

# **Aaron's House**

**A Proposed Partnership Between**

**The Otto Bremer Foundation**

**And**

**The Aaron J. Meyer Foundation**

June 2007

[www.aaronmeyerfoundation.org](http://www.aaronmeyerfoundation.org)

# Aaron's House

## Contact Information

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## Amount Requested

\$50,180

## Organizational History

**MISSION STATEMENT:** The Aaron J. Meyer Foundation serves college-aged men and women in recovery through a unique peer-support modality, providing resident-students the opportunity to live and study in a chemical-free environment. Cultivating the natural supports within the community, this resident-driven program relies on highly individualized programming and goal planning, mentorship, effective networking and casemanagement, and the building of healthy and lasting relationships critical to long-term sobriety.

Created in 2005 after the tragic death of Aaron Meyer shortly after his 18<sup>th</sup> birthday, the Aaron J. Meyer Foundation (AJM) is comprised of family, friends, and professionals who seek to extend Aaron's vision for the community support needs of young people in recovery. In Aaron's memory and reflective of his spirit, *Aaron's House* will provide a supportive living environment for young men, ages 18-25, who are in recovery from chemical dependency, while they pursue college educations and strive to lead fuller, more healthy lifestyles.



Scheduled to open on August 15, 2007, *Aaron's House* will be a unique, peer-support transitional housing program for college-aged men in recovery from drug or alcohol dependency who will pursue their higher education goals while working part-time. The first house of its kind in the region, our first four student-residents will actively participate in the program's development, helping us to fine-tune our policies and establish the cooperative culture within the home. Applicants are currently involved in our admissions and clinical assessment process, with final resident determinations expected by mid-July 2007.

In addition to selecting students devoted to some form of civic duty, we seek candidates with an interest in assuming student leadership roles since we will also extend services to young people in recovery who are not, themselves, residents. Our residents will help to create this new, city-wide Peer Support Network (PSN), which will include chemical-free recreational activities, sober "study hall" hours at Aaron's House, an online resource database, establishment of sorely needed AA and NA meetings in the region, and ongoing, student-led community service projects.

### Program Goals

1. To provide a safe, clean, supportive, and sober living environments for young men and women that promote healthy lifestyle habits and successful completion of higher education goals.
2. To create and offer comprehensive, customized community support systems for each student-resident, based on individualized strengths and needs, which encompass all areas of living and personal growth.
3. To cultivate natural and lasting relationship supports within the community through mentorships and peer-centered programming.

### Activities

It has been an exciting year for AJM—one full of new and innovative ideas, expanded scope of vision and purpose, and productive harnessing of the exceptional talents of so many contributors. Our initial plan has grown into a cutting-edge program model with implications that reach well beyond our preliminary intent.

The last year's program highlights include:

- Identified and, on January 12, 2007, purchased *Aaron's House*, located at 850 E Gorham Street in Madison.
- Garnered media attention that is unprecedented for new non-profits, including radio interviews, local news reports on all major networks, national magazines, and regional newspapers.

- Released regional press releases on almost a weekly basis to report the exceptionally high level of activity during this period.
- Granted “expedite” 501(c) 3 approval from the IRS on January 12, 2007, which we understand is rarely received.
- Awarded two grants, equaling \$35,000, since January 2007. One more, in the amount of \$35,000, is pending final determination as of this writing.
- Received \$55,634.15 in other donation contributions between January 2006 and May 2007 from the local business community and general public.
- Obtained \$150,000 worth of donated labor and materials from the National Association of the Remodeling Industry – Madison (NARI) to repair and upgrade house features that improved energy efficiency and “health” of *Aaron’s House*.
- Partnered with other organizations, such as Connections Counseling, LLC, the Chris Farley Foundation, and local high schools. Other collaborations are currently under discussion, such as with a nationally renowned program, the Boys Project.
- Contracted with a non-profit program development and grant writing consultant in October 2006 to begin creating our program model and securing necessary funding. Since that time, we grew from a concept that was devoid of internal programming to the exciting service model we now seek to fully form.
- Hired a part-time Clinical Director in February of 2007 who will collaborate with our consultant in the development of our comprehensive policies and procedures manual, as well as AJM’s philosophical and clinical frameworks. The Clinical Director will additionally offer programmatic oversight as relates to supervision and support to the House Mentor, and aid the residents, as needed, in establishing house culture and maintaining cooperative relations.
- Officially adopted our mission statement and long-term vision.
- Revamped promotional materials and prepared preliminary operational systems to begin the interview process for both residents and our new House Mentor.
- Established initial infrastructure, processes, and organizational structure.
- Delineated our fundraising goals and identified a large number of potential grantmakers and sponsors. Also outlined a detailed program development plan, including milestone targets for task completion.
- Planned 6 fundraising events that will take place between now and August 14, 2007, with an anticipated revenue intake of \$25,000.
- Expanded the scope of services to include the preliminary development of a city-wide Peer Support Network to commence in October of 2007.

## Philosophy & Demonstration of Need

Recovery is difficult no matter the age of the person embarking on this path. Relapse is to be expected and maintaining the course of sobriety requires the support of those around you. Certainly, the only failure in this journey is not getting back up again. For this reason, *Aaron's House* will be created with success in mind and utilize a structure that is different than traditional therapeutic environments. Success will not be measured by unwavering sobriety, but instead, building the individual supports needed for each resident to continually strive toward their goals and personal growth within a mutually supportive environment.

Without question, there is an urgent need for *Aaron's House*. College-aged students who are in recovery face an even greater challenge in maintaining sobriety. Societal “norms” on campuses, indeed, make continued sobriety a daunting task, as daily socialization and campus living are inundated with alcohol and drug related activities. Clearly, a student in recovery is almost certain to fail within this setting, and we know we do not need to bombard you with college statistics in order for you to know this is true.

Fortunately, some colleges and universities in the United States have recognized a need for sober living dorms and have stepped up treatment programs within their institutions. Despite some strides, an article on *Join Together: Advancing Effective Alcohol and Drug Policy, Prevention, and Treatment's* website indicates that sober dorms are as far as most colleges offer due to the relatively low number of students who are actually in recovery, claiming that it is viewed as cost prohibitive.<sup>1</sup> And, for students who are only attending school part-time, dorm living is not even an option.

*Aaron's House* will support young men who, like Aaron, will attend college or vocational training on a part-time basis while holding a part-time job. Residents will live in the home for up to 24, with possible extensions made due to individual circumstances. But even after a young man leaves *Aaron's House*, our commitment to him is not over. Our support will remain.

“Structure” within the home will be limited to general house rules and expectations that each resident contribute to keeping the house running. Within this normative framework, the residents will receive counseling or participate in other treatment modalities—but they will do so outside their HOME. A House Mentor will live on-site to support the young men as needed, while ensuring that the basic house responsibilities are fulfilled.

Why this framework? The answer is simple.

When Aaron Meyer was in drug treatment, his father, Tom Meyer, discovered that traditional and more restrictive structures only led to his son's “failure.” Measurements of success were unrealistic and only paved the way for a young person in recovery to find disappointment in themselves and the program. Instead, *Aaron's House* will promote responsibility, personal

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<sup>1</sup> <http://www.jointogether.org/news/headlines/inthenews/2004/more-colleges-help-students.html>

empowerment, and an environment where the residents help each other to remain sober. Young men work well on a team—and that is what *Aaron's House* will be. A team effort.

*Aaron's House* will create and implement a unique and resident-centered approach to supporting young men in recovery. Rather than a “one size fits all” philosophy, this project will focus on the specific needs of each young man in the program. Through a resident-driven goal planning process, the participant’s chosen team of friends, family, and mentors will aid and support each student in identifying prior barriers to success and strategies for overcoming these issues. Strengths will be highlighted during this process, as well as life dreams, and will encompass all areas of growth and daily living.

Weekly or, in times of personal crisis, daily check-ins with the house mentor will take place, allowing for the student to reflect on achievements and stumbling blocks for that day or week. Additionally, success will be measured by adherence to the resident’s Personal Lifestyle Plan, not sobriety.

The reason for this, such as is the case, for example, with alcoholism, is that relapse is an expected part of the recovery process. A 1989 article by National Institutes of Health (NIH)/ National Institute on Alcohol Abuse and Alcoholism states that “There is evidence that approximately 90 percent of alcoholics are likely to experience at least one relapse over the 4-year period following treatment. Despite some promising leads, no controlled studies definitively have shown any single or combined intervention that prevents relapse in a fairly predictable manner. Thus, relapse as a central issue of alcoholism treatment warrants further study.”<sup>2</sup>

*Aaron's House* subscribes to the concept that success will be met through a combination of interventions—and personal connections with others. Certainly, AA and NA, for those who can “buy into” and benefit from a 12-step program, or participation in an equivalent treatment modality is necessary and will be required as part of the program participation contract. But, just as a square peg cannot be forced into a round hole, just as we all learn differently and grow in our own time and way, this project celebrates differences and individuality.

Therefore, program goals do not emphasize job retention, grade point average, or other scientifically measured results. Although there will be quantifiable outcomes that will vary per student, personal growth can only be witnessed...not scored. Certainly, these intangibles will be our greatest victory even if they cannot be calculated as a percentage increase through task analysis. Yet, their value is no less important. In fact, helping these young men reach their potential and find their contributing place in this world is far more critical than counting how many times they missed class or faltered in their judgment.

Imagine, for a moment, what life would feel like if you were stripped of any decisions regarding your own existence. While there is a need for rules and expectations in terms of a civil society, people with disabilities, mental health issues, and those in recovery are often faced with limited

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<sup>2</sup> National Institute on Alcohol Abuse and Alcoholism No. 6 PH 277 October 1989

options and highly restrictive environments. Many times, they are told how and where they will live, where they will work, and have their goals paved out for them by someone else. Under this framework, most will rebel and behavioral issues are rampant. Wouldn't you do the same?

But, on the other hand, what if we allowed people to create the lives they wanted? What if they studied what interested them, embraced and capitalized on their own particular strengths, surrounded themselves with mentors THEY chose who inspired them, and they set, even with input from others, their own goals for their upcoming year or life? It is a different level of investment, for sure. Without doubt, there is personal responsibility attached to this, but what a glorious thing that is. It instills hope and optimism—something that is needed in the recovery process, which is... a promise of something better. This is the mission of *Aaron's House*.

Harnessing the strengths of the community and the involvement of caring families, as well as the particular gifts of these young men themselves, the program will be built upon the individualized needs of each resident. External supports, such as adult mentors, will also be cultivated, matching residents with a pool of supportive persons who can aid them while tapping into special interests they share. For, it is not laundry lists full of rules and restrictions that will make a difference in the lives of these young men—it is caring people who will lend an ear, spend some time, and take a genuine interest in the special talents—and challenges—of these young men who are committed to a better life and a brighter future.

One aspect of the philosophy of *Aaron's House* sets it worlds apart from other treatment options. Simply put, it is the concept that *we are all in this together*. Relapse is not failure. And, we will, together, find a way to get back on the path to recovery. Because of this, the program refuses to “give up” on our classes of students. They need to know they can count on us during the darker days, and trust that we will remain by their side—unconditionally. Other programs quickly discharge a young person in crisis due to breaking “rules.” We are different. Whether it is due to the mistakes of youth or the challenges of recovery itself, we all fall from time to time or make poor decisions. That is how we grow. What matters is commitment—to recovery, to community, to meeting our own individual potentials, and... to each other.

## **Project Description**

Through a \$50,180 grant award from the Otto Bremer Foundation, AJM seeks to solidify its unique program model through the creation of personnel and program policies and procedures, an Ethics Advisory Board and a Student Judiciary, a detailed process for our Individual Lifestyle Plan facilitation and implementation, and preliminary development of a city-wide Peer Support Network. House rules, peer-based culture, and general expectations will also be developed by the residents with support and guidance of the live-in House Mentor/Services Coordinator and AJM's part-time Clinical Director.

AJM's program model will be developed and modified, as needed, within a three-year period. Serving as a pilot project, AJM will create, implement, and evaluate the success of its service

model prior to using it as a standard for duplication both in-house and as a “how-to” guide for other non-profit organizations across the nation. We seek support from the Otto Bremer Foundation to help fund the activities of our first year of operations, giving us the tools to safely, responsibly, and effectively serve our first class of student-residents, as well as to begin programming for other young people in recovery in the Madison area.

Through the leadership of our non-profit consultant, Mary Costello, and our Clinical Director, Tami Bahr, a number of essential activities will take place over the upcoming 6-12 month period. Clearly, a residential program carries a significant level of responsibility and poses an absolute urgency for adoption of standardized practices. It also involves anticipating, well in advance, every possible intervention that may be needed for a person in crisis, along with the appropriate and clear-cut protocols to be followed under any given scenario. Given that many persons in recovery also suffer from some form of mental health challenge, this is particularly critical for AJM to have in place prior to the home opening.

## **Policies and Procedures Development**

To date, we have completed only the basic necessities in order to effectively conduct interviews for our House Mentor position and the admission/assessment process for residents. This includes job descriptions, a detailed resident application packet, and *Aaron's House* fact sheet. Our Leadership/Development Team has also committed substantial time toward creation of the philosophical framework of our program and targeted activities—with associated timelines for completion—to be incorporated into our program's birth and subsequent offerings.

The development of all policies and procedures, a comprehensive staff training manual, and the establishment of household rules and culture are scheduled to begin on July 5, 2007. Due to your foundation's advised minimum review period of 10-12 weeks, work will likely need to commence prior to receiving a funding determination. This will result in AJM applying donation money we have accrued thus far, with hopes of replenishing that reserve through general operational grant funding. It is imperative that these processes be in place prior to the house opening. Although we need the money we have on reserve for other items, such as the house mortgage and other expenditures, we are forced into a situation where there is no alternative but moving forward, with optimism and faith that you and others will join us in our efforts.

### 1. Staff training manual for the House Mentor/Services Coordinator

Our House Mentor will receive a number of in-house and externally provided trainings prior to working with our residents. Other trainings will be scheduled to take place within 3 months of employ. Some trainings may be waived, depending on skill and educational level of our chosen candidate. Trainings will include, but not be limited to:

- AJM history, mission, and purpose
- Client Rights
- Peer-support model
- Setting healthy boundaries
- Mediation skills
- Behavioral techniques, including reducing power struggles and positive reinforcement
- Addictions specific training
- Mental health overview – including client-specific issues
- CPR/ First Aid/Blood-borne pathogens
- Safe food handling and storage
- Emergency Protocols
- Strengths-based programming and respect for individuality and personal preferences
- Supportive counseling techniques (active listening, clarification, problem-solving, and goal setting)
- Objective documentation
- Basic grant writing tips (small grants only) and grassroots fundraising (for PSN)
- Creating measurable goals and objectives
- Client Privacy
- Confidentiality
- Professionalism in community outreach
- Dealing with hostile people/neighbors
- Reporting procedures and form usage
- Monitoring behavioral and mood changes
- Suicide risk and intervention

## 2. Policies and Procedures

A complete set of personnel and program policies & procedures will be created by our Leadership/Development Team by the end of July, 2007. At that time, the final first draft will be provided to a newly formed Ethics Advisory Board for preliminary review. Upon approval from this body, the final draft, with any needed modifications, will be presented to the Aaron J. Meyer Board of Directors for approval and formal adoption by August 10, 2007.

### Personnel

- Job descriptions – House Mentor and Clinical Director (**COMPLETED**)
- Job application to include:
  - Contact information
  - Social security number (for citizenship verification and taxes)
  - Copy of photo ID

- Emergency contact person
  - Three references
  - Work history
  - Educational background
- Pre-Employment physical
- TB test
- Criminal background check
- Separation/At-Will employment
- Residential contract for Live-in position
- Emergency Leave
- Bereavement Leave
- References policy (only dates of employment, salary, and rehire eligibility)
- Training requirements
- Waiver of training requirements
- Disciplinary actions and grievance
- Performance Evaluation and coaching
- Probationary Period
- Alcohol or Drug Usage
- Other, as determined during this process

#### Organization

- Board of Directors (formalizing/fine-tuning current structure)
  - Responsibilities and roles
  - Elections and terms
  - Separation
  - Conflict of Interest
  - Meetings –Frequency, format, and notification process
  - Records
  - Financial and other expected contributions
- Mission Statement (COMPLETED)
- Purpose (COMPLETED)
- Non-discrimination policy (COMPLETED)
- Goals and Objectives (COMPLETED)
- Organizational chart (COMPLETED)

#### Program

- Application for services (COMPLETED)
- Fact Sheet (COMPLETED)
- Service agreement with residents
- Emergency Information Binder (a red one, for the entire house)
- Emergency Procedures (medical)

- Emergency Procedures (mental health)
- On-call Emergency Response system and notification tree
- Notification to families in event of emergency
- Fire drills/fire safety (including fire extinguisher inspections, smoke detectors, lint traps)
- Emergency Preparedness
- Evacuation Plans (specific to events)
- Confidentiality and Release of Information
- Room Inspection
- Discharge and Referral
- Grievance Procedure
- Incident Reports
- ILP process –Planning, implementation, modifications, and monitoring of progress
- Mail at Aaron’s House
- Reporting and recording changes in medication, treatment, and emergency contact information
- Mentorship requirements

### 3. Forms and User Guides

- Annual physical exam
- Mood chart (2 versions, staff and self-assessment, to be done weekly)
- Time sheet
- Vacation or leave request
- Check Request (such as for trainings/workshops, or reimbursement for approved purchases)
- Performance Evaluation (staff)
- Residential contract with live-in
- Mileage reimbursement
- House repair request
- Chore chart
- Weekly Resident Check-in
- Clinical supervision worksheet/documentation record
- House rules guide sheet with associated questions to discuss
- ILP Invitation template
- House meeting documentation form
- House rules template/formation guide
- ILP packet
  - Strengths and needs list
  - Prior barriers identification/solutions and support needs
  - “Non-negotiables,” strong preferences, highly desirables

- Worksheets for each goal area, (and strategies/objectives) including:
  - Recovery
  - Educational
  - Behavioral/Mental health
  - Physical (overall health and fitness, as well as medical needs)
  - Spiritual (optional)
  - New skills (budgeting, cooking, crafts, career advancement, etc)
  - Social/Hobbies/Adventure
  - Mentorship needs/requests
- Client weekly schedule chart
- Incident report
- Medication records
- Emergency contact sheet form
- Release of Information/Disclosure forms
- Mentorship application
- HM communication log (phone calls and other. Client specific and PSN)
- HM weekly goals and task planning sheet

#### 4. Other

- Phone number list (including all Board members)
- Fire/evacuation diagram, showing emergency exits, per floor, and fire extinguishers
- Service contracts with any repair companies, i.e.; furnace, etc.
- Community resources binder
- “Tickler” file systems

## **Ethics Advisory Board and Student Judiciary**

AJM is currently seeking volunteers to serve on its Ethics Advisory Board (EAB). During the policy development phase, this committee will be limited to only three members in order to ensure the most productive and rapid policy review efforts. Our Clinical Director will chair this committee until this process is completed, but will be a non-voting member. After this deliberation process is finished, the EAB will name a new chairperson, who will ideally be an active or retired judge, and seek to fill additional seats, up to 12 persons. This advisory body will be comprised of members of the community that have no other invested interest in AJM.

The primary role of the EAB is to discuss and recommend policy as relates to human rights issues and fairness when resident discharge is proposed. This governing and objective entity will also provide support and guidance to a new Student Judiciary that will be formed by early winter, 2008. At that time, peer-led hearings will involve all disciplinary actions for current

residents, the ability of offending residents to prepare and present an acceptable reparation plan in order to remain in the program, and mediations between residents if grievances are filed in this regard. Student Judiciary representatives will not be residents themselves, but members of the city-wide Peer Support Network.

In future years, it is envisioned that this judicial body will offer its objective and fair-minded recommendations to other organizations in Madison, serving as a source for independent, external hearings regarding this age population and continued services in respective programs. It is likely that, at that time, monthly meetings will be held, depending on the number of docket requests. Representatives of participating organizations or schools will be invited to be official members of this peer-led justice system, with term limits of 1-2 years. Conversely, emergency meetings will be called within 48-72 hours in response to issues of proposed resident discharge.

Activities of both the EAB and the Student Judiciary are limited to recommendation rulings. Their written outcomes will be provided to the AJM Board of Directors for final decisions on all matters.

## **Individual Lifestyle Plan**

A key component of AJM's service model is the development and implementation of an Individual Lifestyle Plan. This plan centers on the creation of resident-specific strategies for success, embracing the concept of individuality, preferences, and strengths. In short, it is the polar opposite of a "square peg in the round hole" philosophy. Instead, the plan process involves indentifying prior barriers to success, including "triggers" that jeopardize sobriety.

Modeled after a triumphant, progressive effort in the State of Maryland to create customized programming for persons deemed "difficult to place," which was, in part, led by our program development and grants consultant in the early 90's, this approach celebrates preferences and unique solutions that incorporate all areas of living and growth. This client-centered process focuses on building a program around the *resident* rather than the wrongful assumption that one answer, or support system, fits all. The premise also suggests that past "failure" was likely due to the lack of proper supports, rather than a shortcoming of the individual or true inability to succeed.

It further embraces the concept that behavioral issues and other stumbling blocks are greatly reduced when a person's preferences are honored. They must "buy into" their plan in order for it to be effective. They must maintain ownership of their plan, and it must reflect them, not the staunch dictates of others. Although certain needs *must* be addressed, *HOW* this occurs is based on the individual ...and the input of others is just that—input. In the end, all adopted parts of the plan are determined by the resident. The process inherently promotes empowerment and personal responsibility. Yet, it also instills official commitment by loved ones and other interested adults to their particular support role.

While this is a formalized plan, it is created in an informal setting. This does not occur within a Board room, but, rather, in a living room. Ideally, it is accompanied by a pot luck dinner, pizza party, or brunch.

The person's "chosen team" gathers for a celebration of life and opportunities. Each resident decides who will be present for their own Lifestyle Plan party, which may include family members, friends, clinicians, clergy, 12-step sponsors, AJM staff, and other mentors. They may elect to have as many or as few participants as they choose. They, themselves, drive the plan, and therefore, also decide how it will be formulated, utilizing AJM's suggested format, worksheets, and visual aids.

Together, the team talks about how to best support their friend, family member, neighbor, or client, with each contributing based on what they personally know of the plan's "owner." Facilitated by the resident him or herself, with support and assistance from AJM staff during the course of the event, the group identifies what "works" or "doesn't work" for the owner. The climate should be non-threatening, open, and optimistic. While components may hint of confrontation, especially with this particular population, co-facilitators will re-direct participants as needed to maintain a positive and productive atmosphere. The goal is – support and solutions.

The Individual Lifestyle Plan encompasses all areas of living. Within each category, previous barriers and successes will be explored. Associated with each, will be targeted strategies for addressing identified challenges. For example, if a resident carries elevated anxiety about their educational goals due to the presence of a learning disability, that section of the plan would also point to interconnected needs for managing stress reduction under the health and mental health categories, as well as appropriate tutoring help or adaptive learning.

The plan looks at both existing community supports and what may be available through a particular school, but also creative ways, such as mentorship, to help the resident meet his goals and objectives. Some categories in the plan, which will be more fully delineated in July, include:

- Recovery
- Educational
- Behavioral/Mental health
- Physical (overall health and fitness, as well as medical needs)
- Spiritual (optional)
- New skills (budgeting, cooking, crafts, career advancement, etc)
- Social/Hobbies/Adventure
- Mentorship needs/requests
- Community Service interests

In addition to goal planning and the creation of measurable objectives and milestones, the Individual Lifestyle Plan serves as a contract between AJM and the resident. This contract is malleable, as life changes along with our needs, schedules, and dreams. Weekly "check-ins"

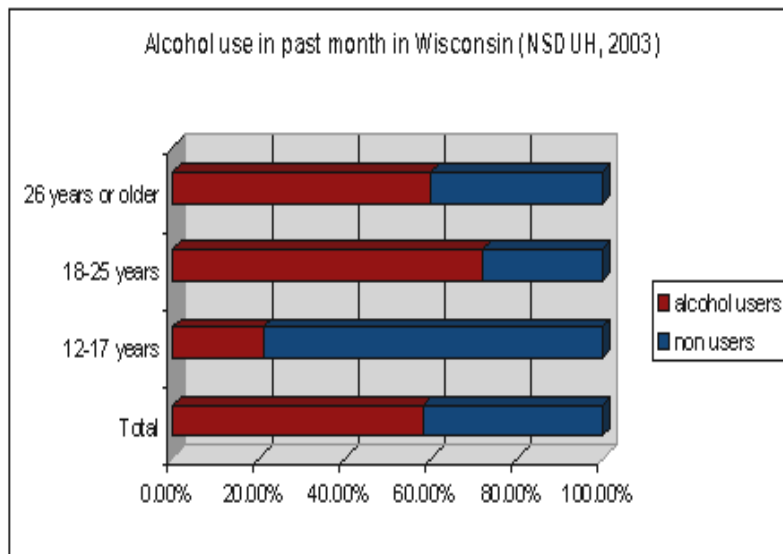
with the House Mentor result in goal reviews, problem-solving, and, when necessary, formal modifications to the annual strategic roadmap.

Foremost in this plan is quick response to obtaining or increasing mental health and other recovery treatment needs as indicated at any given time. The House Mentor, with support from the Clinical Director, is the primary service coordinator for each resident, and will develop and maintain a comprehensive resource binder of all available community offerings.

The Individual Lifestyle Plan will also list, according to those who know the resident best, “signs” that the owner may be heading for mental health or recovery crisis. A detailed Emergency Response Plan will be drafted, including who the resident will call, and in what order, when he or she is in need. In some cases, the first call will likely be an AA or NA sponsor. For others, it may be the House Mentor. These are all variables to be determined during the meeting.

### City-Wide Peer Support Network

The idea for a city-wide Peer Support Network (PSN) grew out of an interest in supporting young people in recovery in some fashion, despite the limited room availability of *Aaron’s House*. Part of what prompted this was hearing how many young women had asked when a similar home would be opened for females. We also discussed the issue of residential candidates that need more intensive support than our program model can offer, who we feel committed to serving in some capacity—bringing them into the AJM community support system.



Further discussions and investigation of this opportunity produced some staggering results. For one, we learned that in the entire Madison area, there is only ONE AA meeting specifically for this targeted age group. This is particularly troublesome when the University of Wisconsin–Madison is rated the number one party school (alcohol) in the nation.<sup>3</sup> How many students are abusing alcohol alone?

<sup>3</sup> <http://www.princetonreview.com/college/research/rankings/rankingDetails.asp?CategoryID=3&TopicID=32>

According to the National Survey on Drug Use and Health (2003), around 58% of the Wisconsin population (aged 12 or older) reported the past month use of alcohol. More than 21% of the people in the age group of 12–17 years and above 72% in the age group of 18–25 years reported using alcohol in the past month. Among the people of 26 years or older the rate is more than 60%.

In the survey, around 29% of the Wisconsin people showed binge alcohol use and around 37% reported perceptions of great risk of having five or more drinks of an alcoholic beverage once or twice a week. In the age group of 12–17, past month binge alcohol use is more than 13%. In the state, 9.53% of the total population showed alcohol dependence or abuse in past year.<sup>4</sup>

The PSN will provide a membership group that will center on chemical-free social activities (such as movie nights and cook-outs), the creation of new and varied 12-step meetings (AA, NA, and drug-specific) throughout the area, peer-driven support groups, sober “study hall” hours at *Aaron’s House*, and mobilizing young people to work together to serve their community through special volunteer projects.

All college-aged students will be welcome to participate, including those who are not in recovery but who opt to surround themselves with sober friends. The only criterion for membership is that the student commit to a contractual agreement that includes treating others with respect, offering to support others in their time of need, abstaining from drug and alcohol usage (non-recovery members need only commit to this aspect when in the company of other members), and actively participating in community service activities.

Under the leadership of the House Mentor/Services Coordinator, who shall serve as the AJM Liaison to this student group, *Aaron’s House* residents will be invited to help create this new community resource. Each resident is expected to “give back” to their community in some form, yet AJM does not require a specified activity. We suspect, however, that the residents will find this particular outlet appealing.

Starting in September of 2007, with the support of the Clinical Director and development consultant, the groundwork for this exciting new program will begin. Initial work will center on cultivating interest and participation of student leaders who will serve as a Student Steering Committee. This group will immediately create and disperse flyers for a series of student town hall meetings and simple sober activities that do not require extensive pre-planning.

Additionally, with the assistance of the PSN Liaison, the Student Steering Committee will form its Student Judiciary, including naming its chief judge. The committee will also create a job description and interview process to hire one student leader as PSN Program Director, as a part-time work-study job of between 15 and 20 hours per week. This will be funded upon grant or other donor support. In this capacity, the Program Director will report to the Student Steering Committee, in resemblance of a non-profit Executive Director’s responsibilities to an

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<sup>4</sup> <http://www.druginterventions.net/wisconsin.htm>

organizational Board of Directors. The Steering Committee will also provide performance evaluations, and hold the power to offer or sever employment.

In the true spirit of peer-support models, these student leaders will create solutions to the needs they, with help, identify in the community. The form this program takes will be molded by them, with targeted suggestions from associated AJM staff. In particular, the group should immediately address the lack of 12-step programs in the area. Given the urgency of this shortcoming, the students will work with AJM and other community partners to quickly develop and advertise this answer to a critically unmet need.

The Student Steering Committee will hold their own elections for leadership positions, and they will be responsible for writing their own policies and procedures, creating a logo and letterhead, establishing a bank account that will be overseen by AJM's Board Treasurer, Jeff Kuchenbecker, and developing a web-based presence. They will create the sub-committees they need for planning and implementing both social events and community service projects.

Based on their own visions and ambitions, AJM staff will offer tools to enable them to pursue their goals, such as providing tips and feedback on small grant applications to fuel given projects. They will be expected to seek sustainability through their choice of fundraisers and other methods. We also hope that they would choose to help AJM expand its residential program, enabling our program to accommodate more student-residents, through helping with fundraising efforts. All of this, though, will be determined by them as a group and the mission, goals, and objectives they choose to adopt.

Absolutely, AJM will be available to help in any way during the early years of this effort. As time goes on, this subdivision of AJM programming will be completely student-run with advisors remaining intact, as needed. Additionally, AJM will offer trainings that may be of benefit, such as creating and utilizing consistent organizational systems, management techniques, and a host of record keeping issues.

Eventually, it is quite possible that this group will also extend itself as mentors to high school students, such as those who attend Horizon High School, a small recovery school in Madison. This will not occur until a later time, however, and full exploration of issues surrounding involvement of minors.

In essence, the PSN program is an extension of *Aaron's House*. The house, and, likely, our residents themselves, will be the hub of its operations. Since we are already planning to maintain a healthy list of available mentors for our residents, it would be a shame to have that resource unused if a particular guiding adult's interests do not match any of our residential program participants. Therefore, we will expand and actively pursue growth of our mentorship program through the combined efforts of the PSN and AJM staff. PSN volunteers and leadership will assume the responsibility of creating and maintaining a database for this purpose, as well as fielding calls and emails from their peers requesting this type of support.

Also, as we have already received offers from several members of the community to provide classes for our residents on a number of topics, such as budgeting and financial planning, cooking, etc., we would encourage our PSN leadership to tap into these resources as well, or invite members to join the residents at the house for these courses, depending on demand and space limitations.

Another interesting component of this program would be to encourage the peer-support leaders to incorporate the use of the Individual Lifestyle Plan process for those who are not in a formalized program. AJM would eagerly train student leaders to facilitate this process, finding value in it for all persons who need to count on others for support...while targeting their goals and strategies for realizing their personal dreams. It is, in essence, a mutual contract—delineating what each will do to help the other, and themselves, along the road of recovery and in pursuit of well-rounded wholeness and health.

## **AJM Leadership/Development Team**

Until program expansion occurs, the AJM Board of Directors understands that a unique administrative model must be applied to our project. The organizational structure we have chosen allows us to meet all needs of the program through a full-time House Mentor/Services Coordinator, a part-time Clinical Director, and a contractual agreement with our grant writing and program development specialist. It is the most cost effective approach until it is feasible to hire a full-time Executive Director/Clinical Supervisor, which will not occur until AJM has opened a minimum of three transitional housing units. At this level of operations, a position such as this, with the credentials we would seek to ensure our standards of excellence, would leave our budget top-heavy. Because of this, we have devised an unorthodox, yet highly effective, framework.

What was first envisioned as a 20-hour a week job for the House Mentor has grown into a position requiring more administrative responsibilities, as well as including community outreach and program development tasks. Upon expansion, this person will supervise and train new House Mentors and will reduce the number of hours committed to the new city-wide Peer Support Network. The House Mentor reports directly to the Clinical Director and interviews are currently taking place for this candidate.

On an average week, we expect our Clinical Director to provide a minimum of 2 hours of support and clinical supervision. We have budgeted, however, up to 5 hours per week for this position, expecting that emergencies and the need for other interventions will, at times, occur. Weekly supervision meetings will take place with the House Mentor, which will last between 1-2 hours. Goal reviews, resource needs, and mental health status will all be covered, as well as a sign off on all documentation from the previous week.

## **Tami Bahr- Clinical Director** (2-5 hours per week after development phase)

### Education/Licensing:

LCSW - Licensed Clinical Social Worker

CSAC - Clinical Substance Abuse Counselor

ICS - Independent Clinical Supervisor

MSSW - Masters of Science in Social Work - UW Madison, 1998

BSW - Bachelors of Social Work - UW Oshkosh, 1995

Tami Bahr has 12 years of experience in the human services field. Her background includes providing direct clinical services in a transitional housing program for homeless, mentally ill and/or chemically dependent single men and women, as well as offering casemanagement services to residents of city public housing. Her supervisory and program development skills were honed while she managed a transitional housing program for women in AODA treatment and their children, along with another residential program that combined treatment for mental health and AODA issues.

She currently serves as a private Social Work practitioner, offering AODA and mental health therapy on an outpatient basis, while additionally providing clinical supervision to counseling staff as Assistant Director at Connections Counseling. Although Connections Counseling is a project partner with AJM, Tami serves as a part-time employee of our organization.

Generally speaking, Tami works closely with our consultant to tighten written materials prior to implementation and is currently spearheading the House Mentor interviews and resident application processes. Once the house is opened, Tami will assume full supervisory responsibilities over all aspects of operations with Aaron's House. She will help the residents to create the house culture and rules, and will serve as immediate supervisor of the House Mentor regarding both clinical issues and physical plant management.

Since our consultant works remotely and accommodates AJM needs on only a contractual basis, Tami also serves as the organizational contact for any grant applications, requests for additional information, as well as all interim and final grant reporting. This logistical decision was made to ensure consistency and maintenance of a centralized records system.

As Assistant Director with Connections Counseling, Tami is well connected with the population to be served through *Aaron's House*. Many of Connections Counseling's clients are a natural "feed" to the various aspects of AJM's proposed programming. The PSN, in particular, will be built through the natural collaboration with this treatment program and others with which Tami has regular interactions.

## **Mary E. Costello –Grant Writing & Program Development Consultant**

Education: BA – Social Work – The Catholic University of America, Washington, DC, 1987

Mary Costello holds over 20 years of non-profit experience in program administration, clinical work/counseling, casemanagement, community outreach and public speaking, and advocacy. Her areas of expertise include the creation of new programs that support, in particular, challenging populations, in both residential and day settings. Known for “out of the box thinking,” Mary has created many human service programs from “the ground up,” skillfully breaking down global ideas and concepts into the minute programmatic details necessary for achieving optimal operational efficiency. Likewise, she successfully and quickly revamped many troubled programs on the brink of closure due to significant state licensing deficiencies, correcting systemic and isolated problems, as well as establishing protocols for ongoing quality assurance programs. She now applies this wealth of knowledge and experience to non-profit organizations across the United States in a consultancy capacity.

Her background includes managing residential, day, casemanagement/counseling/advocacy, and psycho-social recreational programs, predominantly in the developmental disabilities (DD) field. Her forte, however, was in working with persons with complicated and co-existing challenges, including an extensive range of physical disabilities, DD/(profound, moderate, and mild) mental retardation, autism, chronic mental illness, learning disabilities and language disorders, substance abuse histories, and severe behavioral issues. Work included services for children, adults, families, and monitoring and support of other service provider organizations. Several of her former residential programs also offered one or more congregate living facility for the aged.

As a member of a unique, progressive, and widely acclaimed project in Maryland during the early 90’s—a model extended to other states through targeted training programs for other non-profit organizations—Mary served as an State advocate and change agent with the Community Support & Access Unit, a shared project between the Maryland Developmental Disabilities Administration and the University of Maryland at Baltimore. This group of professionals introduced and utilized a customized planning process called the “Essential Lifestyle Plan,” a revision of the formerly known model in Maryland titled “Personal Futures Planning.” AJM’s individualized support plan process is an evolution of these framework models, appropriately modified to the particular population we serve.

Applying these principles to the organization Mary founded in 1992, Creative Options, Inc, she crafted a comprehensive grant proposal in response to a RFP for new providers. This resulted in negotiation and award of a 2.8 million dollar contract with the State of Maryland DHMH/DDA to support person’s deemed “difficult to place” due to longtime histories of “failure” to live successfully in the community. This successful history led her to us.

Mary currently serves community-based and national programs throughout the nation, offering program development and grant writing services. Her relatively new consulting firm, Creative Edge Consulting, has been in existence since 2005, and she supports a large number of agencies that address a plethora of societal issues and needs.

## Measurable Outcomes and Communicating Results

Immediate and measurable outcomes of success will be the creation of a final policies & procedures manual, which will also include personnel documents and staff training materials. The creation of an Ethics Advisory Board and Student Judiciary are also targeted ends, as is the establishment of a Peer Support Network with associated self-governing systems.

An evaluation tool will also be designed to monitor the needs and reasons for policy modifications over the course of two years. By the end of year two, our tested program model and associated procedures will be utilized to effectively duplicate services within Wisconsin, and as a “how to” guide for programs who wish to create similar programs in other states. Marketing of this program model, and technical assistance to other interested groups, will begin in year three.

The House Mentor, Clinical Director, and student leadership will be given monthly report forms to collect data and other information on an ongoing basis. Using this system, AJM will provide interim reports as requested by the Otto Bremer Foundation, as well as a year-end report summarizing achievements and lessons learned during the grant cycle. Our internal program evaluation and final report will include, but not be limited to:

- A list of all policies & procedures created
- A complete copy of the final operations manual
- A list of policies & procedures that warranted revision after implementation, and the reasons for these modifications
- A list of newly added policies as a result of situations that were unanticipated
- Record of resident turnover, if any, with total numbers served at *Aaron's House* during the year. Reasons for discharge, if applicable.
- Collective percentage of met goals, as per the Individual Lifestyle Plans, in a 12-month period, broken down by the separate lifestyle categories
- A copy of the PSN policies & procedures, list of governing board members, and a bio and resume for the PSN Program Director
- Monthly summaries lists of PSN activities and achievements
- Number of active PSN membership per month
- Number of grievances filed to the EAB and Student Judiciary, the issues presented, and outcomes (Resident privacy will be protected, indicating the person by initials only)
- Expansion plan updates for both PSN and *Aaron's House* (subsequent houses will fall under this program title, but will be called, appropriately, by other names such as “Paul’s Place,” “Kathy’s House,” etc.)
- Indication of any new project partners and their expected or demonstrated roles
- Plan of Correction, if needed
- Justification of all expenditures and most recent financials
- Any other information requested by the grantmaker

## Project Budget Request – One Year

(This includes highlighted needs only. Please see attachments section for full budget)

Item	Description	Total Cost	Grant Request
<b>Program Development</b>	<b>One-Time-Only during development phase</b>		
Clinical Director	10 hours a week for 12 weeks @ \$65 per hour. Includes contributions to policy and systems development, establishment of house culture, staff training, and ILP facilitation	\$7,800	\$7,800
House Mentor	Training – 40 hours, plus training costs for workshops, CPR, First Aid, etc.	\$1,000	\$1,000
Grant Writing & Program Development Consultant	Full-time (40 hours) for 4 weeks @ \$75 per hour, policy and full systems development	\$12,000	\$12,000
<b>Equipment</b>	<b>One-Time-Only</b>		
Computer, 4-in-1 quality printer, and necessary software	Database design/maintenance for mentors/ resources for PSN members, advertising materials, email blasts/correspondence	\$3,500	\$3,500
<b>Operational Costs</b>	<b>Ongoing</b>		
Clinical Director	5 hours per week @ \$65 per hour. 3 for Aaron's House, 2 for the PSN (52 weeks)	\$16,900	\$6,750
House Mentor	40 hours per week @ \$10 per hour. 15 hours per week- PSN, 25 hours- Aaron's House	\$20,800	\$10,400
Grant Writing & Program Development Consultant	20 hours per month @ \$75 per hour	\$18,000	\$6,000
PSN Program Director (Student Leader)	Part-time work-study job, 15 hours per week @ \$7.00/hr	\$5,460	\$2730
Office Supplies and Misc.	Paper, ink, general office supplies, postage, letterhead, envelopes	\$2,000	0
<b>Totals</b>		<b>\$87460</b>	<b>\$50,180</b>

## Other Funding Support and Sustainability

AJM has experienced a level of community support that is generally reserved for organizations with much longer histories. In the last year alone, we have garnered \$150,000 in labor and materials to improve the physical structure of *Aaron's House*, two grants totaling \$35,000, and over \$50,000 in business and personal contributions. Additionally, six fundraisers will occur between now and August 14, 2006, providing expected revenues of approximately \$25,000.

Still, we have many goals ahead, such as paying off the almost \$200,000 mortgage entirely, thus enhancing self-sufficiency of *Aaron's House* to a large extent through resident rental payments. Of course, expansion will enable us to spread out the costs of our development and clinical personnel, as well as overhead costs. Until then, we require assistance to meet these and other operational expenses, while we continue to pursue support from the local community and beyond.

Meanwhile, our consultant has identified a long list of potential funding sources for AJM. We have not yet pursued many of these sources, simply because we needed to identify our program model components before we could possibly describe them on paper. To date, we have submitted 3 applications through this means. One grant resulted in \$10,000, payable over 4 years, another grant in the amount of \$35,000 is pending a decision, and one Letter of Inquiry was denied.

In addition to our request to you, we also intend on submitted a similar proposal this week to the Public Welfare Foundation. They, like you, appear to embrace our peer-driven philosophy of service and our commitment to enabling our program recipients to take a large role in our developing model.

Our Board of Directors is also discussing our pursuit of a matching grant through the Kresge Foundation. This will require a detailed fundraising plan, which will soon be under development. It is likely we will focus on this opportunity as a vehicle for a capital campaign to pay off *Aaron's House's* mortgage and gain capital for the establishment of house #2.

# The Aaron J. Meyer Foundation

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