

**Pre-Application Technical Assistance Reports for the
Access to Recovery Grant Program**

Report on Technical Assistance to Missouri

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Consultation between Jean LaCour, Ph.D., and the State of Missouri Written Report

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Introduction (Purpose of TA)

The State of Missouri (the State) requested assistance with developing, recruiting, and training partners from the faith community. Assistance with these issues was provided by Jean LaCour, Ph.D., an expert on faith-based addiction training, including professional counselor certification and program development for recovery ministries. (A summary of the consultant's professional experience appears at the end of this report.)

Methodology

The consultation included two phone calls to set parameters for the teleconference and to clarify what TA would be most beneficial to the State. The two initial 1-hour calls, which occurred on May 10 and May 13, 2004, were between Jean LaCour, Ph.D., and Andrew Homer, Ph.D., Director of Research and Statistics of the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse.

The teleconference took place on May 13, 2004, and lasted approximately one hour. Jean LaCour and the following individuals from Missouri participated in the call:

Mark Stringer	Deputy Director, Division of Alcohol and Drug Abuse (DADA)
Andrew Homer, Ph.D.	Director of Research & Statistics, DADA
Laurie Epple	Director of Operations, DADA
Marsha Buckner	Director of Administration, DADA
Pamela Leyhe	Director of Federal Programs, DADA
Rosie Anderson-Harper	Treatment Director, DADA
Debbie McBaine	Director of Training & Development, DADA
Susan Davault	Senior Support Staff
Katie Schlup	Consultant, Division of Alcohol and Drug Abuse
Dong Cho, Ph.D.	Missouri Institute of Mental Health
Paul Binner, Ph.D.	Missouri Institute of Mental Health
Daphne Walker-Thoth	Missouri Institute of Mental Health/Committed Caring Faith Communities

Content of TA Discussion

The State began by describing their statewide infrastructure, which Missouri proposes to use to identify and train new faith-based or nontraditional service organizations in the ATR voucher program. Through CSAT's Target Cities project, The Division of Alcohol and Drug Abuse (DADA) was able to establish the St. Louis-based Substance Abuse Faith Initiative Committee. Started 9 years ago, this committee has since evolved into an independent statewide 501(c)3 interfaith organization, which is called Committed Caring Faith Communities (CCFC).

Another key organization has grown out of the CCFC, called the Missouri Faith Community Substance Abuse Resource Network. Part of the Network's focus is the area of advocacy. It teaches faith leaders and congregation members to advocate for substance abuse treatment, prevention, and recovery supports. It gives them the tools to effectively advocate for individuals as well as systems. Annually, the Network takes its members to the Missouri Legislature, where the participants are taught how to talk with their State representatives.

Outreach will be one of CCFC's main functions in the proposed Access to Recovery (ATR) program. CCFC actions will include informational and recruitment meetings, as well as contacting faith-based and nontraditional providers through media and mailings. CCFC's established network will convey a consistent message about the ATR program.

Another key function relates to the CCFC's training capacity. CCFC training includes regional conferences and a week-long "academy" that covers topics of interest and importance to the faith community. The CCFC training system can easily accommodate training for new providers of recovery support services, including how "to do business with the State." This system will also link more experienced faith-based providers with faith organizations that are new to the field of substance abuse.

Issue #1: Review and recommendations concerning Missouri's CCFC Network

Missouri: The State asked for feedback on its substance abuse-oriented, faith-based network, which is already established and ready to increase its capacity through the ATR program.

Consultant: The Missouri Faith Community Substance Abuse Resource Network appears to be a strong entity. Its training content and approach are outstanding. The CCFC has given college credits for its training but, due to lack of interest, has let their provider status lapse with the Missouri Substance Abuse Counselor Certification Board.

The consultant made the following suggestions:

- (1) Concurred with Missouri's idea of developing a new "academy" module, using the most recent SAMHSA material on Clergy Competencies.

- (2) Suggested that the CCFC should reestablish its provider status with the Missouri Substance Abuse Counselor Certification Board.
- (3) Suggested CCFC might advocate that recovery support workers be provided with some type of unique recognition within their existing training curricula and in their State.

Note: As recovery support services emerge as a new facet within the substance abuse field, it is important to give individuals who are committed to working in this area an opportunity to use their experience and training toward a long range goal, such as counselor certification. This is a workforce development issue, which needs to address the fact that many recovering persons, including those who are receiving treatment and/or recovery support services, eventually desire a chance to give back to others. These recovering individuals bring a passion and commitment that is vital to the field. In addition, people who are in recovery can benefit from opportunities for training, on-the-job supervision, and eventual certification, all of which can lead to promotion and other career possibilities.

Issue #2: Suggestions concerning the existing clinical treatment community

Missouri: The State requested suggestions for working with the existing traditional clinical treatment community and gaining their support of the new Recovery Support services under the ATR program.

Consultant: The consultant emphasized the need to develop the spirit of dialogue and a “crosswalk” between traditional clinical treatment providers and the emerging Recovery Support services that will be generated through the efforts of the CCFC.

“Buy-in” of the traditional providers will be critical to Missouri’s long-term success in expanding the continuum of care, so that this continuum will include both treatment and Recovery Support services. The services and domains of recovery support include the inherent value of RELATIONSHIPS. Therefore, wherever possible, it is important to intentionally develop strategic, committed relationships between treatment and recovery support providers. Suggestions toward this end include:

- (1) Identify traditional clinical treatment providers who are interested in becoming lead agencies or “anchors” in partnering with existing faith-based recovery support providers within their communities or regions. Ask these interested providers to co-host meetings with faith-based organizations and to provide a welcome with hospitality. Traditional providers should acknowledge the need for recovery support services, as well as the need for mutual partnering to meet *the real needs of clients*.
- (2) Identify those individuals within clinical treatment agencies and recovery support groups who have a personal interest or desire to act as liaisons between treatment and faith based recovery support providers.

- (3) Form a committed core group comprised of members from both groups (treatment and recovery support), who will be the basis of local or regional collaborations to address all of the seven domains.
- (4) Within a given geographic area, assess the existing recovery support services that address any of the seven domains in the ATR evaluation: drug/alcohol use; employment/education; involvement with the criminal justice system; family and living conditions; social support; access; and retention/engagement.
- (5) Identify gaps in services and recruit new faith-based and nontraditional providers to fill these identified needs. These new providers may be more willing to be involved in the ATR venture if they have the support of individuals in the core group.
- (6) Hold targeted, practical training as needed.
- (7) Form recovery support delivery partnerships to strengthen areas that are underdeveloped. For example, there may be a need for more transitional beds or for transportation in rural areas.

Note: The consultant agreed with the State that it could “resurrect” an earlier plan for capacity expansion using faith-based support, which had been dropped because of lack of funds. The data from this earlier effort can be used as an impetus for the core group as they work together to find new solutions and possibilities under the ATR program.

Issue #3: Building ties between treatment and nontraditional providers

Missouri: The State asked for other ways to build relational ties between treatment providers and faith-based and nontraditional recovery support providers.

Consultant: Possible strategies include:

- (1) Set up a chaplain-type program that would utilize staff from a faith-based recovery support program. A chaplain could provide help and assistance in all kinds of treatment and recovery support programs, such as by hearing 12-Step work, giving spiritual comfort, and counseling and answering questions on spiritual issues.
- (2) Utilize addictions professionals or mental health counselors, who would travel to recovery support programs to consult and counsel about follow-up of known clients. These professionals might also lead group sessions or psychoeducational groups.
- (3) Establish a variety of mentoring programs. For example: (a) clients in treatment could have a Recovery Support mentor midway in treatment, who would “be there” for the client after treatment; (b) a Recovery Support staff person could have a clinical mentor for consultation; and (c) a clinical staff person could have a faith-based mentor for assistance with spiritual issues, etc.

Outcomes

The State is in its final stages of completing their application. They are very committed and proactive in recruiting and developing faith-based and nontraditional providers and in establishing Recovery Support services. The State will be addressing the recommendations made in the teleconference.

Consultant's Background

Jean LaCour, Ph.D., CAPP, is president and cofounder of the NET Training Institute, Inc., a school for Counseling and Addiction Studies in Orlando, Florida. Founded in 1996, the Institute has trained more than 1,000 students who desire to serve the wounded, the addicted, the marginalized, and the poor. The Institute provides both Christ-centered and faith-based professional level training in addiction, prevention, counseling, and recovery support services through live instruction and home studies courses.

Dr. LaCour, along with Dr. Robert R. Perkinson, has co-authored a complete faith-based addiction counselor curriculum with video and support materials (available early 2005). The curriculum will be available with Continuing Education Units (CEUs). The NET Institute is a recognized training provider for three International Certification and Reciprocity Consortium (ICRC) boards (Florida, Georgia, and the World Federation of Therapeutic Communities), and nationally for NAADAC, the Association for Addiction Professionals.

Internationally, Dr. LaCour has trained in a dozen nations, including Egypt, Pakistan, and India. She serves with leaders from seven other nations on the Leadership Council of the International Substance Abuse and Addiction Coalition (ISAAC), based in England. Nationally, she is on the steering committee for SAMHSA's "Partners For Recovery" initiative. Regionally, she is on the Southern Coast ATTC workgroup charged with developing effective collaboration between faith-based and secular, clinical-based treatment organizations. In Orlando, Dr. LaCour is co-chair of the faith committee of the Orange County Coalition for a Drug-Free Community and also hosts an annual faith-based recovery conference. Ordained to the ministry in 1994, she received the Arno Award for Outstanding Contribution to pastoral counseling by the National Child Care Association. In 1999, she was recognized by Florida NAADAC as Professional of the Year for her pioneering work in promoting faith-based addiction training, including professional counselor certification and program development for recovery ministries.