

## TREATMENT & ACCESSABILITY ROUND TABLE NOTES, Fri., Mar 2, 2018

### TOPICS

1. Are Treatment and Accessibilities, generally combined in all areas?
2. What is Accessibility?
3. Difference between Treatment and Hospitals & Institutions
4. Cooperation between Chair positions / coordinator (CPC, PI, Treatment)
5. Remote Communities & Accessibility combining agenda item. Separate committees merged?

#### **1. Are Treatment and Accessibility, generally combined in all areas?**

Sarah – Are 03 – Accessibility & Treatment are combined in Area 03. Changed from Special Needs to Access to indicate it is open to inclusiveness.

Katherine – Public Information brought a meeting into treatment. Women showed up require to do a meeting, mostly get them to a 12 step solution – treatment model.

Alaska- Treatment and Access are not combined

Maddy – District 36 – separated and different, why is it combined?

Special Needs – medical, hospital in AZ

Area 42 - “Meeting to Go” – taking meeting to AA members who can’t get there. Volunteers take the meeting. People in LTC facilities, rehabs for physical rehab, senior living facilities.

Bridging the Gap committee – referrals overwhelmed by treatment, need to separate

How does Accessibilities mix in?

Area 72, Western WA separates the two and focused on language translations, so they broke it down and formed a language chair for Linguistic coordination, not BTG but they have their own called “bridge” difference between corrections and treatment.

NV – we have Treatment, BTG, H & I replacing Treatment.

Hawaii – Just H& I and Access

Alaska – no Access – pushing for translation

## **2. What is Accessibilities?**

Area 03 AZ – Covers anyone feeling excluded. Barriers to not getting the message. Very Broad (people who can't get in the door, hear, far away, languages, so much more).

Hawaii – how do we get to people who don't have access to meetings?

A. Drive a lot! Do what they cannot do, not a real big issue

Area – 03 Blind need Braille, Deaf need ASL, Some locations not a lot of meetings are ADA compliant.

Big definition – anything that removes barriers! A ride, baby sitting, ...

No Clear information, district by district decision, what do we need to do?

Making AA Accessible to all. Not politically correct but keep our rooms inclusive.

Secular- religion dominance making meeting goes uncomfortable, group determining Higher Powers. Let each determine what their HP is, not always God. We can do both with compassion and care!

Sponsorship is the grassroots of AA. The teachers that help fix what is wrong with AA. We want AA to be here for our children and grandchildren.

Kids an accessibility – acquire a babysitting room for children with a member.

Hawaii – 2 and under – patience and tolerance – take responsibility to help Moms get to meetings, mentor on how to be a secretary of a meeting, extra 5% for the women transitioning out of treatment.

## **3. Difference between Treatment & H & I**

Local areas present it. Treatment is similar – hand to hand. Connecting people to AA, connecting AA to Treatment centers. Prescott 150+ treatment centers. Conversations about a glut of fear (newcomers being requested to have a year to enter for example)

AA.org has workbook and tools to use

District – Alaska – Treatment & Accessibilities,, no H & I. Treatment /PI/ CPC same thing. 21 detox beds in Anchorage – only.

AA & NA relationship meeting

Maddy – heavy into H & I – we have 50 panels going into different facilities. H & I panels – not an open meeting, but teaching what AA is and isn't. Also really good. Literature in getting into the facilities.

District 34 – Treatment committee does the panels, came from the handbook at GSO. Trying to connect, what is the difference? Don't really see it.

Western WA 72 – Set up a place in a hospital for people to call for 12 step calls (picture alcoholic #3) currently still in effect.

H & I Group Rep? Is H & I a part of AA? H & I takes panels and interacts with the alcoholics

#### **4. CPC/PI – deals with the professional side of indirect contact with alcoholics**

Alaska – Corrections / Treatment / CPC / Remote Communities

Autonomy of the district, and area “Be here now, and how do I bring energy to it?” What is working? Love and passion

Area 09 MSCA H & I is separate from General Service. H & I sends a liaison to GS and Alt. Delegate acts as liaison to H & I.

Idaho Area 18 no H & I has TSNAC – Treatment, Special Needs, Accessibilities, Corrections. Cooperation between different chair positions

Just do it! Program of action, drop the mic and just be there.

ASL – does anyone have experience with deaf people in rehab?

Minneapolis – awesome deaf and hard of hearing alcoholics community.

Walden House in San Francisco – online meetings as a resource, online intergroup – founded in 2009 to find meetings online for deaf and hard of hearing.

[www.aa-intergroup.org](http://www.aa-intergroup.org) click online meetings, click deaf/hard of hearing meeting

## **How does intergroup interact with Area?**

Intergroup has a seat and a vote in Area 72. Intergroup liaison between district and area would like to see more unification (motivated by fear/love)

WAS – intergroup is super-connected, depends on when and where.

Area 42 NV – the South Area chair of General Service is automatically on the steering committee for Intergroup with vote.

Alaska – Teleconferences Area meetings

## **Agenda Items**

Should remote communities and accessibilities be combined?

Would it get the special attention it needs? Remote Communities is its own pre-Conference ad-hoc meeting (no panel at the General Service Conference). Conference doesn't know what to do? Asking is it ready to become a conference committee?

Membership has stalled and this could be a reason

Phoenix has three intergroups with one paid employee

California – SFO has one paid employee making \$150,000. a year.

Certain area have no intergroup but create the meeting schedules at the area.

Email Katherine L from Alaska if you want the Native Wheel with AAs 12 Steps incorporated in the Wheel. [palmergalkat@yahoo.com](mailto:palmergalkat@yahoo.com)

A second set of notes were included. Do not know if this was a second note taker or second meeting. They are as follows:

Treatment – Accessibilities Chair – where is there a need?

Does anyone have a stand alone accessibilities committee.

District addresses the needs of the district

What may work in Southern California, may not work in Alaska

Cooperation with the facilities is the key. In dealing with the staff what we AA are, what we do and what we don't do

Western WA has a stand-alone accessibilities committee – language barriers

Do meeting schedule have notes for wheel chair access, ASL, Spanish?

AA.org has printable info for guidelines

Literature has a sample letter for sending out to facilities

We don't want to come off as professionals, only we should make it known that we are AA members, make information available for NA, CA, MA, AI-Anon as well

Stories on overcoming hurdles to get to meetings.

Encourage home groups to get involved in the district

Accessibility handbook is available from different areas.

P. 18 of treatment handbook - singleness of purpose sometimes we may be speaking to a room full of addicts. We should talk to the alcoholics – helpful to carry the message of singleness of purpose.

Committee meetings should be used to prep for what message we carry into facilities.

Always be willing to suggest other 12 step Fellowships to people who introduce themselves as addicts.

Many districts hav training sessions to teach members how to behave infacilities

We offer a solution to all those who suffer in the treatment center – we are not affiliated with the treatment center.

Non alcoholics are being sent to AA meetings from facilities

Areas have budgets for literature

BTG from facilities with a member to help them to get familiar with AA.

Treatment just doesn't pertain to treatment centers, they can serve homeless nursing homes , VA centers.

Our areas area all different, some follow general service structure and some have H & I

BTG is under Treatment Responsibilities

“Sunshine Committee” will bring a meeting to anyone – anywhere – home or hospital

Leave Grapevine in doctor's offices, facilities, dentists, hospitals doing service work with your old Grapevine.

Do we follow up on the letters we send out?

Do we knock on doors and make ourselves available

Start with administration

Ended discussion with the Responsibility Pledge.