

Missouri's Recovery Movement

Presented by

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MISSOURI STATE ADVISORY COUNCIL (ADA/SAC)

The ADA/SAC serves as an advisory body to the Division of Behavioral Health and the division director on substance abuse policy, prevention and treatment activities in the state of Missouri. The Council is created by Missouri Statute, to be found in [Section 631.020PDF Document](#), Missouri Revised Statutes.

MISSOURI

The burden of substance abuse in Missouri is tremendous.

According to the National Survey on Drug Use and Health, there are approximately 434,000 Missourians over age 18 with substance use disorders.

An estimated 80% of emergency room visits are drug related, costing more than \$77.2 million, according to the Missouri Department of Mental Health's 2006 data.

The National Institute on Drug Abuse estimates the economic cost of premature death due to alcohol and drugs is \$350,000 per person. For the loss of Missouri lives due to substance abuse, this cost is \$411.9 million annually.

ADA/SAC Primary Components

- PREVENTION
- SUBSTANCE ABUSE TREATMENT
- RECOVERY SUPPORTS
 - FAITH BASED RECOVERY SUPPORTS
 - COMMUNITY BASED RECOVERY SUPPORTS

What Is Recovery?

The Recovery Process:

Recovery from alcohol and drug problems is a *process of change* through which an individual achieves abstinence and improved health, wellness, and quality of life.

Source: CSAT National Summit on Recovery, 2005

“Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.”

Working Definition of Recovery:

SAMHSA **2010**

Some Recovery History



The Recovery General

William Booth embarked upon his ministerial career in 1852, desiring to win the lost multitudes of England to Christ. He walked the streets of London to preach the gospel of Jesus Christ to the poor, the homeless, the hungry, and the destitute.

Booth abandoned the conventional concept of a church and a pulpit, instead taking his message to the people. His fervor led to disagreement with church leaders in London, who preferred traditional methods. As a result, he withdrew from the church and traveled throughout England, conducting evangelistic meetings. His wife, Catherine, could accurately be called a cofounder of The Salvation Army.

AA can be considered as a highly successful example of a social phenomenon called a spiritual recovery movement. Such movements have three primary characteristics. They

a) claim to provide relief from disease,

b) operate outside the modalities of established empirical medicine, and

c) ascribe their effectiveness to higher metaphysical powers. The appeal of such movements in the contemporary period is due, in part, to the fact that physicians tend not to attend the spiritual or emotional concerns of their patients (Galanter, 2005).

SAMHSA

- SAMHSA became the first Department of Health and Human Services agency to undertake a specific FBCI in 2000. The initiative emphasizes the key role FBCI organizations play in the delivery of substance use prevention, addiction treatment, and mental health services, particularly to underserved communities and culturally diverse populations.

SAMHSA Recovery Guiding Principles

Source: CSAT National Summit on
Recovery, **2005**

Principles of Recovery

- Many pathways
- Self-directed and empowering
- Involves a personal recognition of the need for change and transformation
- Holistic
- Has cultural dimensions
- Exists on a continuum of improved health and wellness

Principles of Recovery, Continued

- Emerges from hope and gratitude
- Process of healing and self-redefinition
- Involves addressing shame and stigma
- Supported by peers
- Rejoining life in a community
- Recovery is a REALITY!

Two Distinctions

Two clear distinctions between Mental Health's approach to Substance Abuse Intervention and Recovery's Approach are:

1. Multiple (Flexible) Pathways to help.
1. Including God and Spirituality in the process.

“many individuals in recovery cite strength acquired from religion and spirituality as main factors in contributing to their long-term recovery as a source of personal strength, and as a self-protection mechanism”.

SAMHSA NATIONAL SUMMIT
AUGUST 2009

Does Recovery Work?

Missouri Department of Mental Health

Recovery Support

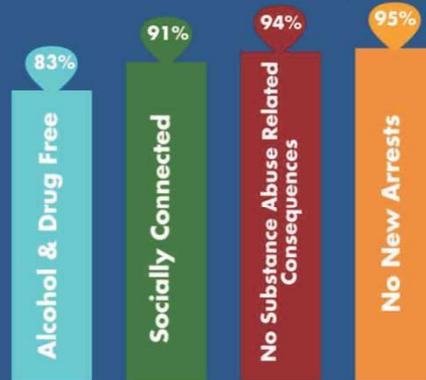
"Today, I am living a new life, free of drugs & alcohol, fulfilling my role as a mother, with a new career..."

"Recovery Support services provided me with a safe place where I could go get the help I needed..."



Effective

At the 6 month follow-up...



Efficient

Did you know?

The average cost per consumer in Recovery Support Services is only

\$563

(per 4 year grant cycle)

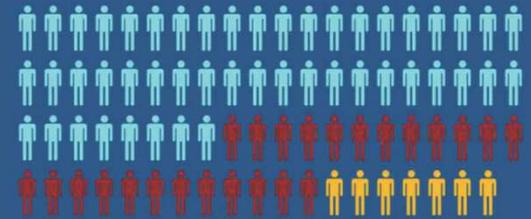
Oh, and also...

DMH's Customer Information Management Outcomes and Reporting system (CIMOR) saves staff time, expedites payment to providers, & allows for internal monitoring of service delivery & billing.

- ✓ Credentialed over 208 Recovery Support Service Providers since 2004
- ✓ Trained thousands of community & faith based clergy, mentors and peers
- ✓ Developed training for faith & community-based organizations, mentors, and peers in cooperation with the Missouri Substance Abuse Professional Credentialing Board (MSAPCB)
- ✓ Established the Missouri Recovery Support Specialist (MRSS) and Missouri Recovery Support Specialist-Peer (MRSS-P) credentials in cooperation with the MSAPCB

Established

These consumers depend on Recovery Support



■ Newly Released Offenders ■ Probation & Parole ■ Service Members & Vets

42,726 served since 2004.

Essential

Need for support from the top down.

- No Existing State Funding for Recovery Supports
- ATR only funding for Recovery Supports (100% federal)
 - First Cycle – 2004 thru 2007 total (21 million)
 - Funded Whole State
 - Second Cycle – 2007 thru 2010 total (14 million)
 - Funded Whole state less providers
 - Third Cycle – 2010 thru 2013 total (7 million)
 - Dropped two regions (Eastern Region and Central Region)

ATR Future

- Grant ended September 2014
- Missouri Initially not awarded in Fourth Cycle
- Missouri “on tap” tap to receive ATRIV 2015 thru 2017
 - 1.8 million per year for three years
- Thank DMH for current Gap Funding

Missouri Recovery Funding Need

- Praying that Missouri be awarded ATRIV
- Need additional (2 Million) to restore Recovery Supports across the Entire State
- Need (4.5) Million to sustain Recovery Supports state wide when ATRIV ends in 2017.

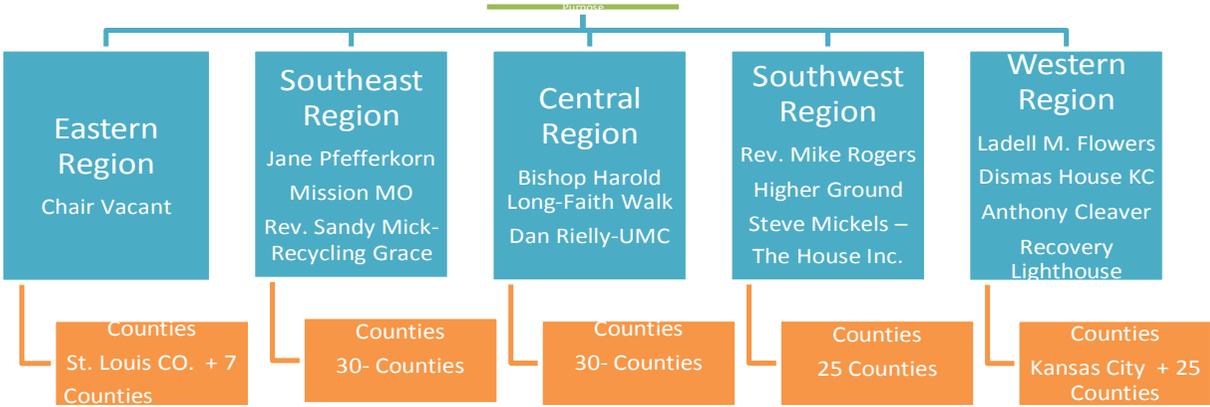
Mobilization of a Multiple Community of Institutions

- The effective management of historically intractable problems requires the sustained mobilization of multiple community institutions. Such mobilization is achieved through social movements that redefine the nature and complexity of the problem and forge systemic approaches to its solution.

William White – *Tribute to the Recovery Movement*

Missouri Statewide Recovery Support Coalition Initiative

Missouri Coalition of Recovery Support Providers Organization Structure



Stakeholders:

- Access to Recovery Network of Providers
- Missouri Department of Mental Health
- Missouri Department of Corrections
- Missouri Recovery Network
- Partners in Prevention
- University of Missouri, Columbia, MO
- University of Central Missouri State

How Do We Define Stakeholder?

- Someone or Organization that will support the Missouri Recovery Provider Service Movement.
- Someone or Organization Interested in the Evaluations, Results and Outcomes of Recovery Providers Services in Missouri.
- Someone or Organization that will **Help Represent** the Recovery Providers Service Industry Interests in general.
- Someone or Organization that will contribute their experience and/or resources to the Recovery Providers' Movement in Missouri
 - Expertise
 - Wisdom/Mentorship
 - Financial Support
 - Guidance
 - Promotional Efforts
 - Endorse the Purpose, Goals and Objectives of the Recovery Support Provider Movement in Missouri.
 - Other contributions