

Recovering Hands at Breezy Hill Farm

Reclaiming our land and lives.



We are a quality substance abuse residential health and wellbeing recovery support center whose mission is to rebuild healthy minds and bodies through integrative therapy, counseling and intensive life skills components.

Mission Statement: To provide quality substance abuse residential support services leading to improved health, wellness, long-term recovery, employability and reintegration with society and families.

Vision Statement: To ensure women with substance abuse issues who may be coming out of rehabilitation treatment centers and Department of Corrections Facilities have access to optimal substance abuse residential support services.

About Us

Recovering Hands is a 501(c)3 non-profit organization dedicated to providing support and residential treatment to women suffering the effects of substance abuse. Through working with a consistent advising team familiar with each resident, and with input from the community, residents learn to recognize and manage the symptoms of illness and the hallmarks of addiction, acquiring the tools to reduce the impact of these devastating forces on their lives.

History

Recovering Hands began a recovery residence program with adult males in May 2015. That first summer began the conversion of the tobacco barns into residential cabins. Together, residents and staff transported sand from a bordering creek on the property to the site of the labyrinth and sided several of the outbuildings. We held an auction, our first official fundraiser, and we opened our doors to the local recovering community for potluck, games and a movie. We attended the BRANA Recovery Campout in Mt Salom, Virginia. Our annual Memorial Day Shindig marked the beginning of our annual celebration of Alumni gathering.

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Our Residential Support Services Include:

- Comprehensive evaluation and treatment planning
- 24-hour supervision
- Medication accountability
- Certified therapists, counselors and life skills coaches
- Community meeting and dining rooms
- Ongoing individual inventories of challenges and progresses
- Specialty group and peer group daily meetings with topics such as substance abuse, introduction to 12-step programs, faith based recovery, grief and loss, sexuality, trauma survival, self esteem, family patterns, assertiveness and interpersonal relationships
- Recreational Therapy, Exercise Classes, access to our on site gym, Yoga, Meditation, Art and Equine Therapy, farming, ranching, wood-working, gardening, canning, candle making, soap making and aquaponics
- Life Skills workshops geared towards increased learning on how to shop for and prepare nutritional meals, time management – balancing life, children, work, recovery, how to buy and maintain a vehicle or take public transportation, budgeting 101, balancing a checkbook, parenting classes, how to create a resume, seeking gainful employment, becoming a useful productive member of society
- Daily 12-Step and/or Faith Based Recovery Meetings.

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All our daily activities have realizing our mission of providing quality substance abuse treatment services leading to improved health, wellness, and long-term recovery at their core. Through the work offered in our life skills program, residents become active participants in their lives once again in ways that are unpredictable, enjoyable, and transformative. The 150-acre farm at Breezy Hill is home to Recovering Hands. Breezy Hill has its roots in the Tobacco Industry. Reclaiming the Tobacco depleted land was the first stage in our vision to healing lives and families.

To ensure program effectiveness, Recovering Hands adheres to the professional competency standards and utilizes evidence based practice models in all of our programs. Following these guidelines and selecting programs proven to be effective allows Recovering Hands to best utilize available resources and achieve greater community-wide impact. For women struggling with addiction, Recovering Hands offers a safe recovery based living environment, insulating people from the triggers that might otherwise pull them off their paths, giving them a chance to move into long-term recovery with a solid base in place.

Our Founders

Bill and Kim Adams have been involved in long-term recovery since 1989. They bought Breezy Hill in 2004 and began working with the fields right away. By 2010 they began raising Black Angus on the recovering fields. Bill and Kim rescued two horses that are now happily participating in their efforts to reclaim this old farm. Everywhere you look you can see and reap the rewards of the love they have put into Breezy Hill.

Funding Sources

As of February 2017 Recovering Hands funding sources have been through various fundraisers and private donations. Donations are being accepted on-line through our PayPal account at www.recoveringhands.com, through our Go Fund Me account at <https://funds.gofundme.com/dashboard/recovering-hands-building-fund/> or by mailing a check to Recovering Hands. In the future we hope the Virginia Department of Criminal Justice (VDCJ) and the Virginia Department of State Health Services (VSHS) will be viable resources. Other funding streams that we are exploring are United Way, the U.S. Probation Office– Southern District of Virginia, and private donations, in addition to other short-term grant opportunities.

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A Typical Day at Recovering Hands

Residents experience a full day of therapy, education and fellowship. The typical day begins at 7 a.m. and ends around 8:30 p.m. The Daily Schedule may include the following activities:

- Morning meditation followed by mealtime and fellowship
- Educational or Life Skills Workshops
- Usage history
- Twelve Step groups
- Special group meetings tailored to the needs of the individual.
 - Groups could include:
 - Life skills group
 - Work therapy group
 - Recreational therapy group
 - Leisure skills group
- Relaxation, exercise and recreational activities
- Individual appointments as needed with physician, psychiatrist, psychologist or other professionals
- Wellness activities
- Personal time for reflection including reading and individual treatment assignments

A Typical Menu at Recovering Hands

- Breakfast – 7:30AM
 - Residents will be provided with an assortment of cereal, Eggs, English Muffins, Bagels, Juice, Coffee, Tea etc
- Lunch – 12 Noon
 - Residents will cook a communal meal – the weekly menu will be decided upon, prepared for and purchased by all. Attention to learning how to budget and prepare healthy meals is a priority.
- – Evening Meal
 - All evening meals will be chosen and shopped for communally ensuring Residents will be provided with an assortment of dinner options. Focus is on ensuring a healthy diet.

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2019 Program Description and Financial Agreement

While many aspects of the residency plan are individualized, ALL residents are required to:

- Abstain from drug and alcohol use
- Follow a weekly activity schedule
- Actively participate in formal and informal recovery-specific activities (including attending *at least 7* meetings, 1 or more face-to-face sponsor sessions weekly, and reaching out for support from sponsor and recovery coach during times of distress). This includes all in-house 12-step meetings.
- Actively participate in all life skills groups.
- Actively participate in weekly community meetings and morning meditation sessions.
- Actively participate in productive activities.
- Actively participate in fitness and fun in recovery opportunities.
- Follow medication recommendations as prescribed and work with counselors or other staff & doctors to address medication concerns.
- Join with fellow residents to plan, prepare, enjoy and clean-up of all shared meals weekly
- Join with fellow residents to maintain a clean living quarters
 - Interior of shower must be wiped down with Magic Eraser after each use
 - Kitchen and bathroom floors are to be cleaned weekly
 - Cabin wood floors, Group Room and Main House floors are to be vacuumed weekly
 - Kitchen area must be cleaned daily – no food is to be left untended.
- Practice common courtesy, respect & recovery support for fellow residents and staff
- Practice relationship & sexual abstinence.
- No one is permitted in anyone else’s sleeping area for any reason.
- As our atmosphere is one in which we stress regaining our mental, physical and spiritual health, you will be encouraged to quit smoking but if you do smoke, smoking and vaping will only be allowed in designated smoking areas. These areas contain an ashtray. Responsibly dispose of all cigarette butts and trash **each day**.
- Every Recovering Hands Day begins promptly by 7:30 am with breakfast in your Cabin followed by some assigned chores and a trip to the Yoga and Fitness Studio. Our daily morning meditation meeting begins at 9:00 in the Group Room.
- Mobile phones will be taken for at least the first 30 days of your residency and returned at the discretion of the Recovering Hands Staff.
- The use of mobile phones is not allowed during NA and AA meetings, group meetings, faith based meetings or house meetings. Violation of this prohibition will result in a suspension of phone privileges. They are also not allowed for the 15 minutes before and after AA and NA meetings.
- Refrain from being in your bed, unless you have an excuse, between the hours of 8:00am and 7:30pm.
- Music that seems contrary to maintaining a recovery conducive atmosphere will be discouraged.
- Headphones must be used in shared spaces.
- Expect random drug testing. Refusal to submit to testing is an admission of guilt and grounds for immediate eviction with no refund of any kind.
- You have 30 minutes after you have finished a meal to clean up all your dishes.
- Your personal area, such as the area in and around your bed, must be kept clean.

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Terms of Recovery Residence Participation

- Each resident agrees to a personalized recovery plan and standards of recovery living that apply to all residents.
- Each resident must allow the other resident(s) to be aware of, and hold him or her accountable for, the terms of their personalized residency plan.
- Each resident agrees to identify a guarantor who will underwrite up to 100% of the recovery residence fees but also agrees to pay as much of the fees as possible with their own financial resources.
- 2019-2020 Participation fees include housing, utilities, food, recovery coaching, and rides to daily 12 step meetings. The only known daily expenses not included are costs for transportation beyond what Recovering Hands is providing to all residents, medications and other medical expenses, counseling services that are beyond those included in the Recovering Hands Program fee, personal toiletries, and cigarettes. Although we allow monthly payment of fees, the 2019-2020 90-day program fee is outlined below. Those who voluntarily or involuntarily withdraw from services before completing 90-days are still responsible for the full fee for those 90-days (\$9000.00).
- **ADDITIONAL FEES:** Breathalyzer testing and urine drug testing fees are included as part of the residency. In some cases, sweat patch drug testing may be chosen in lieu of urine drug testing and will also be included in residency. Some form of abstinence verification will be used for all residents. In some cases, it may be clinically appropriate for the resident to have a private room, and recommendations for private room must come from the referring counselor. An additional fee of \$1000/mo will be charged.
- Although food is included in the monthly rate, those residents who wish to maintain a special diet will be required to be responsible for the added expense of their own individualized special needs.
- Each resident must provide his own personal toiletries, and clothing. Laptops are allowed and cell phones will be allowed on a limited basis after the first 30 days. Internet-live computers and printers are available. There is no Wi-Fi available. There are no telephone landlines or televisions in the living quarters. Residents with a Verizon plan may be able to send and receive texts, but phone service with alternative plans can be extremely limited. Recovering Hands has a cell phone available for residents use on a limited basis.
- It is understood that there will be no property insurance coverage for the residents or their belongings, and by signing this document, the Recovering Hands resident and guarantor hold harmless and release Recovering Hands from any and all liability.
- This agreement shall apply only to the period of 90 days but may be extended upon mutual agreement.

Details of Recovering Hands Fees per month

Recovering Hands recommends a 90-day program, but does offer 30, 60, and 90-day programs. Additional fees may be charged as described in the ADDITIONAL FEE statement above. The 90-day program fee includes 3-months of shared alcohol and drug-free living, drug testing, life skills and recovery coaching, rides to and from meetings and medication support valued at \$3000/mo.

Total Monthly Fee (shared living quarters)

\$3000

Please initial to show you understand this: (both secondary guarantor and resident must initial if they are not the same) _____

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Recovering Hands Program is a 90-day program, and residents/guarantors are responsible for the fees for the total 90 days (\$9000). Any resident who withdraws from the program (either voluntarily or as a result of therapeutic discharge) before completing their agreed upon program forfeits the balance of paid fees.

In the event a resident withdraws from the program and wishes to return within 45 days of their last day in residence, the balance of paid fees will be applied to future services. Those who elect to return after 45 days will be required to commit to a full 60-day program, and balance transfer requests will be considered on a case-by-case basis.

A. Payment Options for Recovering Hands

Both the resident (Primary Guarantor and the Secondary Guarantor must initial below. Please initial only one.

_____ I agree to pay the initial 90-days in one lump sum by check. I will pay any additional fees, if needed, and/or additional months of stay one month at a time. (Both guarantor and resident must initial if they are not the same)

_____ I agree to the initial 90-days in one lump sum by check. I will make a second payment for the second 60-days in one lump sum by check or authorized credit/debit card. (REQUIRES CARD AUTHORIZATION FORM) . (Both guarantor and resident must initial if they are not the same)

_____ I agree to pay the initial 30-days in one lump sum by credit/debit card on file and authorize billing to my credit/debit card for subsequent months one month at a time using the card on file. (REQUIRES CARD AUTHORIZATION FORM)
I understand that, in the event that I withdraw from the program before the end of the 90-days, I am still responsible for any balance remaining. (REQUIRES CARD AUTHORIZATION FORM). . (Both guarantor and resident must initial if they are not the same)

_____ Other - I agree to pay the initial 30-day fee of \$3000.00 by cash or check upon arrival. The arrangements for additional fees for additional months of stay shall be negotiated based on progress with goals set during the first and subsequent months. .
(Both guarantor and resident must initial if they are not the same)

B. Primary Guarantor

My signature below certifies that I have read, understand and agree to these financial terms and agree to serve as the primary guarantor for Recovering Hands fees of \$3000 per 30 days. My 30, 60 or 90 day Program will begin (date) _____ and end (date) _____. I agree to pay or arrange for payment of the stated fee. I understand that, unless I pay the full amount in advance, I must identify a secondary guarantor who has agreed to underwrite my fees if needed.

Resident: (name) _____ Date: _____

Resident's (Primary Guarantor) Signature: _____

Address: _____

DL# _____ SS# _____

C. Secondary Guarantor

My signature below certifies that I have read, understand and agree to these financial terms and agree to serve as the secondary guarantor for _____ for the period of _____ days. I agree to pay the fees as specified above in section A.

Secondary Guarantor's Name _____

Secondary Guarantor Signature: _____ Date: _____

Address: _____

DL# _____ SS# _____

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Recovering Hands Application

Applicant Information		
Name:		
Date of birth:	SSN:	
Phone Number:	Email Address:	
Last address:		
City:	State:	ZIP Code:
Contact Information		
Contact name in the event of an emergency:		
Relationship:	Phone number:	
Address:	Email address:	
Treatment History		
How many times have you been in residential treatment?		
Name of your last treatment center:		
Did/will you successfully complete treatment? YES NO. If no, please share details:		
Name of your last recovery residence, if applicable:		
Did you successfully complete the recovery residency program? YES NO. If no, please share details:		
Recovery History		
Prior to entering treatment the last time, what was your longest period of recovery?		
What recovery support fellowship do you prefer? NA AA Faith Based Other :		
Are you willing to attend 90 meetings in 90 days? YES NO		
If no, please share more:		
What reasons do you have for wanting to be at Recovering Hands?		
What reservations do you have about being at Recovering Hands?		
Are family and/or significant others supportive of your participation in a recovery residence at this time?		
What are your biggest motivations to live a full life in recovery?		
Legal History		
Do you have pending legal charges? YES NO	Upcoming court date? If so, when?	
Are you on deferred prosecution? YES NO	If so, in which county/state?	
Are you on probation?	If so, in which county/state?	

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YES NO	
Any prior charges of assault? YES NO	If so, please share more on a separate sheet.
Are you a registered sex offender? YES NO	---same ----
Any history of arson? YES NO	---same ----
Any history of burglary? YES NO	---same ----

Financial

Are you currently employed? YES NO	Employer:
If so, will you be returning to work with this same employer?	
Do you plan to pay your own fees? YES NO	
Name of your guarantor for fees:	Relationship:
Guarantor phone number:	Guarantor email address:
Guarantor address:	City/State/Zip:

Transportation

Do you currently have privileges to drive in the State of VA? YES NO
Will you be driving yourself here? YES NO

Medical

Do you have any medical conditions that may interfere with employment or successful transitional care? YES NO If yes, please share more on a separate sheet.
List of all current medications, including over-the-counter medications:
Have you ever been hospitalized for a primary psychiatric condition? YES NO. If yes, please share more on a separate sheet.
History of suicide attempts? YES NO
Did you receive medical care as a result? YES NO If yes, please share more on a separate sheet.
Approximately how long has it been since you experienced any thoughts of wanting to hurt yourself?

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History of psychosis that was not related to substance use? YES NO If yes, please share more on a separate sheet.	
Please describe your level of physical fitness and any special needs you may have.	
Do you have any issues or history with being around horses?	
Please tell us about yourself and why you are choosing to come to Recovering Hands	
I authorize the verification of my personal information, treatment/recovery history, and criminal background provided on this form for the purposes of applying to the Full Life Transitional Care Program. I have received a copy of this application.	
Signature of applicant:	Date:
Signature of staff reviewer:	Date: