

# FINDING A BRIDGE TO HOPE



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KLA WHITEPAPER

## Table of Contents

Introduction .....	2
Why Having Family Involved Is Important .....	4
What Makes A Bridge to Hope Unique .....	6
Sustainability of Messaging Through Billboard and Social Media .....	8
Conclusion.....	10
Appendices	
Appendix A: Works Cited.....	11
Appendix B: KLA Finding A Bridge to Hope Survey 2019.....	12
Appendix C: KLA Finding A Bridge to Hope Survey 2019 Results .....	14
Appendix D: Billboard Messaging Graphic .....	17
Appendix E: A Bridge to Hope Client Contact Form .....	18
Appendix F: A Bridge to Hope Recovery Coach Meeting Notes.....	19
Appendix G: A Bridge to Hope Recovery Wellness Plan.....	20
Appendix H: Presentation Slides .....	25

## Introduction

“To the world you may be one person but to the one person you may be the world.”

Bill Wilson, Co-Founder Alcoholics Anonymous

A Bridge to Hope’s mission, and vision, is to lead and unite community efforts that offer solutions to those affected by substance use disorder. Mickey Ashpole founded a Bridge to Hope with the intention of helping those struggling with substance use disorder find treatment and walking along side those in early recovery by coaching them through the process. Now, Kevin Haines continues this mission and sees an opportunity to become more visible in the community. Because of the potential of higher visibility more recovery coaches are going to be needed to reach more people in our community which is a unique feature of A Bridge to Hope.

The approach that A Bridge to Hope takes makes this organization unique. No, they are not a recovery program. The organization is an unbiased referral service and their main goal is to be a support system to coach those battling with substance use disorder. The recovery coaches get to know these individuals and are able to guide them to a recovery program that best fits their needs.

Most citizens are very aware of the substance use problem in this country. No matter your socio-economic status substance use is affecting everyone in some way, shape, or form. In a May 14<sup>th</sup>, 2018 report by Wallethub, Indiana ranked 7<sup>th</sup>, out of 50 states and the District of Columbia, in highest drug use by state (Kiernan).

To bring this data even closer to home. In 2017, the most popular drug arrest in Kosciusko County remains marijuana with 176 charges. Meth charges were drastically lower with 85 charges last year versus 209 charges in 2016. Narcotic drug charges were also down to 26 last year from 116 in 2016 (Kenworthy). One of the more major concerns has been the rise of the opioid epidemic. In 2017 so far,

18 deaths have been attributed to overdoses. (Tony) Ciriello estimates that the county is on track to have 24 deaths this year. In 2016, there were 11 overdose deaths in the county (Anderson).

Our group completed our own survey of twenty four individuals who are currently in some stage of recovery. An additional seven were asked about motivation to stay clean from Kevin's group. The goal was to find out, for example, where they are at in the recovery process, what was/is their drug of choice, what type of treatment have you received and more importantly what is the main thing that motivates you to stay clean. Here are some of the highlights:

1. Drug of choice – Alcohol (54%), Marijuana (25%), Meth (13%)
2. Treatment received – Court ordered (54%), Residential Rehab (13%), Sober living (13%)
3. Motivation – Family (52%)

Though these statistics may seem unnerving, at some point most addicts come to a realization that they can still make a choice to change the path they are on before they become a statistic whether it is court ordered or not. Every addict has the "motivation" to become clean and it is identifying that "motivation" that can get them through recovery. Based on our survey, and the individuals in Kevin's group, thirty-one were asked what their motivation to get clean is, and sixteen stated their motivation for getting clean is family.

The problem we are attempting to solve is to develop a marketing platform designed with the intention of getting at one of the main causes for addicts seeking treatment and that is "family". By taking this approach we believe that A Bridge to Hope can become a more visible launching point for substance use disorder recovery while growing their brand. The platform will encompass three areas: Messaging the importance of family in seeking treatment, what makes A Bridge to Hope unique, and sustainability of messaging through billboard and social media.

## Why Having Family Involved Is Important

To help combat substance use disorder in Kosciusko County we made it our goal to help those with substance use disorder find help before they hit “rock bottom”. This approach strives to save lives, combat overcrowding in jails, remove an economic burden, and ultimately improve the lives of thousands living in this county. We believe the most effective way to accomplish this ambitious goal is to increase our community's knowledge of the organization A Bridge to Hope. After all, how could one receive a service they are not aware of? Cue marketing plan.

The first part of developing our marketing plan was identifying the target demographic. Now I know at this point you might be thinking to yourself that the obvious answer here is to reach out to those with substance use disorder themselves, most services do this, however, after looking further into the situation it was determined that might not be our best option. Unlike most products and services that are advertised on the market, receiving treatment for your substance use disorder is not exactly something people consider to be a source of pleasure. Treating your substance use disorder can be an intimidating process that even those with the strongest will power cannot bring themselves to do. The hardest choices require the strongest wills (Ashish). To combat the inherent resistance substance use disorder individuals have to seeking treatment we decided the most effective way to reach them is to instead reach out to those closest to them. Their family.

The two main tools we used in selecting this demographic is Kevin Haines, Director of A Bridge to Hope, and a survey that was sent out to local substance use disorder groups. Kevin is a very open and honest man that finds joy in using his experience to help others. Kevin shared with us that during his recovery family was his strongest motivator and during his time as the Director of A Bridge to Hope he has found the same to be true with others. “We have a saying on why people decide to get treatment, and that's the 3 L's. Lawyers, lovers, and livers.” At another occasion Kevin shared with us that he takes calls at all times of the day to help those that reach out to him for substance use disorder related

services. “You'd be surprised, a lot of times it's the moms of people that call me the most. They are usually the last person that gives up on them even after they've given up on themselves.” Love. What a powerful motivator!

The other source we used to identify our demographic was a survey. We developed this survey with hopes it would answer the question: “What similarities (if any) do those currently receiving treatment share?” The survey itself was developed and examined with recommendations and guidance from Kevin himself, a select group of those currently in recovery, and Dr. Fawcett, a marketing professor from Grace College. Of the one hundred surveys we printed and distributed twenty four of those were completed and returned. The results were very clear. The most common motivator for folks receiving treatment was the ones they loved. Cue Beatles song.

So we have our demographic. Now what? Well, there are two ways to reach people that have stood that test of time. That is logic and love. We plan to use those two methods to grab the attention of our demographic by using billboards and social media. The first of these, billboards, are where we plan to start broadcasting this powerful message of family. We intend to use both logic and love in the promoting of this message by using the slogan “Family Doesn’t Quit. Be the Bridge.” The social media approach will be directed towards telling stories of those that have gone through A Bridge to Hope’s program as well as the family members. These stories will be posted on their Facebook and Instagram accounts. This two pronged approach will prove to be highly effective in leading those to receive help from Kevin and finally cross the ever elusive bridge to hope.

## What Makes A Bridge to Hope Unique?

Addiction involves craving for something intensely, loss of control over its use, and continuing involvement with it despite adverse consequences (Understanding Addiction). Addiction or substance use disorder is everywhere. Drugs, alcohol, eating, etc. are all forms of substance use disorder. However, when someone brings up substance use disorder, drugs and alcohol tend to be the first thing that pops into people's minds, because of the adverse consequences associated with their use. Substance use disorder has become a problem in our world and has had a huge effect in our own communities. There are many organizations that are here to help individuals and their families if they fall victim to this disease. There is the Bowen Center, there are programs/classes/support groups set up, among other entities willing to help in this fight against substance use disorder. A Bridge to Hope, although having the same end goals as many of these other companies, is very unique in comparison.

What makes A Bridge to Hope unique is that they are not a traditional agency that helps individuals fighting substance use disorder. This is even stated in their mission statement, "A Bridge to Hope will lead and unite community efforts that offer solutions to those affected by substance use disorder." The Bowen Center offers treatments and in/out patient care. A Bridge to Hope offers a pathway from being stuck in a never ending cycle of substance use disorder and getting help. At this point in time, they offer no in/out patient service, they are not qualified to administer medication, nor are they competing with the likes of the Bowen Center. They do however field phone calls daily and find the most appropriate resource for that individual. Whether that be the Bowen Center or another entity that can better service the individual. This again allows A Bridge to Hope to stay in this field without any worry of big competition with other, much larger agencies. They not only will connect those with substance use disorder to agencies, but they will also be building those relationships with different organizations that are trying to help these individuals with substance use disorder which will allow A Bridge to Hope to have better access to sending individuals struggling to places for help.

Another unique feature of A Bridge to Hope is the size. A Bridge to Hope is a small company with a total of 2 full time employees. This makes it difficult to service as many individuals as they would like, but it allows them to build a relationship with these individuals as soon as they call in. Kevin and his team fill out a “Recovery Wellness Plan” that begins their journey. Each individual is treated like they are somebody and will be dealt with as a priority. Larger companies may not have the same abilities to build these relationships with these individuals.

Another distinguishing attribute that A Bridge to Hope has is the fact that they do not receive money when referring any individuals to other organizations. This is because A Bridge to Hope does not want to start seeing their clients as dollars to be made. Instead, they are seeing them as people who are struggling and are seeking help. By viewing these individuals as such, it will then allow A Bridge to Hope to better accommodate these individuals. Whereas, if they were just seen as dollars, A Bridge to Hope may not care where these individuals go or if they are even going to a place that will give them the best opportunity to stay on the path of being clean. This allows A Bridge to Hope to stand out amongst other entities trying to provide a service to individuals struggling with substance use disorder.



## Sustainability of Messaging Through Billboard and Social Media

Family will be the overarching theme for the messaging during the yearlong billboard campaign. The social norms theory will be employed to share the messaging and it states that people's behavior is influenced by what they perceive as normal. Social norms theory predicts that interventions to correct misperceptions by revealing the actual, healthier norm will have a beneficial effect on most individuals, who will either reduce their participation in potentially problematic behavior or be encouraged to engage in protective, healthy behaviors (Berkowitz). The goal is to have these individuals motivated by family not court order. Here are a couple examples of the messaging:

1. Moms never quit
2. 50% of addicts cite their loved ones as being their main motivation for seeking help. Let's make it 100%
3. Family Doesn't Quit. Be the Bridge.

This messaging, or something similar, will be on billboards throughout Kosciusko County in strategic areas. A total of two billboards will run for six months. Kevin, and his board, are going to budget funds to match the Northerner Award to continue the six month campaign.

The social media platform will be the most cost effective. Currently A Bridge to Hope allocates funds to their social media platform. Presently they utilize Facebook and Instagram. Based on research we do have suggestions to evolve the direction of the messaging. Kevin has stated that the average age for those that utilize A Bridge to Hope's services is mid 20's, or millennials. There is a huge gap between millennials and addiction treatment marketing (Richards). Millennials want to be hit up with content that relates to their lives and what they are experiencing. The effort to connect with millennials needs to be a dedicated and consistent assault. As millennials, we understand what we are experiencing with our drug and alcohol issues and attacking us from a clinical perspective does not work effectively (Richards).

Our proposal for a social media campaign would be three to four segments/clips of individuals

sharing their story of how A Bridge to Hope has helped them through their recovery process. This is in line with what Richards mentions as a millennial, “We are thirsting for, interesting, real-life experiences similar to ours that opens us up” (Richard). The segments would be a young male and female, an older client, and a family member of those who have been helped. These segments would run for three to four months at a time on their Facebook and Instagram pages. Funds from the Northerner Award would not be needed because A Bridge to Hope already has funds dedicated towards social media marketing. However, this would complete the circle in regards to a complete marketing campaign that encompasses more than one platform and continues the “family” messaging.

## Conclusion

Our main goal, based on our findings, was to create a marketing plan that could be sustainable and impactful. What we were able to determine is that family is at the center of everything we do and for someone dealing with substance use disorder the “family” is what motivates them to get clean. A Bridge to Hope can be the coaching and unbiased referral service that can create a recovery wellness plan to lead someone to feeling normal again. A Bridge to Hope’s services combined with a family oriented marketing approach, that does not use scare tactics but facts, can be the beginning of reaching more individuals with substance use disorder and those that are supporting them. Kevin stated on multiple occasions that the majority of calls he receives are from family members, most notably mothers, who just want their family member to get help. If you or someone you love is dealing with substance use disorder, please remember that there is a great organization in your own backyard with a mission of leading and uniting community efforts that offer solutions to those affected by substance use disorder.

## Appendix A: Works Cited

Anderson, Michael. "Opioid Overdoses on the Rise in Kosciusko County." *News Now Warsaw*, 27 Sept. 2017, [www.newsnowwarsaw.com/opioid-overdoses-rise-kosciusko-county/](http://www.newsnowwarsaw.com/opioid-overdoses-rise-kosciusko-county/).

Kenworthy, Maggie. "Kosciusko County Sheriff's Department Provides 2017 Year End Statistics." *InkFreeNews.com*, InkFreeNews.com, 20 Feb. 2018, [www.inkfreenews.com/2018/02/20/kosciusko-county-sheriffs-department-provides-2017-year-end-statistics/](http://www.inkfreenews.com/2018/02/20/kosciusko-county-sheriffs-department-provides-2017-year-end-statistics/).

Kiernan, John S. "Drug Use by State: 2018's Problem Areas." *WalletHub*, [wallethub.com/edu/drug-use-by-state/35150/](http://wallethub.com/edu/drug-use-by-state/35150/).

Richards, Madison. "Addiction Treatment Marketing Neglects Millennials." *BHNR*, 11 Mar. 2019, [www.behavioralhealthnetworkresources.com/blog/addiction-treatment-marketing-neglects-millennials/](http://www.behavioralhealthnetworkresources.com/blog/addiction-treatment-marketing-neglects-millennials/).

"Understanding Addiction." *HelpGuide.org*, 13 Mar. 2019, [www.helpguide.org/harvard/how-addiction-hijacks-the-brain.htm](http://www.helpguide.org/harvard/how-addiction-hijacks-the-brain.htm).

Ashish. "Greatest Thanos Quotes From Avengers: Infinity War That Fans Will Never Forget." *Comic Books & Beyond*, 11 May 2018, [comicbookandbeyond.com/greatest-thanos-quotes-from-avengers-infinity-war-that-fans-will-never-forget/](http://comicbookandbeyond.com/greatest-thanos-quotes-from-avengers-infinity-war-that-fans-will-never-forget/).

## Appendix B: KLA Finding A Bridge to Hope Survey 2019

### KLA "Finding a Bridge to Hope" Survey 2019 \*Note: Survey is confidential

Instructions: Please read through the questions and choose the answer that best matches your experience.

1. Where are you in your recovery process?

1 month-3 months

3 Months-6 Months

6 Months-1 year +

Other \_\_\_\_\_

2. What was/is your drug of choice?

3. How often were you using it?

4. What types of treatment have you received for your addiction? (Please select all that apply)

Residential Rehab   Sober living   Court ordered   12 step   Outpatient treatment

Other (please explain) \_\_\_\_\_

5. How many different times have you attended rehab/received treatment for your addiction?

1

2-4

5-6

6+

6. Have you been arrested as a result of your addiction?

A) Yes

B) No

7. Have you overdosed or experienced alcohol poisoning?

A) Yes

B) No

8. Have you ever had a near death experience as a result of your addiction?

- A) Yes                      B) No

(Optional) Please explain:

9. Have you been homeless as a result of your addiction?

- A) Yes    B) No

10. Have you had a family member or close friend die of addiction?

- A) Yes    B) No

11. Has the death of a family member or close friend caused a relapse during your recovery phase?

- A) Yes    B) No

12. What (or who) was your strongest influence that encouraged you to receive treatment?

- A) As a personal decision for myself    B) Court ordered                      C) A loved one (mother, father, child)

Other \_\_\_\_\_

Please explain:

13. What is the main thing that motivates you to stay clean?

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## Appendix C: KLA Finding A Bridge to Hope Survey 2019 Results

Time in Recovery	Drug of Choice	Additional Drug of Choice	Additional Drug of Choice	Frequency	Treatment Received	Other Treatment	Other Treatment	Times in Treatment
Just Started	Marijuana			Daily	Court Ordered			1
1-3 Months	Alcohol			4 times per week	Court Ordered	12 Step	Outpatient Treatment	6+
1-3 Months	Meth			Daily	12 Step			0
3-6 Months	Alcohol			1-2 Beers per day	Court Ordered			1
N/A	Marijuana			Daily	Court Ordered			0
6+ Months	Alcohol			Rarely	Sober Living			1
1-3 Months	Marijuana			Daily	Court Ordered			2 to 4
6+ Months	Alcohol			Monthly	Court Ordered			0
1-3 Months	Alcohol			2x Month	Court Ordered			1
6+ Months	Meth			Daily	Court Ordered	Residential Rehab	12 Step	2 to 4
6+ Months	Alcohol			Every weekend	Court Ordered	12 Step		2 to 4
6+ Months	Alcohol			2 times per week	Court Ordered			1
3+ Years	Opioids			Daily	Residential Rehab	12 Step		1
1-3 Months	Alcohol			2 times per week	Court Ordered			1
6+ Months	Cocaine			Daily	MRT			1
3-6 Months	Alcohol		Marijuana	2x Month	Court Ordered			1
1-3 Months	Alcohol		Opiates	Daily	Residential Rehab			1
6+ Months	Marijuana		Meth	Daily	Court Ordered	Outpatient Treatment		2 to 4
Just Started	Marijuana			Daily	None			0
1-3 Months	Alcohol			Weekly	None			1
1-3 Months	Marijuana			2-3 times per week	None			
3-6 Months	Alcohol			Weekends	Sober Living	Court Ordered		1
6+ Months	Alcohol			Daily	Sober Living	Court Ordered		1
3-6 Months	Meth	Opiates	Beer	Daily	Residential Rehab	Court Ordered (Prison)	Outpatient Treatment	2 to 4
1-3 Months - 33%	Alcohol - 54%			Daily - 54%	Court Ordered - 54%			1 Time - 54%
3-6 Months - 17%	Marijuana - 23%				Residential Rehab - 13%			2-4 - 21%
6+ Months - 33%	Meth - 13%				Sober Living - 13%			
3+ Years - 4%	Opioids - 4%							
Just Started - 8%	Cocaine - 4%							

Been Arrested	Overdosed	Near Death Experience	Additional Info	Homeless	Death of Loved One	Death Cause Relapse	Influencer	Additional Influencer
Yes	Yes	No		No	No	Yes	Court Ordered	
Yes	No	Yes	Seizures caused by alcohol, 2 near fatal accidents	No	Yes	No	Loved One (Girlfriend)	
Yes	Yes	Yes	No, but drove drunk often	No	No	No	Court Ordered	
Yes	No	Yes	Wrecked vehicle	No	Yes	No	Court Ordered	
Yes	No	No		No	No	No	Court Ordered	
Yes	No	No		No	No	No	Personal Decision	
Yes	No	Yes		No	Yes	Yes	Court Ordered	
Yes	No	No		No	No	No	A loved one	
Yes	No	No		No	No	No	Court Ordered	
Yes	No	Yes	Traumatic events	Yes	Yes	No	Personal Decision	
Yes	No	No		No	No	No	Court Ordered	
Yes	No	No		No	No	No	Court Ordered	
Yes	Yes	Yes	Overdosed	No	No	No	Personal Decision	Loved One
Yes	No	No		No	No	No	Court Ordered	
Yes	No	No		No	No	No	Personal Decision	
Yes	No	No		No	No	No	Personal Decision	Loved One
Yes	No	Yes		No	No	Yes	Personal Decision	
Yes	No	No		No	No	Yes	Court Ordered	
Yes	No	No		No	No	No	None	
Yes	No	No		No	Yes	No	Personal Decision	
Yes	No	No		No	No	No	Court Ordered	
Yes	No	No		No	Yes	No	Personal Decision	
Yes	No	No		No	Yes	No	Court Ordered	
Yes	Yes	Yes	Overdosed on meth and heroin. Narcan to revive.	Yes	Yes	Yes	Personal Decision	Loved One



Additional Info	Motivation
<p>Better relationships when not drinking</p>	<p>Stay out of jail</p> <p>Improved relationship with girlfriend, sons, grandchildren</p>
	<p>Siblings, want to feel emotions again, feel real</p> <p>Stay out of jail</p> <p>Money</p> <p>Feel Healthier</p> <p>Future and job.</p> <p>Life, Kids, Job</p>
<p>Drug Court saved my life</p>	<p>The pain outweighs the pleasure of getting high.</p> <p>Family, kids</p> <p>Keeps me out of trouble</p> <p>Life</p> <p>Court</p> <p>Be a better father and role model</p>
<p>Prove I'm not like my mom</p>	<p>My freedom and my sister</p> <p>Improve quality of life</p> <p>Kids</p> <p>Being smart</p>
<p>Wanted it for years, kept relapsing. Be there for mom. Jail gave her clean time to clear head.</p>	<p>Feels good, feel healthy and clean, have a clear mind</p> <p>Family</p> <p>Family is key to my sobriety and my health is number 2. Almost 40 and drugs have cost a price dope cannot pay back.</p>

Family - 38%

Appendix D: Billboard Messaging Graphic



# Appendix E: A Bridge to Hope Client Contact Form



## Client Contact Form

Date of Initial Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assisted by: \_\_\_\_\_

Contacted By: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

DOC: \_\_\_\_\_ Frequency: \_\_\_\_\_

Other Details: \_\_\_\_\_

Previous Treatment: \_\_\_\_\_

Insurance: No Insurance    Medicaid    Private Insurance ( \_\_\_\_\_ )

Suggested Treatment / Referral Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 Day Follow-up \_\_\_\_    30 Day Follow-up \_\_\_\_    90 Day Follow-up \_\_\_\_

Searching for (circle one):            **Treatment**            **PEER Recovery Coach**

Appendix F: A Bridge to Hope Recover Coach Meeting Notes



**Recovery Coach Meeting Notes**

Date of Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Recoveree Name: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Recovery Coach Name: \_\_\_\_\_

Meeting Notes:

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Next Meeting Date: \_\_\_\_\_

## Appendix G: A Bridge to Hope Recovery Wellness Plan



**Recoveree Name:** \_\_\_\_\_

### Recovery Wellness Plan

This plan should be written, maintained and kept by the recoveree and can be helpful in guiding the conversations between recoveree and coach. This is the recoveree's plan.

### **Overall Wellness Goal:**

### **Connectedness to Recovery Community**

- Do I have regular contact with people in recovery?
- Am I involved in a recovery support group?
- Am I active in and take suggestions from my recovery support group?
- Am I or do I want to be involved with the faith community?
- Am I active in my faith community?
- Other questions I should be asking myself?

Recovery Goal:		
Step	Who Else Involved	Completion Date

## **Physical Health**

- Balanced diet?
- Regular exercise?
- Enough sleep?
- Doctor or dentist visit?
- Honest with healthcare providers?
- Taking medications as prescribed?
- Other questions I should be asking myself?

<b>Recovery Goal:</b>		
<b>Step</b>	<b>Who Else Involved</b>	<b>Completion Date</b>

## **Emotional Health**

- Am I in healthy relationships?
- Am I seeing a counselor / therapist? Should I be?
- Honest with healthcare providers?
- Taking medications as prescribed?

<b>Recovery Goal:</b>		
<b>Step</b>	<b>Who Else Involved</b>	<b>Completion Date</b>

## **Spiritual Health**

- Am I comfortable with my spirituality?
- Do I need to develop a spiritual sense and spiritual practices?
- Am I disciplined about my spiritual practices?
- Do I take time each day for prayer, meditation and / or personal reflection?

Recovery Goal:		
Step	Who Else Involved	Completion Date

**Living Accommodations**

- Does where I live support my recovery?
- Does who I live with support my recovery?
- Do I need to make changes in my living situation?

Recovery Goal:		
Step	Who Else Involved	Completion Date

**School / Job / Education**

- Do I have or need a job?

- Does my job support my recovery goals?
- Am I satisfied with my education status?
- Do I need to return to some form of education?

Recovery Goal:		
Step	Who Else Involved	Completion Date

**Personal Daily Living Management**

- Do I have a way to manage my money? (Checking account?)
- Do I know how to use and balance a checkbook?
- Do I manage my credit properly?
- Do I pay my bills on time?
- Do I save money?

Recovery Goal:		
Step	Who Else Involved	Completion Date

**Any Other**

- What other area of my life do I wish to explore?



Recovery Goal:		
Step	Who Else Involved	Completion Date

**Modifications to Plan:**

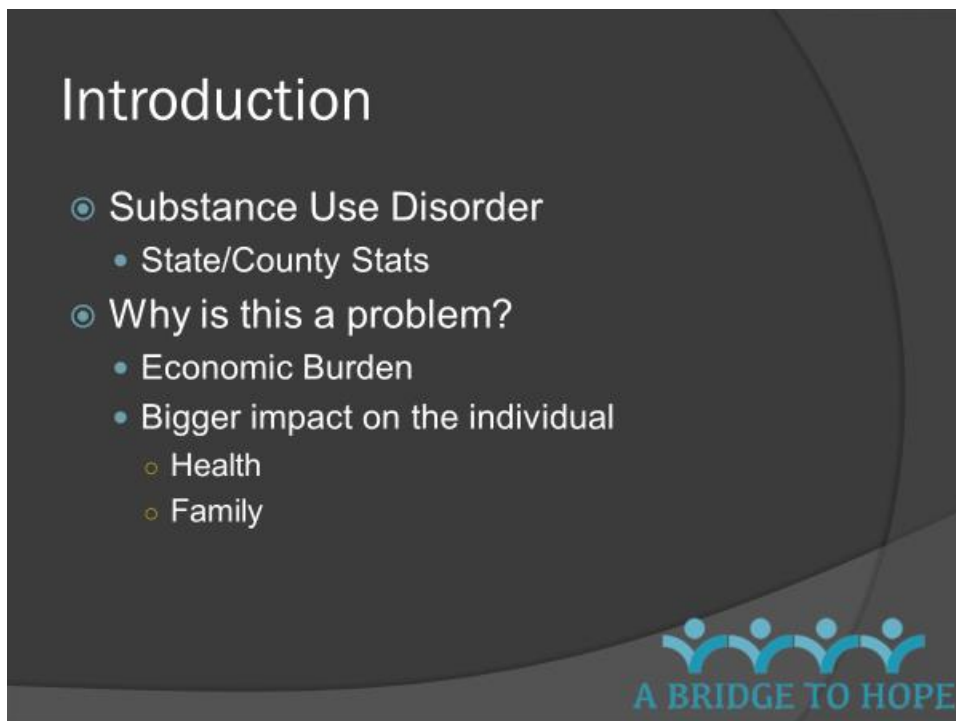
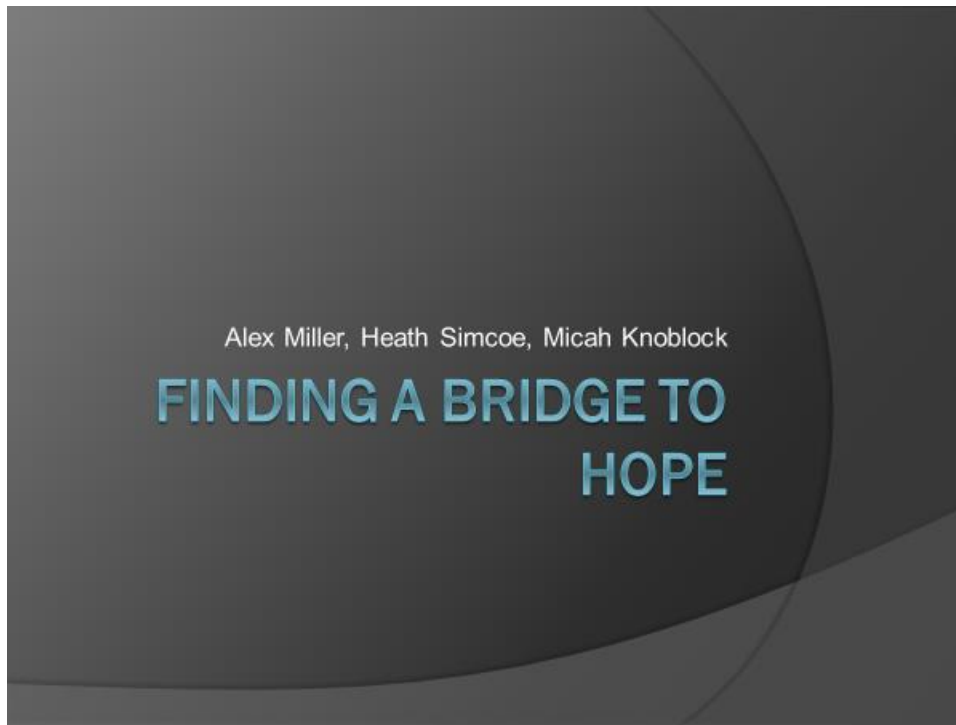
Meeting Schedule:    Weekly            Bi-weekly            Monthly            Quarterly

Next Meeting Date: \_\_\_\_\_

Recoveree Signature: \_\_\_\_\_

PEER Recovery Coach Signature: \_\_\_\_\_

## Appendix H: Presentation Slides



## Family

- ◉ Kosciusko County – Family oriented
- ◉ Reasoning behind using family as the demographic and not the addicts themselves.
  - “Family Doesn’t Quit. Be the Bridge.”



## The Survey

- ◉ Survey
  - Statistics

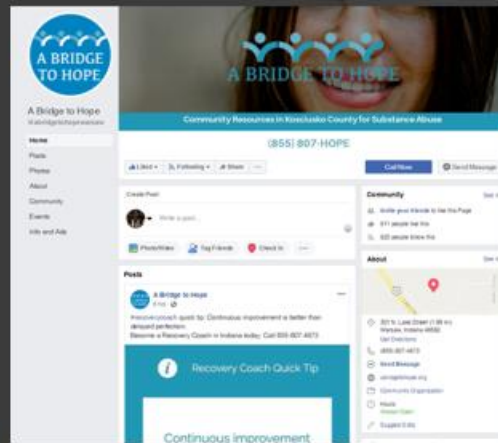
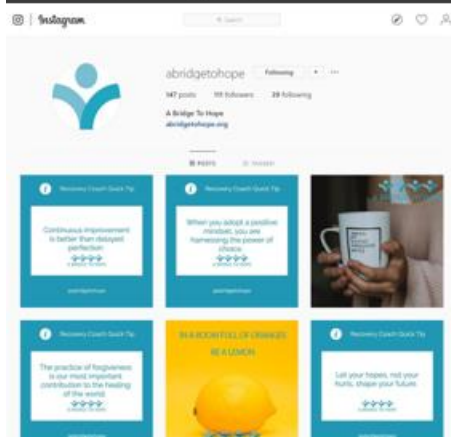


# Billboard



# Marketing

- Facebook
- Instagram



# A Bridge to Hope

- ◉ Uniqueness
  - Community Awareness
  - Unbiased Referral Service
  - Recovery Coaching
- ◉ Sustainability
  - Agreement to Continue



# Conclusion

- ◉ Substance Use Disorder is everywhere, including our backyards.
- ◉ How many people have passed since the start of this presentation?



