Mid Southern California - MSCA 09
Bridging the Gap (BTG)

District Workbook

How It Works...
Suggestions for Bridging the Gap
Twelfth Step Work at the District/Local Level

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About this workbook- MSCA 09 would like to say a huge thanks to the BTG committee of California Northern Coastal Area 06 and California Interior Area 07 for their contributions to this workbook. This workbook contains suggestions and guidelines for BTG service work, but is not a substitute for drawing upon the experience, strength and hope of those with prior experience with BTG at the District level and should be used in conjunction with other MSCA 09 and A.A. literature referred to within the workbook. It is written as though the District will perform the work, recognizing that each locality is autonomous and that the services may be provided by other entities such as Central Offices or Intergroup, H&I, Corrections Committees, and MSCA 09.

Statement of Purpose- The purpose of Bridging the Gap** is to bridge the gap between A.A. members in treatment facilities, hospitals and correctional facilities and the first A.A. meetings patients and the formerly incarcerated go to upon release in the home community.

Members of Alcoholics Anonymous, usually acting in pairs, meet the newcomer after release and accompany them to their first A.A meetings. As in all 12th step work, this activity is strictly voluntary.

BTG in MSCA 09 offers support, encouragement and tools to help make this vital 12th step work possible. BTG activities include:

- To become familiar with relevant A.A. guidance on conducting service work in facilities in accordance with A.A. Traditions, using the Treatment Facilities Workbook and District Kit (available through GSO at https://www.aa.org/treatment-committees)
- To meet and correspond with representatives of local institutions to ask for permission to make this service available to their patients and the incarcerated.
- To communicate, by phone or mail as permitted by the facility, with the incarcerated and patients desiring BTG Temporary Contact 12th Step service on release.
- To provide training for A.A.'s who volunteer to serve as Temporary Contacts and as Presenters
- To conduct presentations on BTG for staff and residents of facilities.
- To maintain lists of A.A. volunteers willing to do BTG work and to coordinate BTG 12th step calls.
- To communicate and cooperate with other A.A. service entities at the Area and District levels, including: MSCA 09 and its component Districts, PI/CPC/Corrections committees, H & I Committees, A.A. Central Offices and Intergroups.
- To maintain correspondence with appropriate staff members at the General Service Office in New York . Register as new Treatment Chair for your district at https://www.aa.org/contact-treatment or by going to https://msca09aa.org/registrar/ and select 'Individual'.
- To print and distribute appropriate literature.

**The name "Bridging the Gap" is taken from the pamphlet "Bridging the Gap Between Treatment and A.A. through Temporary Contact Programs" (P-49). In some Areas, BTG has evolved to address the needs not only of those coming out of Treatment Facilities, but also Correctional Facilities. This is done either in conjunction with "The A.A. Corrections Pre-Release Contact Program" (F-162), or using locally established procedures. In either case we are reminded this is basic 12th step work. Our collective experience suggests it is best to be accompanied by another A.A. member when meeting a newcomer. Additional suggestions can be found in the pamphlets cited above.

Suggested WorkFlow (These are the steps in the process.)

Facility Outreach
District Chair or designee reaches out to the local facility for the opportunity to establish a BTG program.

Presentation
Make the initial presentation to administrators of facilities. Make ongoing presentations to patients and/or incarcerated who may then make a request to be contacted by a BTG volunteer.

Encourage Volunteers
Reach out to A.A groups and meetings to explain BTG and request volunteers to be Temporary Contacts as well as Presenters. GSR's can help communicate this 12th Step opportunity. Display and highlight Volunteer Forms at District meetings and workshops and on the District website.

Volunteer Coordination
Create a Volunteer Contact List or utilize MSCA 09 current list and ensure volunteers are trained; receive Temporary Contact Requests; reach out to volunteers to give them Contact Request information; and, forward Contact Requests for other Districts to the appropriate BTG Chair or Committee.

Contact
After the patient or formerly incarcerated person is released from an institution or facility, usually two A.A. volunteers will meet the patient or inmate and bring them to an A.A. meeting.

Follow-Up Coordination
Check on completion of the contact and provide follow-up report to BTG District Chairperson prior to MSCA BTG Committee monthly meeting.

District BTG Chair
Reports the work that has been happening in their District to the MSCA 09 BTG Chair

Electing a District BTG Chairperson (These are suggestions. Each group is autonomous and may use its own guidelines. Intergroups may already be doing this vital work. This could be a position for Alternate GSRs or the Alternate DCMC)

Local BTG efforts in MSCA 09 are likely to be funded and supported by, and responsible to, their local General Service District, who will want to participate in the election process for the BTG Chairperson. It is recommended to use the 3rd Legacy procedure to elect the District BTG Chair position. It is suggested that the BTG Chairperson have at least 2 years of current, continuous sobriety and recent service experience. It is suggested that the District strive to obtain an Alternate

BTG Chairperson to assist with the responsibilities and to help develop BTG for the District. Below is a description of responsibilities and suggestions for the positions.

Responsibilities

It is suggested that people with service experience and knowledge of A.A.'s 12 Steps and 12 Traditions fill these positions. As in all other A.A. service positions, rotation is vital to our health. In order to ensure continuity, it is suggested that rotation occur at the end of a two-year panel.

(1) BTG Chairperson (suggested volunteer has 2 years sobriety)

- Has overall responsibility for District BTG activities.
- Responsible for ensuring that BTG activities remain focused on bridging the gap from the institution and facilities to the A.A. meeting.
- May conduct a monthly District BTG meeting.
- Responsible for collaboration and communication with various entities.
- Responsible for representation at the following monthly meetings:
    - **MSCA 09 BTG Area meeting.** Provide monthly tally of requests, Temporary Contact follow-up and BTG activities within the district.
    - **General Service District meeting.** Because BTG receives funding from General Service and in the spirit of cooperation and shared experience, it is highly recommended to keep your District informed of BTG activity.
    - **Local H&I meeting**. To coordinate and inform them of facility activities, e.g., residential treatment, prisons or jails. It is best to talk with your local H&I committee **before** proceeding with any facility.
    - **Local Committees.** Working with district Public Information, Corrections, Cooperation with the Professional Community committees can enhance opportunities to reach institutional staff with the message of A.A. and BTG.
    - **Other Local Entities such as Intergroup, Central Offices.**

We suggest that representation at the above meetings may be delegated to other BTG volunteers. This reduces the monthly load for the Chairperson, cross-trains others, and increases awareness of BTG.

Other Suggestions:

- *Start small* in order to stay focused and meet all commitments.
- Put BTG Volunteer Information with A.A. literature at meetings (with the group's permission).
- Elect a Home Group BTG Rep to help build a foundation of local volunteers. Some groups may want to become involved with specific facilities.
- Find one or two Volunteer Coordinators to generate a Volunteer Contact list. You may also use the current MSCA 09 volunteer list and direct volunteers to sign up using the QR code provided in the MSCA 09 Volunteer Form and other literature.
- Find a Contact Coordinator to coordinate the Contact List.
- Reach out to local treatment facilities and contact the administration for a presentation about BTG. After facility approval, begin routine presentations to patients/inmates. As your program builds, recruit and train others in your committee to conduct monthly presentations.
- Continue to add more volunteers to your Volunteer Contact List especially when working with multiple facilities.

- Hold regular BTG District meetings to discuss progress.
- Some Districts hold occasional workshops - offer to assist with one on BTG.
- Communicate with Area BTG Chair and other District BTG Chairs to share experience, strength and hope, through workshops or sharing sessions.

(2) Alternate BTG Chairperson (suggested volunteer has 1 year sobriety)

- Assist BTG Chairperson in all their duties.
- Log new volunteers to the master Volunteer Contact list and give list to Contact Coordinators.

(3) Volunteer Coordinator (suggested volunteer has 1 year sobriety)

- Locate new volunteers for the district and collect their Volunteer Contact Form tear off-sheets, or directs them to the online form at area9btg.org
- Turn in the new Volunteer Contact information sheets to the Alternate BTG Chairperson.

When first starting out, it is a good idea to give the responsibility of finding volunteers to someone other than the BTG Chairperson or Alternate. As your BTG effort grows, finding volunteers is a key factor in keeping things going. It may require more than one person. We suggest supplying those who are responsible for locating volunteers the information on Getting Volunteers, below. *If your District is just starting out, it is suggested that you find a few volunteers and start working with a single facility.*

Getting Volunteers

One of the best ways to find volunteers is to go to H & I, Intergroup, District and PI/CPC committee meetings and make announcements and hand out fliers. Enthusiastic, positive sharing of personal experiences and one-on-one discussions has proven to be more effective than a simple announcement. District GSR's can be encouraged to share BTG information flyers and Volunteer Contact Forms with their groups.

Members at those meetings may not volunteer but they may be able to share information about BTG and distribute your fliers to other groups. Using the help of fellow A.A. members can be an effective way of carrying the message. You may also want to make announcements about local BTG workshops (when applicable).

Basic Volunteer Packet Items

The following are some suggested items for a volunteer packet. MSCA 09 BTG provides all the master copies for these forms in the BTG District Kit:

- Bridging the Gap Volunteer Guidelines
- Bridging the Gap Volunteer Form
- Bridging the Gap pamphlet (A.A. P-49)
- Where Do I Go from Here? (A.A. F-4)
- The A.A. Fact Sheet (A.A F-94)
- A Brief Guide to A.A. pamphlet (A.A. P-42)

Most Districts find the above items provide clear and concise information for new volunteers.

However, there are other publications that may be useful. They can be obtained from your local A.A. Central Office, GSO or your local General Service Literature/Grapevine chairperson.
Information on A.A. - (GSO pamphlet F-2.)
44 Questions - (GSO pamphlet P-2)
A.A. at a Glance - (GSO pamphlet F-1)

(4) Contact Coordinator (suggested volunteer has 2 years sobriety)

This can be a busy position and may be shared by more than one person. It should be filled by someone who will honor A.A.'s principle of Anonymity, as they will be entrusted with personal information about patients, prison inmates and A.A. members. MSCA 09 has many available resources that can be utilized to help in your efforts.

- Maintain a log of Contact Requests received.
- Call and e-mail Temporary Contact volunteers from the Volunteer Contact list and provides information from the Contact Requests
- Call all volunteers every 2-3 months to see if their contact numbers are still valid and update information.
- Forward Contact Requests for other Districts to the appropriate District Chair.
- Follow up with Temporary Contact volunteers on the completion of each contact and reports to the BTG Chairperson monthly.

Each Contact Coordinator is responsible for the timely matching of a Contact Request with a Temporary Contact volunteer. You will receive completed Contact Requests from BTG Liaisons responsible for BTG presentations inside facilities and the Area Coordinators handling requests received through the Area 9 BTG website. Contact Requests may come from other sources.

For contacts with an address inside your District, use your district Volunteer Contact List to find a match with the Contact Request based on the following criteria:
- Geographic location (Zip-Code)
- Gender
- Age
- Special request (language, etc.)

If you leave a message on an answering machine or if another person in the home takes a message, it should be similar to: "This was Bridging The Gap calling. Thank you. "(Don't use A.A. in the message you leave).

If you cannot find a suitable match for a Temporary Contact Request with an address inside your district, try the following:
- Use the next closest adjoining zip code or geographic location.
- Look for the same city name.
- Look for the same telephone prefix.

Call an A.A. member you know personally and can trust with this important responsibility.
Use A.A. Directory for contacts

(5) Volunteer Temporary Contact and Coordination Orientation

Experience has shown that orientation is helpful before conducting contact calls. Typical items to cover are:

- A firm commitment is necessary.
- Be mindful of safety.
- How to use the Volunteer Contact List.
- Review the Volunteer Guidelines provided by MSCA 09 as well as other A.A. guidance documents, including the A.A.Fact Sheet F-94 (what A.A. does and does not do).
- The timely matching of a Contact Request with a Volunteer is important. The arrangements to meet should be made as soon as possible after their release from institution or facility.
- An updated Volunteer Contact List held by at least the BTG District Chairperson and Alternate has proven to be a key element for effective BTG work.
- If the Contact Request provides information on how to contact them inside, the volunteer should get in touch with the patient or inmate as soon as possible to make arrangements for meeting.
- *Meeting the contact should NOT be done alone*. A volunteer should choose another A.A.member of the same gender to go with them. It is suggested that at least one volunteer have 1 year of sobriety.

The volunteer needs to know that the responsibility for BTG has been turned over to them.

<u>Contacts Having an Address Outside Your District</u>

Often contacts will have an address outside of your district or county. There are many different ways to reach an A.A. member in different locations.

If the address is outside your district but inside our area (MSCA 09): use the Area BTG contact number list, and give the contact Information to the appropriate BTG Chair. This list can be obtained from the MSCA 09 BTG Area Chair (email: treatmentchair@msca09aa.org). If after a day or two you cannot reach the Area BTG chairperson, call the District Committee Member.

Contacting the Central Office for A.A. in the area you are looking for is another option. Calling this number during office hours may enable you to find someone who can assist you with passing along your 12th step contact information.

You might have to explain BTG to someone who has never heard of it. An explanation could be similar to: "Bridging The Gap is a part of A.A. It is A.A. members meeting someone coming out of confinement and accompanying that person to their first A.A. meeting in their home community. We do this at the request of the person who is reaching out for help."

If the address is in another area or state, you may:

- Fill out “Request a Contact” form at www.btgww.org
- Regional Directories
- Contact the Central Office in or near that town.
- Contact the MSCA 09 BTG Chair at treatmentchair@msca09aa.org

Following up on all out of state contact requests may prove difficult. We can never guarantee that a request will be fulfilled, thus we should never commit to anything we may not be able to do.

(6) Follow-up Coordinator (suggested volunteer has 2 years sobriety)

Follow-up work is done to ensure that the hand of A.A. has been extended. When the Contact Coordination has been completed, the job of BTG is completed. Contact Requests are resolved in a number of ways:

The Volunteer reached the Contact Requester and then:

- They arranged to meet at an A.A. meeting and the request was completed. Result: **Completion!**
- Requester is not released and Contact Request is delayed. Result: **Unknown.**
- Requester goes to an A.A. meeting on his or her own or with someone else, and does not need our help. Request was completed, but did not result in meeting the contact. Result: **Declined.**
- Requester does not want to go to an A.A. meeting. Request was completed. Result: **Declined**

The Requester could not be reached due to:

- A wrong/disconnected number or person no longer at that location. The Request was not completed. A letter should be sent to the last known address if possible. Result: **Disconnect.**
- Not enough time has passed for the Volunteer to contact the Requester. Result: **Not Made Yet.**
- Volunteer left a message for the Requester but has not heard back. Result: **Pending Callback.**

Suggested Report to the Area BTG Chair

The Coordinator should hold on to Contact Request information until the Contact Request has been resolved. If the Follow-up Coordinator has not heard from the Volunteer the Coordinator should contact the Volunteer to determine how successful the Contact Request has been.

After a match between request and contact has been secured, enter the volunteer's name and contact information next to the requester's information on the log of requests.

Before the MSCA 09 Treatment Facilities Committee monthly meeting, the District BTG Chairperson or their representative will deliver a report (email to treatmentchair@msca09aa.org) on the results of the Contact Requests for the previous month. Check the area9btg.org website for online reporting.

Here is a suggested report:

Contact Requests received:	24
Completed:	13
Delayed:	01
Declined:	01
Not completed:	06
Disconnects:	02
Pending callback:	01

(7) Volunteers

Volunteer Temporary Contacts (Suggested contact has a minimum of one year of sobriety; working knowledge of the 12 Steps and 12 Traditions)

- Make arrangements and meet a patient/inmate and bring them to an A.A. meeting.
- Report back to the District regarding results of contact.

When Volunteers Correspond

They should be given two pieces of literature: MSCA 09 BTG "Volunteer Guidelines" and A.A. pamphlet "How To Correspond With Someone Confined". Originals of these items are provided in the District Kit.

Volunteer Presenters at Treatment Facilities
(Suggested presenter has a minimum of 1 year of sobriety)

- May assist the BTG District Chair make the initial presentation to the staff at the institution or facility.
- Make ongoing presentations to patients/inmates, using the guidance provided by A.A. and included this workbook.
- Distribute information on what A.A. and BTG is, what A.A. is NOT, and how patients or inmates can request a BTG contact.
- Distribute Contact Request Forms.
- Collect completed Contact Request Forms and forward to the Contact Coordinator at the Area or District as applicable.

When BTG is just getting going in a District, it is best not to make too many commitments that may overwhelm the local structure before it is ready. At the beginning it will often be the case that only a few people in the District will be doing almost all the work. For these reasons, working with only one facility to start with is important.

There are two types of Presentations. One is for facility staff and the other is for the patients or inmates. The staff presentation is usually done once, or a few times per year, to inform the facility about BTG, to arrange for starting the routine presentations to the patients or inmates, and, if requested, to discuss specifics for that facility.

Your local H & I, PI, CPC committees may help direct you to the staff to contact for arranging the initial presentation. **Before** proceeding with any **correctional facilities/jails,** it is especially important to talk with your local H & I committee *first* to let them know what the BTG is planning to do.

Before contacting a facility, make sure your presentation material is complete. Initial staff contact can be made with a letter and/or a telephone call. Whenever possible, rely on any personal connections A.A. members may have with a facility's staff to facilitate introductions. The personal approach of following up with a phone call seems to work best. If they agree to a presentation, ask them if they have equipment available to play dvd or stream the A.A. video *Hope*.

PRESENTATIONS GUIDELINES

Presentations for Facility Staff
Getting volunteers together and reading the Suggested BTG Presentation Format can help you become familiar with the concept of a facility staff presentation.

The Presentation team should consist of two or more A.A members. Each should have personal experience of alcoholism and recovery; take a common-sense approach to conducting presentations; have the ability to follow directions and keep a commitment; bring with them a sense of cheerful humility; have a broad knowledge of A.A., especially the traditions, and be able to stick to the business of BTG. Because we are seen as representing Alcoholics Anonymous, it is important to be on time and pleasant. Be brief and to the point. The staff may already be familiar with A.A. Avoid being abrasive or getting involved in any type of controversy - it helps to keep in mind that A.A. simply has no opinion on outside issues. We are simply there to inform them that BTG is an effort to bridge the gap to A.A. in the outside world.

When corresponding with a facility (or especially with patients or inmates) volunteers should use whatever alternate address your district has chosen to use; usually your District's PO Box.

<u>Suggested Staff Presentation Format:</u>

1. Introduce yourself and inform them that you are there to explain about Alcoholics Anonymous BTG. Hand out the brochures, using your best judgment about what quantity and which titles to provide. The following are suggested – an asterisk indicates the item can be ordered from aa.org.

BTG	MSCA BTG Contact Request
B-2	12 Steps and 12 Traditions (paper)*
P-35	Problems Other Than Alcohol*
P-49	Bridging the Gap*
F-2	Information on A.A.*
P-28	Twelve Traditions Flier *
F-1	A.A. at a Glance *

2. Show the A.A. video *Hope: Alcoholics Anonymous*. The staff should review it before it is shown to the patients or inmates. It can be ordered (item #DV-09) from A.A.W.S, any Intergroup/Central Office, your local General Service Literature/ Grapevine chairperson, or BTG Area Literature Chairperson. The video can also be streamed at https://www.aa.org/treatment-committees

3. Explain that you would like to come into their facility to show this video to patients or inmates that are interested in A.A. and how A.A. members in BTG can meet them when they are released. Once they have indicated a desire for help, they would then make a Contact Request for a Volunteer to take them to AA in their community. The initial contact is the BTG Volunteer's responsibility and is made while they are still inside. This is done by personal visits, contact calls, letters, or email depending on circumstances. The BTG Volunteer is responsible for calling or meeting the patient or inmate upon their release to go to an A.A. meeting in their community. Point out that BTG may also be located in other parts of the US and Canada for those released out of the area. BTG Volunteers have also been facilitated in other countries.

4. When talking about the Contact Request, point out that the information is needed to make contact with the patient or inmate for an outside meeting in their hometown. The information is retained until the bridge between the BTG Volunteer and Contact Requester is made and then is destroyed.

5. Review our Traditions with particular emphasis on the **3rd and 5th traditions**. Our Traditions are based solely on past experience. When the staff is informed up front, later misunderstandings can be avoided. For example, the non-alcoholic addict should be referred to other 12 step programs as we are there only to help the ones that desire to stop drinking. The MSCA 09 BTG Contact Request Form explains briefly what BTG is and provides a tear-off sheet to request a BTG Temporary Contact. The A.A pamphlet (F-2) “Information on A.A.” and the A.A. Fact Sheet (What A.A. Does and Does Not Do) should be used as well to explain what is being offered.

6. Open the discussion for questions. Frank, openness, and honesty should be the guidelines for all questions. If you do not have an answer, admit it and let them know you will do your best to get back to them with an answer.

7. Committing to only one or two of the patient or inmate presentations a month in the beginning is suggested. It should be known how many presentations your system can do and respond to. If you do not have enough team members or volunteers, it is OK to say: "We can only do one presentation per month at this time". You can always ask to increase or decrease it later.

8. Leave your name, contact number, and email so they have a way to contact you.

9. Be sure to take notes on special procedural requirements the staff may discuss with you. If possible, type them up later so they can be given to the Presentation Teams making presentations to patients or inmates at that facility.

<u>Other Ways to work with Facilities</u>

These methods for BTG Presentations have proven to be a consistent way to find those alcoholics that desire help when they are released. There are other approaches that can be tried where formal BTG Presentations may not be possible. Such as:

You may be able to make arrangements with a facility to leave a confidential Contact Request box with a display explaining BTG. Those Request Forms could routinely be checked and picked up weekly. It is important that someone be responsible for picking up potentially filled out cards. The patients or inmates and staff may notice if stale cards are left behind.

There are many different ways to work with staff on the inside. See the "A.A. Correctional Facilities Workbook" in the "Prerelease A.A. Contact" section for more ideas along these lines.

Presentations for Patients or Incarcerated

The *Suggested BTG Facility Presentation* (below) is provided for use by facility presentation teams speaking to facility residents..

This presentation should be done in pairs, although if only one person is available, the commitment should be honored.

The number of team members for all the Presentation Teams for a facility should be ideally four to six persons, especially if doing presentations more than once a month. This of course may not be possible when first starting out. It does make it easier to handle situations like vacations or when a team member is not available. It is recommended that each team do only one presentation a month.

The purpose of this presentation is to:

- Inform patients or inmates about what A.A. BTG is and that it is available for them when they leave the facility.
- Inform patients or inmates on how to make a "Contact Request" (which would be different for patients vs. inmates). Patients are usually allowed to supply contact information needed for the Contact Request Form; however, inmates may not be allowed to do this depending on the security requirements of the facility. Always be aware of the requirements and expectations of any facility that you work with.

Presentation Guidelines

Opening with the video **Hope: Alcoholics Anonymous** or **It Sure Beats Sitting in a Cell** is suggested, along with bringing sufficient literature and newcomer packets for everyone in the room in the event each person wants to request a Contact. You need to arrange for video equipment to be available should you choose to show a video.

Appearance should be neat and clean (at times these are specifically determined by the facility, especially in the case of corrections). To those inside we are seen as representatives of Alcoholics Anonymous.

Be early or on time. It's easier to gather serenity in the parking lot or lobby for 15 minutes, than to undo the negative reaction of being late.

Avoid drunk-a-logs. The presentation is not an A.A. meeting. Other A.A. committees conduct A.A. meetings inside facilities.

Be brief and to the point without rushing through the presentation and omitting pertinent information. As guests we remember that we may be taking up some of the patients' or inmates' free time, or the facility therapy time.

Now you are ready to begin. How you start depends on what has been agreed to between the facility staff and the BTG

Pages 13 to 15 contain the suggested presentation format: It is suggested to provide copies of this outline, contained in the District Workbook as a separate document, to the volunteer presenters and use them as a training tool for any new volunteers..

Points to Remember
Keep calm control of the meeting. Excessive comments from patients or inmates may cause a person to be reluctant to request a contact, especially excessively negative comments during the Q&A period. Try to limit participation to questions only.

Be positive yet honest. Remind them that if anyone did not request a contact and they change their mind later, they can get in touch with us or talk to the staff.

Remembering page 89 of the Big Book may help:

> *"Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics." (Reprinted with permission of A.A.W.S.)*

Suggested BTG Presentation Format
Suggested presentation text is below:

Hello, my name is _____. I am an Alcoholic. I am here with _____ (names of the A.A. members with you).

We are members of Bridging the Gap of Alcoholics Anonymous. Bridging the Gap provides a temporary contact person to help Alcoholics make the transition from the facility to A.A. on the outside.

Our experience has taught us that one of the most slippery places in sobriety is between the doors of the facility and the doors of Alcoholics Anonymous in the community.

We would like to explain a little about Alcoholics Anonymous and what BTG is all about. We're going to share some information about BTG for a few minutes, and at the end there will be time for questions.

Alcoholics Anonymous is a fellowship of people who share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership. We are self-supporting through our own contributions.

A.A. is not allied with any sect, denomination, politics, organization or institution. Does not wish to engage in any controversy. Neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other Alcoholics to achieve sobriety.

We have brought along a short video, produced by the General Service Office of Alcoholics Anonymous. I have asked _____ to run the videotape for us.

Show video or DVD - "Hope: Alcoholics Anonymous" or "It Sure Beats Sitting in a Cell"

Membership in A.A. is open to any person who has a desire to stop drinking. If you think you might have a problem with alcohol, you are welcome, regardless of any other problems or addictions you

may have. If you are addicted to drugs and have no problem with alcohol, we suggest that you seek out a twelve-step program that deals with that specific problem.

Bridging the Gap is made up of A.A. members that help people make the transition from hospitals and institutions to A.A. in their home community. Many of us either did not know how to find A.A. when we first started out, or were too scared to go alone. When we finally got up the courage to go, we were not able to reach out to a room full of strangers and ask for help. The sole purpose of BTG is to help you get acquainted with A.A. in your community.

To inmates:
If you would like a helping hand, we have an informational flyer for you, which explains briefly, what BTG is, what A.A. is NOT, and one that tells you how to request a BTG contact.

To patients:
If you would like a helping hand, we have a Contact Request pamphlet with a tear off sheet for you to complete. You are also welcome if you have access to your phone, to contact us via the QR code on the pamphlet of by visiting BTG at the Area website, also provided.

The information you provide will be held in the strictest confidence. It will be used to find a temporary contact for you, and then the information will be destroyed. We try to match your requests with a volunteer based on three criteria: zip code, gender and age.

Your BTG contact will get in touch with you as soon as possible. Often this will be before you leave this facility. After you return home, they will introduce you to fellow members at an A.A. meeting in your home community. Their commitment to you is only short term. Sometimes longer-term sponsorship develops between the newcomer and their temporary contact. Your contact will be willing to answer any A.A. related questions you may have.

Now I will turn the meeting over to_____ who will share a little about what A.A. has meant to him/her/them.

Does anyone have any questions? If so, we will be happy to answer them.

Q & A period: Allow time for questions from the participants

To patients: These are the request pamphlets we have been talking about. We will spend a few moments if anyone wants to fill one out.
(Check that forms are filled out legibly and completely.) We thank you all for your time. We would like to leave some BTG Cards with you so that you may contact us later if you wish. Thank you again.

After the presentation, be sure to turn any Contact Requests into the District Contact Coordinators promptly.

12th Step Service

Our Twelfth Step - carrying the message - is the basic service that the A.A. Fellowship gives; this is our principal aim and the main reason for our existence. Therefore, A.A. is more than a set of

principles; it is a society of alcoholics in action. We must carry the message, else we ourselves can wither and those who haven't been given the truth may die.
---- Bill W.
A.A.'s Legacy of Service (Reprinted with permission of A.A.W.S.)

Our actual 12th Step work must never be paid for, Experience has shown it is important that no funds are accepted for 12th Step work. In the spirit expressed in Bill W.'s words above, BTG is organized with the purpose of practicing the 12th Step and carrying the message of Alcoholics Anonymous to the alcoholic who still suffers by making the program of Alcoholics Anonymous available to all those who desire its solution.

I am responsible when anyone, anywhere reaches out for help,
I want the hand of A.A. always to be there ... and for that I am responsible.

For additional copies of this publication or other MSCA 09 Treatment Facilities literature please reach out to us.

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