

Bluegrass Intergroup

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Bluegrass Intergroup Guidelines

Hospital & Institutions Committee Chair & Committee Guidelines

*adopted from the AA Guidelines for Treatment Committee.

Bluegrass Intergroup Guidelines are compiled from the AA Guidelines provided by the G.S.O. and adapted, when necessary, to fit Bluegrass Intergroup needs.

Hospitals & Institution Guidelines are compiled from the Treatment Committees Guidelines provided by G.S.O.

A.A. Guidelines are compiled from the shared experience of A.A. members in various service areas. They also reflect guidance given through the Twelve Traditions and the General Service Conference (U.S. and Canada). In keeping with our Tradition of autonomy, except in matters affecting other groups or A.A. as a whole, most decisions are made by the group conscience of the members involved. The purpose of these Guidelines is to assist in reaching an informed group conscience.

Committee Chair Requirements

- Suggested 1 year continuous sobriety
- Willing and able to serve as Chairperson
- 1 year service commitment
- Form a committee immediately upon being elected
- Organize and Coordinate Bridging the Gap with District & Area representatives
- On-board (train) new Chairperson following their term, and pass off important resources to better help them execute their new service position
- Attend every IGR meeting (missing 2 consecutive meetings allows for dismissal and replacement of the chair voted on by IGRs)

PURPOSE

Treatment Committees are formed to coordinate the work of individual A.A. members and groups who are interested in carrying our message of recovery to alcoholics in treatment and outpatient settings, and to set up means of “bridging the gap” from the facility to an A.A. group in the individual’s community.

A Treatment Committee may function within the structure of a general service committee on the area or district level or it may serve within the structure of a central office/intergroup. Prior to forming these committees, this Twelfth Step service is sometimes handled by an individual group or member. As A.A. groups grow in number in a community, experience suggests that a committee works more effectively.

In some parts of the country, A.A.s interested in carrying the message into treatment and correctional settings work together on Hospitals and Institutions committees independent of, but in cooperation with, general service and intergroup committees. This structure also works well in areas where lines of communication between the various service entities remain open.

BASIC FUNCTIONS OF H&I COMMITTEES

1. With approval of administration, takes A.A. meetings into treatment settings within its area.
2. Encourages group participation. In some areas each group has a representative on the Treatment Committee.
3. Coordinates temporary contact programs, such as Bridging the Gap.
4. Arranges purchase and distribution of literature for these groups and meetings.

HOW TO GET STARTED

Since hospitals and treatment settings do not permit unauthorized visitors to enter their facilities, the first step is to establish contact with administrators. In some areas, the initial contact may be by a committee on Cooperation With the Professional Community (C.P.C.). A meeting to discuss ways A.A. can cooperate with the facility within our Twelve Traditions will help avoid numerous pitfalls later.

If possible, arrange for informational presentations to the facilities’ staff for the purpose of explaining what A.A. is and is not. The General Service Office can provide service material offering suggestions for informational programs. The video “Hope: Alcoholics Anonymous”

explains the principles of A.A., our primary purpose and many other aspects which will be of interest to administrators, counselors and clients.

The pamphlet "A.A. in Treatment Settings" describes different types of meetings in treatment centers. In some instances, regular A.A. groups meet in facilities where they rent space in the Tradition of self-support and function in the same way as groups which meet in church basements, schools, etc. The clients are welcome to attend the meetings and this is a practical and simple way of introducing alcoholics to A.A. while they are still in treatment.

All A.A. groups and members should be given the opportunity of sharing in and doing this type of Twelfth Step service. It has proved a good idea to have members from many groups serve on these committees. A chairperson is then elected and plans are developed so that each treatment setting in the area will be assured of A.A. help and cooperation.

Treatment Committees usually convene every month to make assignments and handle other related business. Some of the committees have shared the following activities with us. Perhaps some of these ideas and programs might be used in your area.

1. Workshops have proved an effective way of informing and preparing new committee members for their work with treatment clients and in sharing the experience of the member already involved in this form of service.
2. Other areas have developed sets of guidelines that are helpful for A.A.s newly involved in taking meetings to alcoholics in treatment settings.
3. Many committees have sent letters to all treatment centers and outpatient settings in their areas explaining what A.A. does and does not do.
4. The video "Hope: Alcoholics Anonymous" has been a useful tool for both staff and patients.

HOW A.A.s CARRY THE MESSAGE TO ALCOHOLICS IN TREATMENT AND OUTPATIENT SETTINGS

In trying to reach the alcoholic who is in an inpatient or outpatient treatment setting, A.A.s work together, insofar as possible, by using suggestions from those who have had experience carrying the message into these settings. These Guidelines provide a summary of that shared experience. A Treatment Committee Workbook, available from the General Service Office, contains detailed information about carrying the message into treatment and outpatient settings, A.A.® Guidelines from G.S.O., Box 459, Grand Central Station, New York, NY 10163 A.A. Guidelines are compiled from the shared experience of A.A. members in various service areas. They also reflect guidance given through the Twelve Traditions and the General Service Conference (U.S. and Canada). In keeping with our Tradition of autonomy, except in matters affecting other groups or A.A. as a

whole, most decisions are made by the group conscience of the members involved. The purpose of these Guidelines is to assist in reaching an informed group conscience. Treatment Committees including ways to approach treatment personnel, presentations and workshops, temporary contact programs, and other helpful information. The workbook is sent to area and district committee chairpersons at no charge and is listed in the literature catalog.

LITERATURE AND AUDIOVISUAL MATERIALS

Most committees feel that adequate literature supplies and audiovisual materials are essential for treatment center meetings. It is especially important that each client is supplied with a list of local A.A. meetings. Supplies are financed and obtained in several ways:

1. Donated by area or district general service committees or local intergroups.
2. Purchased with group contributions designated for this purpose.
3. Provided by groups through their Treatment Committee representatives (where the committee is organized and functioning to this extent).
4. Donated by members of the committee.
5. Special funds — Such as special containers at regular meetings, marked “For Treatment Literature.”

Note: Treatment Committee Discount Literature Packages are available from G.S.O.

TEMPORARY CONTACTS AND SPONSORSHIP

Experience shows that even though a client may have been participating in a group or meeting in a treatment facility or outpatient setting, there is anxiety about the transition to a regular group on the outside. With the reminder that A.A. has only sobriety to offer, many committees do try to provide some additional personal contact so this transition period can be made easier. In many places, this is referred to as “bridging the gap” between treatment and a home group. The pamphlet “Bridging the Gap” is available from G.S.O.

1. A growing number of areas has established temporary contact programs. Contact G.S.O. for details. G.S.O. can also provide sample forms to use in this type of service, if your area has not developed one of its own.
2. Where there is a local intergroup, soon-to-be released treatment clients may be put in contact with an A.A. member who may act as a temporary sponsor or contact.

3. In some areas, clients are allowed to attend outside meetings and this makes “bridging the gap” easier.

4. The contact volunteer or meeting sponsor meets the client when he or she is discharged from the facility. Since sponsorship is personal, many areas have found it helpful to have patients or clients select their own sponsors once contact with the outside has been made.

The initial A.A. contacts do not necessarily act as sponsors, but do serve as a vital link between the treatment setting and the outside A.A. group.

When G.S.O. receives a request for A.A. contacts from a treatment professional, a friendly letter of explanation about anonymity is sent with a list of central offices, intergroups and answering services enclosed. The local Treatment Committee may also be notified of the request.

MEETINGS - SPEAKERS

“Treatment center meetings” differ from those of the regular group. They are A.A. meetings held for treatment center residents, and they are usually not open to A.A.s in the community. A.A. members are sometimes invited to arrange these meetings for the clients, and these members often bring in one or two other speakers. Such meetings are often the responsibility of a local Treatment Committee. Other times these meetings are arranged by the treatment center administrators.

Alcoholics in treatment, especially those in outpatient settings, are often able to go to regular meetings of A.A. groups in the community. Care should be taken to ensure that groups receive adequate notice so they can be prepared for the visitors.

In some areas, groups are assigned to specific times at specific facilities and this system works very well. However, sometimes commitments are not followed through. The major problem seems to be deciding who is responsible for finding speakers. The specific responsibility can be given to:

1. The contact chairperson or “meeting sponsor” for each setting, who then seeks out individual speakers.
2. An individual appointed by the chairperson.
3. The chairperson of the committee, who arranges for rotation among groups in the area.
4. Committee members who assume the total responsibility, rotating the assignments among themselves, but obtaining other speakers as well.

All people responsible for meetings in treatment settings concur that the more outside members who participate, the better. The alcoholic then has an opportunity to hear varied A.A. talks, and has a better chance to identify.

The importance of dependability cannot be overemphasized.

INFORMING THE FELLOWSHIP

As in all A.A. activity, communication on committee activity progress is important. Such communication can be maintained through:

1. Group representatives at district, area or intergroup/central office meetings.
2. The use of newsletters or bulletins distributed by the area, district or intergroup/central office.
3. Announcements at regular A.A. meetings by Treatment Committee members.
4. Treatment Committee workshops at area assemblies and regional or state conferences and conventions.
5. Monthly committee meetings to which all A.A.s are invited. Committee minutes help keep everyone well informed and provide a good record of committee activity and progress. G.S.O. appreciates receiving committee minutes, if possible.

RELATIONSHIP WITH INPATIENT AND OUTPATIENT TREATMENT SETTINGS

1. Seeks to understand, respect, and adhere to all treatment setting regulations.
2. Makes information about A.A.'s function and purpose available.
3. Assists in the formation of new A.A. meetings in treatment settings or outpatient facilities.

RELATIONSHIP TO G.S.O.

G.S.O. maintains a mailing list of area and district Treatment Committee chairpersons (U.S. and Canada).

Committee chairpersons receive the Treatment Committee Workbook, and are on the mailing list for About A.A., a newsletter for the professional community, and Box 4-5-9 that sometimes contains a section on Treatment Committee news.

Please keep in touch (tf@aa.org) so that your activities may be shared through Box 4-5-9 or activity updates from the assignment. Your comments may add experiences to the files, to help others who are involved in this rewarding area of service.

RELATIONSHIP TO AL-ANON

Many areas report it is helpful to cooperate with Al-Anon Family Groups in order that the family of the treatment client may gain a better understanding of our Fellowship. For information, visit www.al-anon.org, or write/call wso@al-anon.org/757-563-1600 (U.S.) or wso@al-anon.ca/613-723-8484 (Canada); toll-free meeting line: 888-425-2666.

HISTORY

Ever since A.A.'s co-founders first stayed sober by carrying the A.A. message into hospitals, many other alcoholics have discovered the great value to their own sobriety of working with suffering alcoholics in treatment settings.

In 1934, Bill W. kept trying to help drunks in Towns Hospital in New York City. None of them seemed interested at that time, but Bill stayed sober. Dr. Bob worked with thousands of alcoholics at St. Thomas Hospital in Akron, Ohio. In 1939, Rockland State Hospital, a New York mental institution, was the site of one of our first A.A. hospital groups.

Today many A.A. meetings take place in inpatient and outpatient settings all over the world. Twelfth Stepping and sponsoring other alcoholics —where they are—has long been one of the most important and satisfying ways of keeping ourselves sober.

Service to treatment facilities used to be combined with service to corrections facilities under the title Institutions Committee. In 1977 the General Service Conference voted to dissolve its Institutions Committee and form two new committees, one on correctional facilities and one on treatment facilities. For more information on A.A.'s work in hospitals and treatment settings, see the book *Alcoholics Anonymous Comes of Age*.