



kc recovery coalition

Member Benefits

As a member of the Kansas City Substance Abuse Treatment and Recovery Support Coalition, (KC Recovery Coalition) you will benefit from experience of leaders with the many years is recovery support housing and recovery support services in the Kansas City Missouri Region.

Membership Benefits will include but not be limited to:

Mentorship and Networking

- Access to a network of providers across Kansas City who provide recovery support services
- Recovery Support Provider guidance and leadership from the Executive Team.
- Connection to the Missouri Coalition of Recovery Support Providers. Membership in the KC Recovery Coalition automatically makes your agency a member - <https://www.mcrsp.org>
- Connection to the National Alliance of Recovery Residences in the United States
- Guidance in meeting state certification rules for recovery support services in Missouri

Training and Technical Assistance

Learning opportunities are offered with technical assistance in:

- Organization and Administration
- Non-Profit Leadership and Board Development
- Recovery Support Services
- Recovery Support Housing
- Guidance to obtain Missouri Certified Peer Specialist Credential with the Missouri Credentialing Board and Certified Reciprocal Peer Recovery with the International Certification and Recovery Consortium
- Proven effective Faith Based and Community Based approaches to recovery support services and recovery housing
- Workshops in clinical SUD practices related to recovery and recovery support services; i.e., Medication Assisted Recovery

Resources

- Information on recovery residences, including research and best practices
- Information on recovery support services including research and best practices
- Updates on funding opportunities in recovery supports and recovery support housing
- Updates on national and state actions related to recovery housing and recovery supports
- Links to helpful websites to further strengthen your recovery support services and recovery housing
- KC Recovery Coalition Americorps/VISTA Program provides full-time volunteers who work a year at member agencies. The cost is \$400 a month. [Learn more here.](#)

Advocacy

- Building Legislative Caucus Support for Recovery and Recovery Support Providers in Kansas City area.
- Raising awareness and credibility for recovery housing and recovery support services
- Demonstrating impact of recovery housing and recovery support services
- Supporting the needs of recovering people as vital members of the community
- Legislative Education on Recovery Support Provider Services in Missouri
- Promoting Strength in Numbers

Free Events & Other Benefits for Coalition Members

- Exhibit table at the annual Family Recovery Day
- Annual Summer Brunch in July
- Annual Christmas Brunch in December
- Nominate individuals for the annual Unsung Heroes Luncheon & Awards
- Participate in Monthly Coalition Meetings: 10:00 am on the first Thursday of the month - Let other members know about what is happening at your agency!
- Promote your events in the monthly email newsletter

Membership now includes automatic membership in the Missouri Coalition of Recovery Support Providers the statewide advocate for agencies like yours - <https://www.mcrsp.org>

Contact the Kansas City Recovery Coalition:

Web site: <https://www.kc-satrsc.org> Email: kcsatrsc@gmail.com Phone: (816) 974-8225

Membership

Learn more about membership in the Kansas City Substance Abuse Treatment and Recovery Support Coalition.

Level III Membership

Members at this level shall be a Substance Abuse Treatment center or Recovery Support provider currently credentialed with the Missouri Department of Mental Health, Division of Behavioral Health. That provider shall appoint up to two persons from its organization to serve as representatives in the coalition with each person having one business vote in the coalition. This level of membership shall be a full membership and shall be eligible to make funding application request and/or receive funding with the coalition.

Level II Membership

Members at this level shall be Partnership / Ad-hoc membership with an organization that has requested or been solicited by the coalition to have a working relationship with the coalition such as making or receiving referrals for services provided by their agency/organization; or providing resources to the coalition, providing consultation with the coalition; or partnering in a grant proposal with the coalition. This shall not be a full membership. This level of membership shall have voting privileges consisting of one vote in the coalition. (If for some reason the partner is not allowed by the organization they represent to participate in a coalition vote they may abstain at any time. If a physical absence is mandatory in this voting matter the representative will not be penalized for the absence.) This level of membership shall may or may not be eligible to receive funding via grants, cooperative agreement, and/or contracts garnered by the coalition based on the agencies policy for partnership with the coalition. This level of membership shall be eligible to sub-contract with the coalition for services rendered to the coalition and/or any of its recipient recovery members.

Level I Membership

Members at this level shall be an individual who desires to become a part of the coalition but is not actively volunteering or working with a Recovery Support provider, Substance Abuse Treatment Center or affiliate member. This shall not be a full membership. This level of membership shall have voting privileges consisting of one vote in the coalition. This level of membership shall not be eligible to receive funding via grants, cooperative agreement, and/or contract garnered by the coalition. This level of membership shall be eligible to sub-contract with the coalition for services rendered to the coalition and/or any of its recipient recovery members.



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Membership Application Form

Date: _____

Organization (if applicable): _____

Program name (if applicable): _____

Primary contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work phone: _____ Fax: _____

Mobile: _____ Other: _____

Email: _____ Website: _____

Please describe the program and services your organization provides:

Treatment Services

- MAT Administration/Monitoring
- Detox
- Inpatient Treatment
- Residential Treatment
- Partial Hospitalization
- Intensive Outpatient Treatment
- Traditional Outpatient Treatment

Recovery Support Services

- Aftercare Support/Coaching
- Care Coordination/Therapeutic Aftercare
- Peer Support or Peer Navigators
- Recovery Coaching
- Transitional Housing

- Peer Mentoring
- Community Center/Space
- Screening and Assessment
- Prevention

Other services: _____

Housing

- Recovery Housing Men only
- Recovery Housing Women only
- Recovery Housing Men & Women
- Recovery Housing Women with children
- Recovery Housing Men with children
- Recovery Housing Couples with children
- Accepts Clients Identifying as Transgender
- Accepts Clients using Medication Assisted Treatment

Certifications

- Department of Mental Health: Recovery Support
- Department of Mental Health: Outpatient Level I
- Department of Mental Health: Outpatient Level II
- Department of Mental Health: Outpatient Level III
- National Alliance for Recovery Residences (NARR)
- Other: _____

If you are interested in volunteering for one of the Coalition's committees, please indicate below:

___ Yes

**Memorandum of Understanding
Between**

**And
Kansas City Recovery Coalition**

Purpose – The purpose of this coalition is to enhance the existing Recovery Oriented Systems of Care for persons in the Kansas City area who suffer from substance use disorder. The intended outcome of this collaborative effort is long-term recovery and a sustained healthy lifestyle.

This memorandum of understanding establishes participation in a community coalition between _____ and the Kansas City Recovery Coalition, *(hereafter referred to as (KCRC))*. We have checked the commitments our organization will make to the coalition.

- Become a Level III voting member of the coalition. (DMH certified)
- Become a Level II voting member of the coalition. (partner/agency not-DMH certified)
- Become an individual non-voting member of the coalition.
- To help raise community awareness of substance abuse, prevention, mental health issues, and recovery.
- To work with the Coalition's Committees.
- To attend the Coalition Monthly Meetings
- To serve as a Coalition's Officer if elected.
- To honor the by-laws and policies of the Coalition.
- To accept referrals from Coalition members when appropriate for our agency.
- To make referrals to other Coalition members when appropriate for our agency.
- To respect the rights of Coalition members to hold their own opinions and beliefs.
- Attend coalition sponsored trainings, town hall meetings, and community events when possible.

- Help the coalition efforts to prevent youth substance use.
- Ensure clear communication between our agency and the coalition.
- Provide Funding Support
- Provide Consultation and /or technical support
- Provide facility space to the coalition for meetings and trainings.
- Support the coalition's overall mission.
- Other _____

On behalf of the organization I represent I sign the memorandum of understanding with the commitment to support the items checked above and the coalition's overall development.

Agency Representative	Date
KCRC Representative	Date

Please sign and return to KC Recovery Coalition, 4505 St. John Ave., Kansas City MO 64123 or email to info@kc-satrsc.org

Follow these steps to become a member of the Kansas City Recovery Coalition.

1.

1. Complete the online [Coalition Membership Application](#)
2. Download and sign the [Memorandum of Understanding](#)
3. Pay Your [Membership Dues Online](#)