



Correctional Facility Recovery Coaching Program

What is the **Correctional Facility Recovery Coaching Program**?

The Correctional Facility Recovery Coaching Program is a peer-based recovery support program that helps individuals with their recovery. The program is free and available to adult individuals in Minnesota Correctional Facilities. Through this program, you can work with a trained Peer Recovery Specialist. Peer Recovery Specialists (Recovery Coach) have personal experience of recovery from Mental Health and Substance Use Disorders.

Through this program you can....

- Receive personalized recovery coaching, peer support, and community resource navigation from a trained MRC recovery coach.
- Strengthen your recovery by exploring what works for you.
- Prepare for your release plan and establish your short- and long-term goals.
- Develop and build your support network.

Recovery coaches do NOT....

- Make decisions for you.
- Diagnose or prescribe.
- Provide counseling or refer to your support activities as “counseling” or “therapy”.
- Promote a particular religion/church.
- Provide financial or legal support.

FAQ's

Q: What happens when I submit my signup form?

A: A Recovery Coach will contact you within **2 weeks** and discuss how he/she can best support you.

Q: How long can I work with a Recovery Coach through this program?

A: There are no time commitment requirements. It goes for as long or as short as you would like to work with your Recovery Coach. You can continue to work with your Recovery Coach even after you leave the correctional facility.

Minnesota Recovery Connection is a Recovery Community Organization. We honor all pathways to recovery and are not a treatment provider. We connect you with....

1. Peer Recovery Support
2. Resource Navigation
3. Release Planning
4. Communication with PO/Caseworker
5. Training and Education

Correctional Facility Recovery Coaching Signup Form

I, _____, authorize Minnesota Recovery Connection (MRC) to contact me at the contact information provided below.

Full Name	
Date of Birth (MM/DD/YYYY)	
Identification Number	
Correctional Facility Name	
Correctional Facility Address	
Release Date (MM/DD/YYYY) (If applicable)	

Gender -	Recovery Date (MM/DD/YYYY) -
Race -	Substance of Use -

The purpose of the disclosure authorized in this consent is to: provide correctional facility Peer Recovery support (Recovery Coaching).

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time. This consent expires automatically as follows:

I understand and agree to the following:

1. I grant permission for a Peer Recovery Specialist from Minnesota Recovery Connection (MRC) to reach me at the above address to support me in my recovery.
2. Each time the MRC Peer Recovery Specialist gets in touch, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e., mentoring/Peer Support, resources, release planning, training and education)
3. If at any time I decide not to take part in this program, I will contact MRC.

Signature _____ Date _____

Please return the form to Minnesota Recovery Connection
 800 Transfer Road, Suite 31, Saint Paul, Minnesota 55114
 Phone (612)-584-4158 Fax (612) 886-3940
justin.mcneal@minnesotarecovery.org