark a little while longer and allowed our son to become sicker and sicker. He was good at making sure we stayed in denial as long as possible. After all, if we caught on his life would change... and so would ours.

5. Frustration

We continued to battle with ourselves about what was really going on. It became one of the most frustrating times in our marriage. When my husband was ready to look at things for what they really were, I was not. If I was seeing things clearly, he was not. We played this seesaw game for a while. It was one of the hardest times for the two of us.

6. Reality

It became clear that substance abuse was what had changed our son. We could see visible changes and attitude changes - change in friends, clothing, eating habits, sleeping habits, secrecy. Our child had become someone else.

We started finding what appeared to be cigarette particles in his clothing pockets- such as seeds on the floor in his bedroom and zigzag papers to roll cigarettes. He could not or would not hide these things anymore. Again, now what?

7. Fear

We're so scared. What are we to do? What if our son won't accept help? Where do we go for help? What if he dies?

We've got to do something – but what?

8. Search for a reason

Maybe we were bad parents? Maybe we did not love our son enough? Maybe we made him feel bad and that was why? All these questions and we had no answers. We were good parents, we did love him enough. We never gave him a reason to do drugs as a way to cope with life.

As it turned out we learned that this is a disease and that our son did not choose to have it, but did. We, as his parents, did not bring this on. There basically was no other reason, our son had a disease called addiction.

9. Guilt

We feel so guilty that we did not see earlier this for what it was.

We should have been able to tell. Could he have gotten sicker because of us and our not dealing with this? We feel so bad.

No matter how bad you feel, no amount of guilt is going to change what has happened. Parents love their children. Some children make bad choices; sometimes even when they have been instructed otherwise. We did not put the first substance in our son's body, he did. We should not feel guilty for where we are now.

10. Feelings

One of the strongest feelings we had to cope with was “failures”.

Both my husband and myself felt we had failed in our role as parents. We started looking at ourselves in comparison to others.

What we needed to understand was that other people whose children did not suffer from the disease of addiction were not experiencing what we were and that we weren't failures, just uneducated in this area of life.

Feeling like a failure just prolonged our ability to do something. What we needed to do was learn as much as possible about this disease so we could do something about it.

11. Shame

Shame was one of the things that kept us from talking about what was going on in our home. We found ourselves acting as if everything was okay. It was a big burden to continue to try and hide what the disease of addiction had done to our marriage and our family.

It wasn't until our shame became overwhelming that we finally talked to someone about what was really going on. Then, we were able to find help. We finally got the courage to go to group therapy, family counseling and take back control of our home.

12. Grief

We finally came to an understanding that we were grieving for what could have been. We could see that this child was not going to walk the same road as other children. As it was, he never went to a prom, never graduated from high school or went to college the way our friends' children did. We needed to allow ourselves to grieve then let go our perception of what we thought would happen normally.

13. Acceptance

As difficult as it was to accept this situation that substances abuse was the problem, we had no choice but to do so. The acceptance gave us the reason for the changes and a chance to decide what we were going to do next. Acceptance also helped us to stop searching for a reasonable explanation for the behavior change. Now we understood.

14. Action

Now that we understood what was happening with our child, we needed to find a way to cope. We looked for support systems that could help us change our outlook and actions concerning our son.

- 15. Learn**
We learned, with the help of a self-help group, how to let our son feel the consequences of his choices. This is one of the hardest steps to take. As parents you are so used to stepping in and protecting, that you find it against your natural parenting skills to let your child suffer the outcome. We finally recognized that this was the only way for our child to change his bad choices.

- 16. Learn to distinguish the difference**
We had to learn to distinguish the difference between the son we raised and the person with the addiction. We needed to allow ourselves to still love our son but not accept the person he became when using. The person we raised was still underneath all the behaviors the disease created.

- 17. Aware**
We needed to have an awareness that would help us to not accept unacceptable behavior. Accepting unacceptable behavior had allowed our child to think we did not need respect and accountability.

- 18. Understand**
Ultimately, it was necessary for us to understand that the choices our child might make will not always be what we want. The choices can become a learning experience in the recovery process. When we interrupt the choices, we take away the opportunity from our child to learn valuable lessons .

**Is Your Child Addicted to Alcohol and / or Other Drugs?
Get Help from Other Parents**

Parent Support Groups of W MA	Diane Kurtz 413 547 0239	Holyoke
Whatever it Takes Parent Support Group	Deb Sadowy 413 442 0935	Pittsfield
Learn to Cope Parent Support Group	Joanne Peterson 508-801-3247	Stoughton
The Parents' Forum	Eve Sullivan 617 253 7182	Cambridge
Families Anonymous	Stephanie Almeida 617 828 9184	Somerville
Families Against Drugs	Mark O' Brien 857 363 0130	Everett
Allston Brighton Parent Support	Helen Connolly 617-789-2967	Allston/Brighton

If you perceive symptoms of what could be alcohol or drug use problems

with a youth in school or at home, you can make a direct referral to an approved adolescent outpatient provider for a full substance use assessment.

The Massachusetts Substance Abuse Information and Education Helpline (1-800-327-5050)

can provide information on approved adolescent outpatient programs and answer questions about the referral process.

If a substance use assessment indicates a need for residential treatment, the completed assessment is faxed to the Central Intake Coordinator (CIC).

The CIC reviews all assessments from MA BSAS approved youth outpatient providers for admission to the appropriate residential program. If it is appropriate to refer the candidate to an alternative program, the CIC will offer referrals.

The CIC will coordinate all referrals to Youth Residential Substance Abuse Treatment including referrals from DSS, DYS, and the juvenile courts.

The CIC is located at
Institute For Health and Recovery,
349 Broadway, Cambridge, MA 02139.
The CIC is Maggie Giles
Telephone: (617) 661-3991.
Toll free (866) 705-2807.
E-mail: maggiegiles@healthrecovery.org.

MA BSAS Youth Residential Programs for ages 13-17

Cushing House	Male and Female	South Boston
Project Rebound	Male	North Quincy
Pegasus	Female	Lawrence
Phoenix Academy	Male	Springfield
Highland Grace	Female	Worcester
CAB Youth Residential	Male	Danvers

Helping Children Who are Effected by Another Person's Alcohol or Other Drug Use

COASA: CHILDREN OF ALCOHOLISM AND SUBSTANCE ABUSE

COASA supports children of alcoholism and substance abuse by serving as an advocate for them in community forums and by developing appropriate supportive educational groups for children of alcoholics and other substance abusers in Boston. COASA facilitates school and community-based prevention/intervention services, adapting them for the particular needs of the children we serve. The program provides the children with a framework for understanding what they are experiencing and teaches them to break the "don't talk, don't trust, don't feel" rules they live within at home. The children learn about the "seven Cs" (They didn't CAUSE it, can't CURE it, can't CONTROL it, can take CARE of themselves, can COMMUNICATE their feelings, can make healthy CHOICES and can CELEBRATE being themselves). The purpose of the program is to provide ongoing validation, support in developing positive social skills and improvement of individual self-esteem. COASA works within the Boston neighborhoods with the drug coalitions now in place and with the Massachusetts Organization for Addiction Recovery (MOAR). The program offers resources to the children, whether the parents are in treatment or not.

**COASA, c/o Maureen McGlame
Robert F. Kennedy Children's Action Corps
11 Beacon Street, Suite 200
Boston, MA 02108
Tel: 617.227.4183
Fax: 617.227.2069**

Acute Treatment Services (ATS - Detoxification)

ATS is a medically necessary intervention providing medically monitored detoxification to individuals in acute withdrawal from alcohol and other drugs. ATS programs are community-based inpatient programs that provide clients with 24 hour evaluation and treatment for acute alcohol/drug intoxication, severe withdrawal syndrome, and acute addiction(s)-related medical problems. All clients in ATS collaborate with a case manager in the development of a service plan for aftercare services including outpatient counseling, transitional support services, residential rehabilitation, or opioid treatment as clinically appropriate. Average length of stay is 3 to 5 days.

- **Enhanced ATS:** Detoxification services for clients with co-occurring mental health and substance use disorders.
- **Payers for ATS Services:** Medicaid Managed Care, BSAS for uninsured clients, Private insurance plans

The MA (ATS) Detoxification Services List *

AdCare Hospital
Worcester, MA 01609-
800-345-3552
www.adcare.com

Andrew House Detoxification Center **DPH BSAS Funded**
North Quincy, MA 02171-0090
617-479-9320

Arbour - Fuller Hospital
South Attleboro, MA 02703
508-761-8500
www.arbourhealth.com

Arbour Hospital - Psychiatric Services
Brookline, MA 02446
617-731-3200

Baldpate Hospital
Georgetown, MA 01833
978-352-2131

Bay Ridge Hospital Addictions Treatment
Lynn, MA 01904
781-477-6940

BourneWood Hospital
Brookline, MA 02467
617-469-0300
www.bourneWood.com

Bridge to Recovery **DPH BSAS funded**
Boston, MA 02122
617-471-9600,

Brockton Hospital Detox
Brockton, MA 02301
508-941-7000

CAB Boston Treatment Center (former River Street) **DPH BSAS funded**
Boston, MA 02118
800-763-5363

Carlson Recovery Center **DPH BSAS Funded**
Springfield, MA 01199
413-794-3971

Catholic Charities Detox & Addiction Treatment Center **DPH BSAS funded**
Brockton, MA 02301
800-734-3444,

Clinton Hospital / Addiction Services
Clinton, MA 01510
978-368-3732

Community Healthlink **DPH BSAS Funded**
Worcester, MA 01610
508-860-1200

Danvers Detox CAB **DPH BSAS funded**
Danvers, MA 01923-
800-323-2224

Marlborough Hospital / Psychiatric and Addictions Services

Marlborough, MA 01752

508-481-5000

www.umassmemorialhospital.org

Massachusetts Alcohol and Substance Abuse Center

Bridgewater, MA 02324

508-279-3500

McGee Unit / Berkshire Recovery Center

Pittsfield, MA 01201

413-442-1400

www.berkshirehealthsystems.com

DPH BSAS funded

McLean Hospital Proctor House

Belmont, MA 02478

800-333-0338

www.mcleanhospital.org

Melrose-Wakefield Hospital – Inpatient Detox

Melrose, MA 02176

781-979-3334

Metrowest Medical Inpatient Mental Health

Natick, MA 01760

800-753-3869

Naukeag Treatment Center

Ashburnham, MA 01430

800-230-8764

NORCAP - Detox Program

Foxboro, MA 02035-

800-331-2900

Pembroke Hospital
Pembroke, MA 02359
781-826-8161,

Providence Hospital Behavioral Health
Holyoke, MA 01040
800-274-7724

DPH BSAS funded

Somerville Hospital – Detox
Somerville, MA 02143
617-591-4227

Spectrum Primary Detox
Westborough, MA 01581
800-366-7732
www.spectrumhealthsystems.org

DPH BSAS funded

SSTAR - Inpatient Detox
Fall River, MA 02720
800-937-3610
www.sstar@sstar.org

DPH BSAS funded

St. Eliz. - Comprehensive Alcohol & Addiction Program
Brighton, MA 02135
617-789-2574,

Veteran's Addictions Services
Brockton, MA 02302-
508-583-4500

Veteran's Center for Addiction Treatment
Bedford, MA 01730
781-687-2354,

Westwood Lodge Hospital
Westwood, MA 02090
800-222-2237

**Note: Since the printing of this list, changes may have occurred.*

Now for the rest of the Continuum of Care

TSS - Transitional Support Services

Transitional Support Services (TSS) are short-term residential programs for individuals who need further stabilization after detoxification. Admission is limited to clients discharged from ATS and homeless clients. Average length of stay is 14-21 days. TSS programs provide 24-hour structured, supportive residential housing and services using case management and psycho-education to assist clients in implementing an Individual Service Plan. Case Managers provide linkages and interagency collaboration to next step programs and assist clients in obtaining the credentials necessary to apply for social service benefits, *i.e.* copy of birth certificate, identification, *etc.*

Payers for TSS Services: BSAS

Residential Rehabilitation Programs

Residential Recovery Services consist of three general program types: Therapeutic Communities (TC); Recovery Homes (RH); and Social Model Recovery Homes (SM). Within these service types are specialized programs such as for Women/Men/Families and their Children, Pregnant and Postpartum Women and their Infants, and Department of Mental Retardation-eligible clients.

Payers for Residential Services: BSAS and clients

Ambulatory Programs

- Outpatient Individual and Group Counseling Services
- Narcotic Treatment: methadone dosing and counseling
- Day Treatment (such as: Structured Outpatient Addiction Program/SOAP)
- Driver Alcohol Education, Second Offender Residential, Second Offender Aftercare

Payers: BSAS for uninsured clients, self pay, Medicaid Managed Care, private insurance

Youth Services

Youth services promote wellbeing by building on strengths and by preventing substance abuse, HIV infection and related risk-taking behaviors. Services target youth age twelve to nineteen who are at increased risk for alcohol and/or other drug related abuse. Some services may be provided in schools, courts, community agencies, and housing projects and/or on the street, and may offer education/skill building, alternatives to substance use, youth development, problem identification and referrals.

Service types include:

- Outpatient Counseling
- Youth Residential
- Criminal Justice Collaboratives

Payers: BSAS for uninsured clients, Medicaid Managed Care, Private insurance, self pay

Most of The Above information Source:
Mental Health Substance Abuse Corporations of MA

**If You Have Private Health Insurance and You are Denied
Detox
or any Health Care Services- - Contact**

The Office of Patient Protection, MA Dept. of Public Health

1-800-436-7757

www.state.ma.us/dph

Massachusetts consumers and anyone receiving health coverage from a MA carrier, insurer or HMO are entitled to protections covering your rights to services.

Bureau of Managed Care within the Division of Insurance

617-521-7372

www.state.ma.us/doi

**If You Need Help Understanding The New Health Care
Insurance Coverage Laws**

Health Care for All Can Help!

Health Care For All's Health Helpline: 1(800)272-4232

Health Care For All's Helpline is a resource that is free and available to everyone. The Helpline is here to answer your questions about healthcare in Massachusetts.

It can help you with everything from general insurance questions to specific information you need about a personal health issue. Other issues you might have include questions on co-payments, health insurance rules, directions, whether you're eligible for a program, or more.

What is Health Care for All

Health Care For All is building a movement of empowered people and organizations with the goal of creating a health care system that is responsive to the needs of all people, particularly the most vulnerable. Health Care For All is dedicated to making quality care the right of all people, and supports a health care system that is universal, comprehensive, and equitable.

What is MassHealth?* You May Qualify

MassHealth is a public health insurance program for low- to medium-income residents of Massachusetts. The national health insurance program called **Medicaid** is called MassHealth in Massachusetts. This health insurance program is for children, adults with or without children, adults working for small employers, unemployed individuals, pregnant women, disabled individuals, elderly people on small incomes, women with breast or cervical cancer, and people in need of long term care. If you have health insurance, you may still be eligible for MassHealth. Generally, eligibility is based on family income. MassHealth may provide you with health insurance coverage directly, or may pay part or all of your private health insurance premiums.

What is MassHealth Essential?

MassHealth Essential replaced MassHealth Basic coverage for many long-term unemployed adults who lost benefits in April 2003.

General Eligibility: This coverage type is for adults aged 19 through 64 who:

- are not eligible for MassHealth Basic
- have been unemployed (or underemployed) for more than one year
- are not eligible for unemployment compensation
- If there is a spouse, the spouse must be working no more than 100 hours per month.

MassHealth Essential has two forms:

- **Premium assistance**, for those with private health insurance where MassHealth pays all or part of your private health insurance premiums. Your health insurance must meet MassHealth's standards.
- **Purchase of medical benefits**, for the uninsured, who must enroll with a **primary health care doctor** to receive MassHealth benefits.

How to Get Assistance for a Better Understanding of How MassHealth Works?

Visit your local community health center (CHC) and talk to a MassHealth benefits advisor. The benefits advisor will answer your questions and help you with the application. To find a community health center near you, see the [Locate Mass CHCs](#) online listing or call the Massachusetts League of Community Health Centers Patient Referral Line at 1-800-475-8455.

What is Massachusetts Behavioral Health Partnership?

The Massachusetts Behavioral Health Partnership (MBHP) manages mental health and substance abuse services for more than 320,000 MassHealth members across the Commonwealth. You can call Customer Relations at 1-800-495-0086 for more information.

You are Invited to Apply for MBHP Consumer Advisory Council (CAC) Membership

Members meet monthly to assess and give feedback about the behavioral health system. If you are interested – send a letter designating interest to Ken Krivit, CAC Membership Committee, MBHP, 150 Federal Street, Boston MA 02110.!

TELLING YOUR STORY IN SIXTY TO NINETY SECONDS

To tell your story in sixty to ninety seconds, to make a point with a purpose, use one or two sentences utilizing each of the following outline points.

- State the lowest point in your addiction history, either as an individual or as family members.
- State what support opened the doors and paved the way for your recovery
- State what you are going to do to “give back” to society out of gratitude for your recovery.

SHARING YOUR STORY - A Little MOAR Manual

Remember using your recovery story as an educational outreach opportunity is very different than telling your story at a 12-Step Meeting. You need not tell the specific details of your drug use or the very personal places that your addiction brought you. Whether speaking or writing your story for presentation, only do what you feel comfortable doing. You, as a person in recovery, are most important and valued, above all else.

Some suggestions when preparing to share your story

- 1.) When preparing your story, know these facts:
 - Who you will be talking to (Type, gender, and age of group)
 - Why have they invited you to tell your story (What is the purpose for your being there)
 - Are there going to be other speakers
 - What is the length of time you will be speaking
- 2.) Using a 12-Step format may be helpful in writing and telling your story:
 - *Experience*: Give a brief synopsis of what your life was like before your active addiction and what addiction did to you.
 - *Strength*: Share the strengths that you developed while in treatment, the support system that help get you through each day, and the benefits you receive from not drinking or drugging for one day.
 - *Hope*: Share what you hope continues within your life in recovery, and what you hope the results will be of you telling your story.
- 3.) Remember that for every story there is a beginning, middle, and end.

- 4.) Always be honest. Never embellish or exaggerate your story and never tell a lie.
- 5.) Never “put down” or say any thing negative about a specific person, religious group, political party, institution, organization, or agency. Doing could cause problems or offend someone.
- 6.) Remember that you are telling “your story”, not that of a spouse, family member, or friend. They may be part of the story, but don’t make it their story.
- 7.) Don’t get too personal. The audience or reader does not need to know specifics. Be careful not to say anything that you might regret saying or that can be used against you later.
- 8.) Never swear or use off-color or foul language.
- 9.) Be careful not to use recovery “catch phrases” or 12-Step language that the reader or audience might not understand.
- 10.) If you are hand writing your story, make sure that it is legible. Always proof read to correct any mistakes you may have made.
- 11.) If you are including your children in your story, it might be useful to include a picture of the family together. Be sure you are comfortable doing this and are not endangering your children or placing them in a detrimental position.
- 12.) If you plan to read your story to an audience, read it aloud to a friend first. This is a good way to be sure that it has the planned effect when read aloud. You also might want to time how long you take so that you are sure you speak for time you intend.
- 13.) However you present your story, be honest, to the point, and be yourself. Don’t use phrases that you are not accustomed to or that are difficult for you to say.
- 14.) If you are speaking to an audience, try video or audio-taping a “milk run” so that you can see how you look and sound. Do this until you feel comfortable with your presentation.

Suggested steps when presenting your story to a group:

- 1.) Before speaking, remember the who, what, when, where, how, and why of telling story
 - *Who* will your audience be -- (gender, age, size of audience)
 - *What* is the purpose of talking to them -- (What type of group is it; legislators, service providers, students, etc.)

- *When* are you scheduled to speak
 - *Where* are you going to be speaking -- (auditorium, office, restaurant, from a podium, on panel, from the audience, etc.)
 - *How* is the speaking format set up – (Is there more than one speaker, how are you being introduced)
 - *Why* are you there and what do you expect to accomplish
- 2.) Have your story prepared in written form. Bring the written copy with you. Index cards that outline your story can be helpful in guiding you.
 - 3.) Leave for your destination early allowing time for traffic or unexpected circumstance.
 - 4.) Dress appropriately. You are representing MOAR and the Recovery Community
 - 5.) Arrive early so you can familiarize yourself with the surroundings. Review your notes and papers.
 - 6.) When you arrive, introduce yourself to the events sponsor or other person in charge.
 - 7.) Realize that there may be media and photographers present.
 - 8.) Realize that people you know may be there.
 - 9.) Remember to stick to your speech format. Don't be afraid to use your notes. Many good speakers refer to notes.
 - 10.) Remember to speak clearly, slowly, and loudly. Speak directly into the microphone and adjust the mike if you need to.
 - 11.) It is good to make eye contact with people. Find a friendly face or someone you know.
 - 12.) If you run out of things to say, stop speaking, say thank you, and sit down.
 - 13.) Don't leave the room immediately when you finish speaking. Be polite and listen to what others have to say.
 - 14.) When the meeting is over, thank those who invited you and make yourself available to answer any questions people may have.
 - 15.) Remember that you are representing MOAR.

BE HAPPY AND KNOW THAT YOU MADE A DIFFERENCE

How to Cope With A CORI¹

1.) C-O-R-I stands for Criminal Offender Record Information

- A criminal record –(CORI) – is created for a person from the moment he or she is arrested by the police, to the time he or she is arraigned and processed through various criminal justice agencies including probation, jail, or probation
- By law, various public and private agencies, social services agencies, employers and housing providers have or can get access to CORI

2.) How to Cope with a CORI

A. Obtain a copy of your criminal record

B. Determine if your record can be sealed

- You might be eligible for sealing if there are not guilty findings, dismissals or lack of probable cause entries on your criminal record²
- You may also be eligible to have very old convictions sealed³

3.) How to Create and Carry a Helpful CORI Package

A) A personal letter, and supporting letter for the ex-offender should:

- a) Briefly explain the most serious convictions on the criminal record
- b) Explain what the ex-offender has done in recent times to show rehabilitation
- c) Explain the strengths and skills of the ex-offender
- d) Explain why the record should not stand in the way of the ex-offender

B.) Recent letters from social workers, employers, probation officers, parole officers, landlords and clergy attesting to the good character or evidence of rehabilitation of the ex-offender.

C.) Provide prospective employer or housing provider with CORI Package.

D.) Be proactive and persistent

4.) Call the CORI Project at Mass. Law Reform 617-357-0700

GOOD LUCK!

¹ Francisca D. Fajana, Esq. Massachusetts Law Reform Institute, Inc. , September 2002

² See Mass. General Laws, Chapter 276, Sect. 100C, which details statutory requirements

³ See Mass. General Laws, Chapter 276, Sect. 100A. Section 100B allows sealing of juvenile records

The S.H.A.R.E. Loan Fund



HOUSING RESOURCES

The S.H.A.R.E. Loan Fund
Institute for Health and Recovery
349 Broadway
Cambridge, MA. 02139
617-661-3991 x129

The Community Housing Program
Institute for Health and Recovery
349 Broadway
Cambridge, MA. 02139
617-661-3991 x109

Statewide Access to Substance Abuse
Treatment Shelters for Homeless Families
Institute for Health and Recovery
349 Broadway
Cambridge, MA. 02139
617-661-3991 x107

BSAS Helpline
The Medical foundation
95 Berkley Street
Boston, MA. 02116
1-800-327-5050

HomeStart, Inc.
105 Chauncy Street
Boston, MA. 02111
617-542-0338 x43

Massachusetts Department of Housing
and Community Development
100 Cambridge Street
Boston, MA. 02114
617-727-8380

Mass. Sober Housing
PO Box 200313
Worcester, MA 01602-0013
508-987-3888

Regional Non-Profit Agencies

- Berkshire Housing Development
74 North Street
Pittsfield, MA. 01201
413-499-1630
- Community Teamwork, Inc
167 Dutton Street
Lowell, MA. 01852
978-459-0551
- Franklin County Regional
Housing & Redevelopment
42 Canal Road
Turner Falls, MA 01376
413-863-9781
- Housing Assistance Corp.
460 West Main Street
Hyannis, MA. 02601
508-771-5400 x220
- HAP, Inc.
322 Main Street
Springfield, MA. 01105
413-233-1500
- Metropolitan Boston Housing
Partnership
125 Lincoln Street
Boston, MA. 02111
617-859-0400
- Rural Housing Improvement
218 Central Street
Winchendon, MA. 01475
978-297-5300
- South Middlesex Opportunity Council
(SMOC)
300 Howard Street
Framingham, MA. 01701
508-879-6691
- South Shore Housing Development
169 Summer Street
Kingston, MA. 02364
781-542-4200

If you want information about substance abuse, prevention or treatment services, for family, friend, or yourself, please call.

Mass Substance Abuse Information and Education Helpline

1-800-327-5050

www.state.ma.us/dph

A Project of the Medical Foundation, Funded by the MA Dept. of Public Health

The Office of Patient Protection, MA Dept. of Public Health

1-800-436-7757

www.state.ma.us/dph

Massachusetts consumers and anyone receiving health coverage from a MA carrier, insurer or HMO are entitled to protections covering your rights to services.

If your Massachusetts carrier has denied you access to treatment, please contact.

Bureau of Managed Care within the Division of Insurance

1-617-521-7372

www.state.ma.us/doi

If you have a complaint about a managed care plan.

MA Bureau of Substance Abuse Services Consumer Advisory Board

Contact James Hiatt

1-617-624-5102

If you are or in addiction recovery, inclusive of being a family member, and would like a role in advising the state about continuum of care policies, contact James Hiatt

Massachusetts Organization for Addiction Recovery (MOAR)

617-423-6627 or 1-877-423-6627 (Toll Free)

Email MOARfran@aol.com

www.neaar.org/moar

If you want to join others who are in addiction recovery, inclusive of families and friends, to educate the public about the value of recovery, join MOAR.

5/28/2007