

Recovery Community Organizations: Conduits for Change

Introduction

Recovery community organizations (RCOs) have emerged as important resources for engaging and supporting individuals and families in their recovery in a variety of ways, and they reflect strengths and assets of the communities in which they operate. The cornerstone of a recovery-oriented system of care (ROSC) is the involvement and commitment of people with lived recovery experience. RCOs, in their nature and scope, aim to develop and support peer leadership and peer-driven services and support. Additionally, recognizing that sustainable change emerges from a recovery-focused, strengths-based approach, RCOs can help foster and support long-term collaborative relationships in their communities.

How Can This Technical Assistance Package Help Grantees?

This technical assistance (TA) package provides a brief history of RCOs and defines their characteristics. Grantees will learn what it takes to become a nationally recognized RCO and understand how creating successful partnerships with RCOs can help further recovery in their communities.

Part 1 provides an overview of events that led to the emergence of RCOs and their importance in the ROSC movement. Part 2 describes the distinctive elements of RCOs and their professional association, the Association of Recovery Community Organizations (ARCO). Part 3 considers the role of other types of organizations in recovery-supportive communities. RCOs come in many different shapes and sizes; three RCO profiles in this TA package demonstrate different approaches to the RCOs' common purpose of helping individuals grow in a life in recovery. The appendix includes the following tools:

- A worksheet to assess an organization's recovery vision, culture, climate, and unique strengths.
- A more in-depth description of ARCO and a checklist to help determine an organization's qualifications for ARCO membership.
- A worksheet to help grantees determine strategies for working with RCOs to foster recovery-supportive communities.

Part 1. Brief History: Emergence of Recovery Voices

Peer support for addiction recovery is not new. Individuals who are in recovery from alcoholism and other addictions have been helping others break the addictive cycle and find a new way of life in recovery for centuries. Their support includes guidance, suggestions, and resources for healing from the past; for creating—or recreating—a meaningful life; and for being of service to family, friends, and the community. This help is often freely given. People in recovery are drawn to work in the field, combining their experiential expertise with technical knowledge, specialty training, and certifications.

According to author William White, peers comprised 70 percent of the addiction services workforce by the 1960s. That changed dramatically with the medicalization of addiction services and the influence of insurance and managed care over the last four decades. Addiction was treated as an acute disorder, counselors and technicians were required to have licenses and certifications, and stigma continued to limit access to quality care. With the professionalization of addiction treatment, peers made up only 30 percent of the workforce.¹ The emergence of peer-based recovery support services (P-BRSS) is an effort to again place lived experience at the core of recovery support, recapturing dimensions of support lost with the professionalization of addiction counseling.

RCOs have emerged within this context. According to White, “The recent growth of RCOs marks a new development in the long history of recovery support....RCOs support a wide variety of recovery support institutions: recovery community centers, recovery homes, recovery colonies, recovery schools, recovery industries, recovery ministries/churches, recovery cafés....These recovery community-building activities constitute one of the forces pushing addiction treatment programs to become ‘recovery-oriented systems of care’ and to wrap traditional clinical services within a larger and more time-extended umbrella of P-BRSS.”

The Multicultural Roots of the Recovery Movement

The history of the movement around people with lived experience of recovery from addiction helping and supporting each other predates the creation of organizations, such as Alcoholics Anonymous, Narcotics Anonymous, and recovery community organizations (RCOs), by more than 250 years. Indigenous peoples of North America, using ancient traditional healing practices, such as the Sweat Lodge, Long House, Healing Lodges, and Talking Circles, have long known the power of the sharing of personal stories for physical, spiritual, and emotional health and wellness.

Early in the 19th century, from within the abolitionist movement, people of African heritage organized to form their own temperance and mutual aid societies, including temperance boarding houses. Led by African-American churches, these groups recognized that alcohol undermined health, wealth, and happiness. They sought to uplift African-American individuals, families, and communities by promoting and supporting temperance.²

The current recovery movement has been multicultural from its start; many organizations that were grounded in communities of color emerged in the late 1980s and early 1990s to address unmet needs in underserved communities. Among early recovery movement leaders were staff and volunteers of 10 African-American, Native American, Latino, and Asian/Pacific Islander organizations that were grantees of the Substance Abuse and Mental Health Services Administration’s Recovery Community Support Program (1998–2001) and Recovery Community Services Program (2002–2012). These grant projects were pioneers in defining and designing peer recovery support services, as they are delivered in and by addiction recovery communities—creating a unique place for peer recovery support services in systems of care and placing ethical recovery values at the heart of recovery service design and delivery. Three organizations of note are described below:

[White Bison \(www.whitebison.org\)](http://www.whitebison.org) is one of the organizations leading the contemporary movement. Through the teachings of [The Red Road to Wellbriety in the Native American Way \(www.coyhispublishing.com/store.php/products/red-road-to-wellbriety\)](http://www.coyhispublishing.com/store.php/products/red-road-to-wellbriety)—a gift to Indigenous people created as a vision of Don Coyhis, a member of the Mohican Nation—White Bison has taken the principles found in 12 Step and other fellowships and created culturally based healing for Indigenous peoples around the world. The “Well” in Wellbriety stands for the need to go beyond sobriety and recovery and into a state of healing and wellness for people, families, and communities.

The [Association of Persons Affected by Addictions](http://apaarecovery.org/) (<http://apaarecovery.org/>) and the [Detroit Recovery Project](http://www.recovery4detroit.com) (www.recovery4detroit.com) are two early RCOs grounded within African-American communities. Both provide culturally responsive services that center on the lived experiences of individuals in recovery.

At Substance Abuse and Mental Health Services Administration (SAMHSA)–sponsored national summits on recovery in 2005 and 2010, attendees agreed that ROSCs were needed at the local, State, and national levels to promote health and resilience and help people achieve and maintain a life in recovery. Although the understanding of what a ROSC entails has evolved over the last decade, the fundamentals outlined at these gatherings still hold true:

- ROSCs support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve sustained health, wellness, and recovery from alcohol and drug challenges.
- ROSCs offer a comprehensive menu of services and support that can be combined and readily adjusted to meet an individual’s needs and chosen pathway to recovery.
- ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care.
- ROSCs require an ongoing process of systems change that incorporates the experiences of individuals in recovery and their family members.

RCOs advocate a broad, holistic, long-term perspective on recovery, and they work to ensure that organizations, institutions, and statewide systems incorporate the experiences of people in recovery and their family members. RCOs proactively support person-centered, self-directed, strengths-based approaches that individuals and families need to achieve sustained health, wellness, and recovery from substance use challenges.

Increasingly, RCOs are offering multiple tracks for individuals in recovery to engage in workforce development. This additional service allows for not only enhanced personal recovery but also the opportunity to develop knowledge and skills to start a new career and advance in a specific field.

RCO Profile: FAVOR Greenville
<http://favorgreenville.org>

Faces and Voices of Recovery (FAVOR) Greenville (in South Carolina) is both a movement—organizing the recovery community to put a face and voice on recovery—and a physical “welcome center to recovery” that provides intervention and recovery support services. The center provides easy, immediate, and no-cost access to intervention services and long-term recovery support with no forms to fill out, no criteria to be met, no insurance required, and no discharge planning. Open 6 days per week, the center offers a variety of programs and services, including assertive community engagement for youth and young adults, information and referrals, individual and family recovery coaching, all-recovery meetings, family recovery meetings, telephone recovery support, and social activities.

Participants reach out to newcomers and accompany them as they find their own path to recovery. When they leave the center, participants know that they are not alone, that FAVOR is their recovery sanctuary, and that they are cherished members of the “FAVOR family.”

Part 2. What Makes an RCO an RCO?

Several features, some of which are outlined below, differentiate RCOs from other types of organizations offering recovery support.

Mission and Focus

An RCO is an independent, nonprofit organization, led and governed by representatives of local communities of recovery. According to Valentine, White, and Taylor,³ people in recovery establish RCOs to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction in local communities by marshalling recovery assets within and outside of the recovery community. To achieve this, RCOs (1) **educate** the public about the reality of recovery, (2) **advocate** on behalf of the recovery community, and (3) **deliver** or support the delivery of P-BRSS.⁴

RCOs are committed to recovery-related social change (e.g., recovery-focused community education, advocacy of pro-recovery social policies), and they invest considerable resources in organizing recovery resources within local communities. Being connected to communities of recovery in which they are embedded is critical to the sustained integrity and authenticity of RCOs and the work that happens within them.

Core Principles and Philosophy

Several core beliefs guide RCOs:

- The lived recovery experience and success stories inform and motivate people.
- People want to be heard, not fixed. True partnership means listening.
- People follow many pathways to recovery.
- RCOs make sustainable change by being continuously invitational and inclusive.
- Recovery is not only possible, it is expected.

These core beliefs lead to concepts that ground their work. RCOs:

- Keep recovery first, placing recovery at the center of their efforts.
- Are based on mutuality and reciprocity.
- Encourage participant self-direction and autonomy.
- Use participatory processes to engage people who are in and seeking recovery.
- Value the authenticity of peers helping peers, drawing on the lived and shared experience of addiction and recovery.
- Engage in peer leadership development.
- Welcome and embrace cultural diversity and inclusion.
- Promote giving back to the community.

Culture and Climate

The organizational culture and climate of an RCO sets the context in which recovery can occur. Within RCOs:

- **Recovery lives.** RCOs are sanctuaries permeated with hope. For some RCOs, this means that the organization is an easily identified place in the community—an office, a recovery community center, or a Recovery Café—where individuals or families can go to receive recovery support services, such as mutual support groups, individual recovery coaching, and job coaching. Other RCOs are virtual, with telephone recovery support, Web-based and text-based support, and online education and advocacy. Still others may offer P-BRSS at locations throughout the community, such as emergency departments, community behavioral health centers, shelters for people without a home, faith-based organizations, or criminal justice agencies. Regardless of setting, the services and support that RCOs offer reflect the priorities of the local community. RCOs create places where recovery lives.
- **People belong.** Individuals do not need a behavioral health diagnosis to participate; RCOs accept everyone who is interested in recovery and support many pathways to recovery. People engaged with RCOs are not clients; rather, they are visitors, participants, peers, or members. RCOs do not provide mandated services; instead, they provide an opportunity for people to find their own pathways to wellness and to receive support from others who have been where they are.
- **People make positive, affirming connections.** An RCO is often a local hub where information about recovery originates and is disseminated. People make connections to other individuals and families and to the recovery community as a whole that help them build and maintain lives in recovery.
- **Individuals with lived experience lead, teach, and support.** RCOs offer training from the perspective of people with lived experience. Examples of training topics include recovery messaging, intentional peer support, creating cultures that support recovery, and the science of addiction and recovery.

People in recovery are the heart of RCOs. Their passion, experience, and resilience are the hope, knowledge, and strength of these organizations. They make RCOs unique beyond their common structural foundation. Grantees can use Worksheet 1 in the appendix to assess their organizations' recovery vision, culture, climate, and unique strengths.

The Inter-Tribal Council of Michigan Responds to the Need for a Culturally Appropriate Recovery Community Organization

The Inter-Tribal Council of Michigan (ITC-MI) has creatively responded to the need to build a foundation for a recovery community organization (RCO) that is responsive to the needs of Indigenous people in a cultural context. In December 2016, 12 elder women with lived experience—from the 12 Tribes that comprise the ITC-MI—gathered to begin crafting a vision for the creation of RCOs in Michigan that are founded on Indigenous healing principles; employ Native medicines, ceremonies, and values; and are replicable across Native America. The vision includes plans for the creation of a digital story of the RCO development process that may be used as a tool for other Tribes, Native Health Centers, and Urban Native communities, which understand the need to build strong support for members of the community and their families. The vision also includes advocacy to ensure that organizations, foundations, and other stakeholders that fund recovery community centers understand and honor the imperative need of cultural resonance that must prevail for all Indigenous peoples.

Association of Recovery Community Organizations

ARCO is a voluntary membership organization for RCOs that clearly demonstrates a commitment to helping bridge the gap between professional treatment and building healthy and successful lives in long-term recovery. Organizations that increase the visibility and influence of the recovery community and engage in one or more of the following three core activities may be eligible to join the existing ARCO member organizations:

- Educating the public about the reality of recovery.
- Advocating on behalf of the recovery community.
- Delivering peer recovery support services.

The appendix provides more information on the benefits of ARCO membership and the membership application process.

RCO Profile: Recovery Alliance of El Paso
(www.recoveryalliance.net)

The Recovery Alliance is an organization of people in recovery from alcoholism and drug addiction and their friends, families, and allies. Alliance associates and supporters have been serving the recovery community in West Texas since 1998 and providing peer recovery support services, including recovery coaching, sober housing, and peer services, since 2002.

The Recovery Alliance sees recovery as a life-affirming process that can be fostered by recovery support services, which are defined and delivered by peers in the recovery community: alcohol- and drug-free social and recreational activities, informational workshops, skills development and training, career and business planning, parenting classes, education, and housing. The Alliance provides these services and hosts others, such as mutual support groups, at its recovery community center and at Casa Vida de Salud, its 37-bed residential recovery center.

Part 3. Recovery-Supportive Communities: Partners, Supporters, and Allies in Recovery

Support for individuals and families in recovery extends well beyond RCOs. As more people understand the public health, safety, and wellness benefits of recovery, more organizations are becoming champions for recovery. This does not make them RCOs, but it does make them something equally important: partners, supporters, and allies in building recovery-supportive communities and, ultimately, ensuring health, home, purpose, and community for all. The following sections describe some of these organizations and how they have become champions for recovery.

Treatment Providers

For many individuals, treatment is the first step toward a life in recovery. Treatment providers offer life-saving clinical services tailored to individual needs, including screening and detoxification; treatment planning and case management; individual and group behavioral counseling; evaluation and treatment for co-occurring mental health issues, such as depression and anxiety; and follow-up to prevent relapse.

In many communities, addiction treatment providers and RCOs work together to increase individuals' access to and success in treatment. Providers and RCOs partner to provide recovery support [before, during, and after treatment](http://www.hopeforrecovery.org) (www.hopeforrecovery.org). Additionally, RCOs advocate for policy changes at the local, State, and Federal levels—such as expanding support for and access to addiction treatment and recovery support services—that promote recovery and remove barriers to recovery.

Medications are often an important part of treatment, especially when combined with behavioral therapies. Medication-assisted treatment for alcohol, opioids, and other drugs helps individuals manage withdrawal symptoms, prevent relapse, and treat co-occurring conditions. Treatment providers are working with individuals with lived experience, such as those involved in the [MARS Project](http://www.marsproject.org), (www.marsproject.org) to promote medication-assisted recovery.

Faith-Based Organizations

Faith-based organizations provide services within the context of their religious beliefs. They can serve a vital function in recovery-supportive communities because they are often at the center of community life and have a strong commitment to serving their communities. They often work with families, offer youth services, and provide social support, such as social activities and community services, which inherently support recovery. These may or may not be peer-driven services.⁴

Health Care Providers

Addressing substance use challenges in health care settings offers important opportunities to improve health outcomes. Medical professionals play an important role in screening individuals for substance use challenges; providing brief interventions; referring them to substance use treatment, if needed; providing ongoing monitoring and follow-up; and, of course, addressing physical health problems that affect the quality of life and life expectancy of those in early and long-term recovery.

Health care providers and RCOs also work together to improve the overall health and wellbeing of people in recovery. Health care providers who partner with RCOs may refer individuals in different stages of recovery to RCOs to receive needed support. They may also lead educational sessions at RCOs on health-related topics. RCOs, in turn, help providers meet the needs of individuals experiencing addiction, which many health care providers lack the resources to properly address.

Emergency Departments

Research has demonstrated that many illnesses and injuries treated in emergency rooms are alcohol- or drug-related. Once individuals are stabilized, emergency rooms are a crucial point for intervention with those with substance use challenges. The current opioid epidemic is leading to new approaches. For example, a Yale study⁵ demonstrated that more individuals engaged in treatment when emergency departments started medication-assisted treatment for opioid addiction in the emergency room and provided brief counseling and a treatment referral.

Hospitals are working in partnership with RCOs to connect people with substance use challenges to peer recovery support while they are in the emergency room. [AnchorED](https://providencecenter.org/services/crisis-emergency-care/anchored) (<https://providencecenter.org/services/crisis-emergency-care/anchored>) was launched in Rhode Island to reduce the incidence of accidental opioid overdose by connecting individuals who have experienced overdose with certified recovery coaches in emergency departments. The program ensures that individuals and their families know that substance use is a medical condition and that recovery is possible. Certified peer recovery specialists are on call to all emergency departments 24/7, and emergency departments call them in when an individual who has survived an opiate overdose arrives. Recovery coaches engage with those who have survived an opiate overdose, listen, answer questions about recovery support or treatment options, and provide information to family members. In the program's first year of operation, AnchorED recovery coaches saw 230 people, and 83 percent engaged in recovery support after hospital discharge. Only 5 percent of the people were seen in the emergency room multiple times.⁶

Single State Agencies

Developing and fostering relationships at the State level can lead to mutually beneficial partnerships. With an eye on the common goal of meeting people's needs for recovery, collaborations can turn good ideas into reality. For example, with the support of technical assistance sponsored by SAMHSA, the partnership between [Recovery Café](#)

(www.recoverycafe.org) and Washington State’s Division of Behavioral Health and Recovery (DBHR) has led to several achievements:

- To launch the [Washington Recovery Alliance](http://www.washingtonrecoveryalliance.org) (www.washingtonrecoveryalliance.org), a statewide coalition, DBHR helped network and plan an initial meeting and provided financial assistance for meeting supplies, travel, and lodging. Members of the Washington Recovery Alliance provide recovery support, prevention programs, and education and aim to reduce stigma.
- Recovery Café significantly enhanced its data collection and program outcome measurement and evaluation process through the collaborative efforts of funders, consumers, community volunteers, and Recovery Café and DBHR staff members. During a recent meeting, a measurement and evaluation expert from the Bill & Melinda Gates Foundation deemed the resulting data and process viable for national funders. The data being collected now will be used to make the case for Recovery Café’s model to funders, potentially drastically increasing access to recovery support in communities nationwide.
- DBHR provided initial funding to support Recovery Café’s launch of the Recovery Café Network. The first Recovery Café Network cohort included four Washington State RCOs who sought to replicate the Recovery Café model in their own communities. DBHR’s funding helped subsidize the cost of training these RCOs, and since then, each has opened a Recovery Café. Inspired by this accomplishment, the Recovery Café Network now aims to have 16 Recovery Café sites up and running in the next 5 years.

There are many other potential and emerging partners for recovery in a variety of community sectors and systems (e.g., criminal justice, child and family welfare). Every organization in a community can play a role in building a recovery-supportive community. RCOs can serve as a bridge between diverse communities of recovery, the addiction treatment community, the larger network of health and human services providers and systems, and the broader recovery support resources of the extended community. Keeping these partners and allies in mind, grantees can use Worksheet 2 in the appendix to consider how to work with RCOs to foster recovery-supportive communities.

“The success of the collaborative efforts among DBHR, the Washington Recovery Alliance, and the Recovery Café represents the epitome of what I have coined as Creating Linkages & Developing Networks Between Recovery Initiatives.”

—Enid Osborne, Ph.D.
ATR Government Project Officer,
SAMHSA Center for Substance
Abuse Treatment

RCO Profile: RECOVER Project
[\(<http://recoverproject.org>\)](http://recoverproject.org)

As noted on the RECOVER Project Web site, the RECOVER Project is a safe, welcoming community that supports recovery by sharing the wisdom of lived experience and strengthens the community through full participation of its members. It creates resource connections, advocates overcoming barriers, and promotes the reality that recovery is possible for all.

The RECOVER Project provides trauma-informed support based on the guiding principles that people can and do recover from alcohol and drug addiction and that competence and wisdom reside in those with lived experience. It offers people at all points on the recovery continuum of care safe, respectful space to develop healthy relationships, participate in a supportive community, develop new interests, take part in alternative healing arts activities, practice new social skills, and hone unique talents. Members of the RECOVER Project community find opportunities to both give and receive support through a variety of educational, volunteer, social, and skill-building activities that help to overcome emotional and social isolation, develop strengths, build leadership capacity, and prevent relapse. RECOVER Project members developed the manual *From the Ground Up: How to Build Your Own Peer-to-Peer Recovery Center*.

Conclusion

RCOs are unique organizations whose mission, culture, climate, and practices all focus on promoting recovery. People with lived experience of addiction and recovery are at the heart of the work. RCOs are important resources, helping individuals achieve and maintain a life in recovery by advocating for policies that support recovery, educating the public about recovery, and providing peer recovery support.

RCOs need to collaborate with other types of organizations to spread the message and convey the reality of recovery. Collaborative relationships in support of recovery are emerging and enduring, as more communities witness the positive outcomes of those relationships and reach out for local support.

Endnotes

1. White, W. L. (2009). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services. Retrieved February 9, 2017, from www.naadac.org/assets/1959/whitew2009_peer-based_addiction_recovery_support.pdf
2. Yacovone, D. (1988). The transformation of the Black temperance movement, 1827-1854: An interpretation. *Journal of the Early Republic*, 8(3), 281–297.
3. Valentine, P. A., White, W. L., & Taylor, P. (2007). The recovery community organization: Toward a working definition and description. Retrieved March 27, 2017, from www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf

4. Kaplan, L. (2008). The role of recovery support services in recovery-oriented systems of care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration. Retrieved February 9, 2017, from <https://store.samhsa.gov/shin/content/SMA08-4315/SMA08-4315.pdf>
5. D’Onofrio, G., O’Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., et al. (2015). Emergency department–initiated buprenorphine/naloxone treatment for opioid dependence: A randomized clinical trial. *JAMA*, 313(16), 1636–1644. Retrieved February 27, 2017, from <http://jamanetwork.com/journals/jama/fullarticle/2279713>
6. Joyce, T. F., & Bailey, B. (n.d.). Supporting recovery in acute care and emergency settings. Retrieved February 27, 2017, from www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/supporting-recovery-in-acute-care-emergency-settings.pdf

Additional Resources

SAMHSA’s Working Definition of Recovery (<http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>) offers a comprehensive guide to recovery’s major dimensions and guiding principles.

Interested in starting an RCO? Check out Faces & Voices of Recovery’s *Recovery Community Organization Toolkit* (http://facesandvoicesofrecovery.org/file_download/68610d77-430f-4711-8032-f526f4c6cf94).

To organize an event in your community, check out Faces & Voices of Recovery’s *Community Listening Forum Toolkit: Taking Action to Support Recovery in Your Community* (<http://facesandvoicesofrecovery.org/resources/our-publications.html>).

For more about the history of the recovery movement, visit Altarum’s *Addiction Recovery Timeline* (<http://altarum.org/our-work/bhtac-recovery-timeline>).

To learn more about the Wellbriety Movement, see *The Red Road to Wellbriety in the Native American Way* (www.coyhispublishing.com/store.php/products/red-road-to-wellbriety).

nDigiDreams (www.ndigidreams.com), a woman-owned and indigenous-focused consulting and training company, performs media production and conducts media-based digital storytelling training workshops. The evidence-based practice of using digital technology for storytelling has expanded the healing power of the story, as told by the person with lived experience. With the ability to reach an unlimited number of people while helping the person telling the story to heal as a result of its telling, *nDigiDreams* maximizes the power of the sacred peer-generated story.

Appendices

The appendices include the following:

- Worksheet 1: Your Organization's Recovery Vision, Culture, and Climate
- ARCO Summary Description and Checklist
- Worksheet 2: Working with RCOs to Foster Recovery-Supportive Communities

Worksheet 1: Your Organization’s Recovery Vision, Culture, and Climate

This worksheet will help you determine your organization’s recovery vision, culture, and climate through questions, statement development, and a visioning exercise.

Part 1. Answer key questions.

What does a life in recovery look like for your peers/participants/members?

What does it mean for individuals/families in your community to have a life in recovery? Why is it important?

What are the strengths/assets that you use to help individuals/families build a life in recovery?

Part 2. Craft your statement.

Circle key words or phrases in your response to the questions in Part 1.

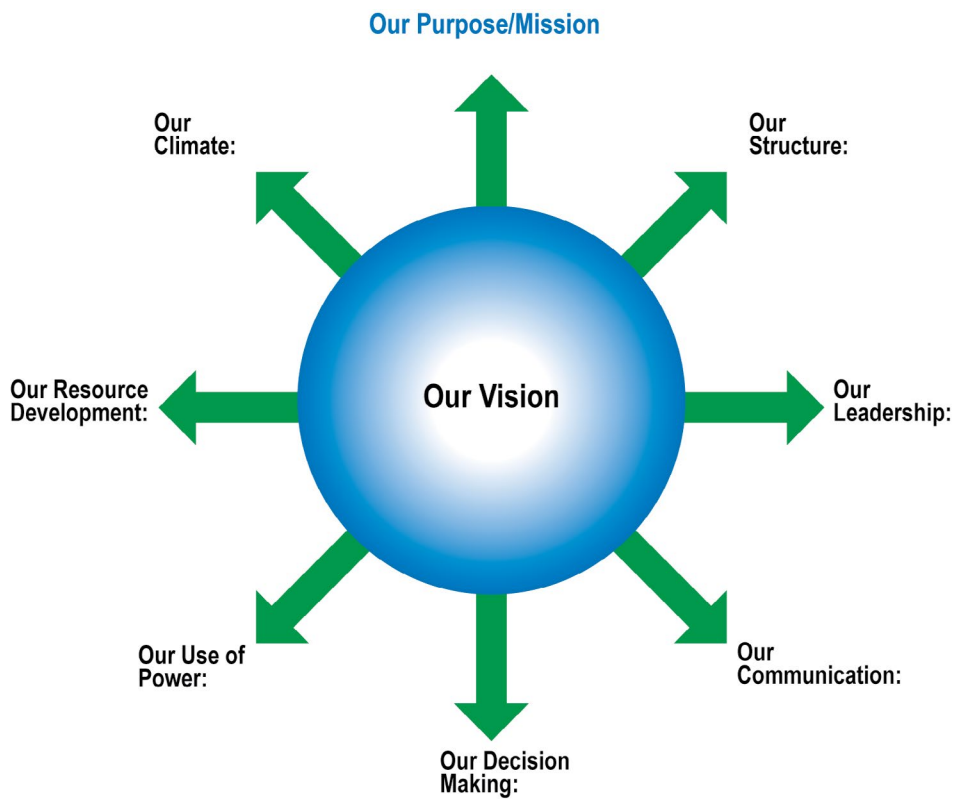
Using those words and phrases, write your recovery vision statement.

Is your vision statement longer than 20 words? Can you get it below 15 or even 10? Write your recovery vision statement to clearly communicate what you are working to achieve in a way that people can remember and communicate to others.

Part 3. Consider how your vision is reflected throughout your organization.

Use the graphic below to look at how your RCO’s recovery vision is reflected in important areas of the organization.

1. Write your recovery vision in the center.
2. Describe how each of the eight areas outside the circle reflects your vision. Use “we” statements and verbs (e.g., “We ensure that we have a warm and welcoming climate by...”).



The Association of Recovery Community Organizations

The [Association of Recovery Community Organizations](http://facesandvoicesofrecovery.org/arco/arco-membership.html), or ARCO (<http://facesandvoicesofrecovery.org/arco/arco-membership.html>), is a national membership organization that unites and supports the growing network of local, regional, and statewide recovery community organizations (RCOs). A service of Faces & Voices of Recovery, ARCO links RCOs and their leaders with local and national allies and provides training and technical assistance. ARCO helps build the unified voice of the organized recovery community, support the development of new groups, and strengthen existing ones.

ARCO members convene each year with other leaders to:

- Strengthen their ability to influence public policy decisions.
- Explore different aspects of developing and sustaining an RCO.
- Learn current practices in recovery community centers, peer services in diverse settings, and mobilizing community constituents.
- Engage in networking and support, becoming part of a national network of RCO leaders in an ongoing learning community of practice.

To become an ARCO member, an organization must apply. A membership committee reviews applications using criteria based on the membership requirements.

ARCO Membership Requirements

- Organization led and governed by people in recovery, families, friends, and allies
- Recovery vision
- Authentic voice
- Accountability to recovery community
- Mission focus on putting a face and voice on recovery, advocacy, or peer support

Checklist: Is Your Organization ARCO ready?

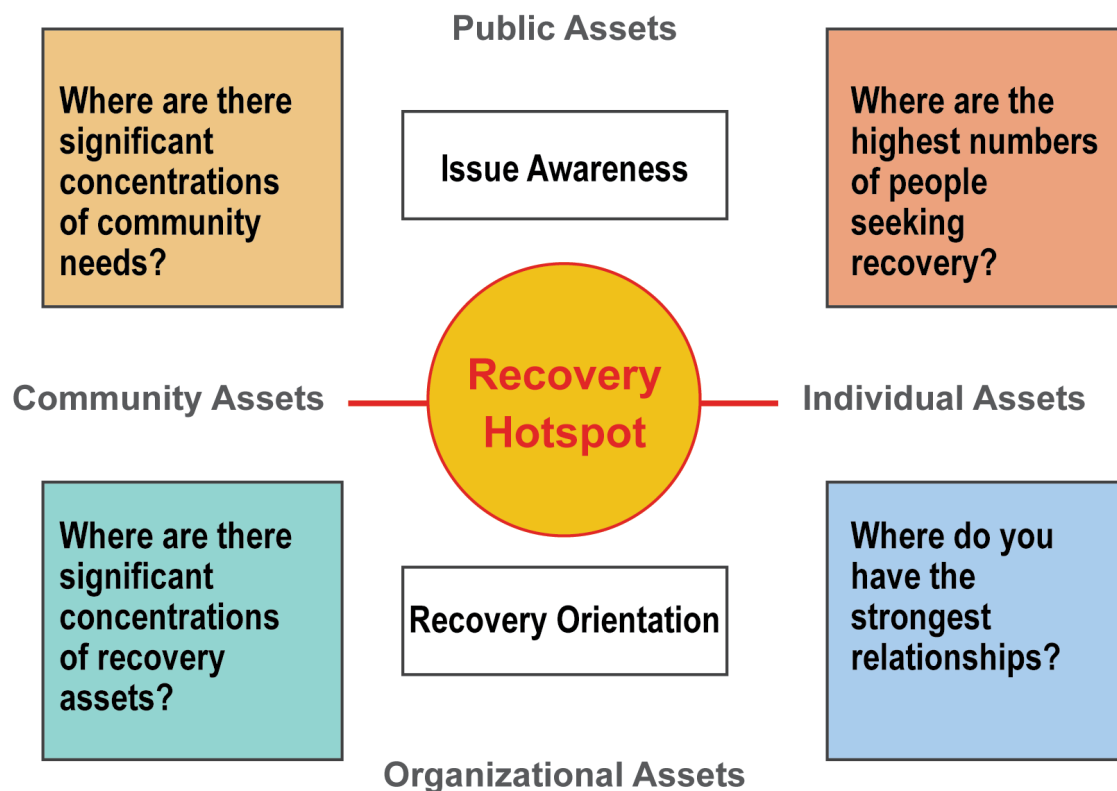
- ✓ Does your organization provide clinical services? *(If yes, your organization is not eligible to be an ARCO member.)*
- ✓ Does your organization have a definition of recovery? Of your recovery community?
- ✓ Do you have a clear and compelling recovery vision statement? *(If not, use Worksheet 1 to refine your recovery vision.)*
- ✓ Do you have a mission statement that clearly states your focus on recovery?
- ✓ Do your bylaws clearly state how the board is composed? Can you clearly show how people with lived experience of addiction and recovery lead the organization?
- ✓ Can you clearly describe your efforts to:
 - **Educate** the public about the reality of recovery?
 - **Advocate** on behalf of the recovery community?
 - **Deliver** or support the delivery of peer recovery support services?

Worksheet 2: Working with RCOs to Foster Recovery-Supportive Communities

This worksheet will help organizations foster recovery-supportive communities through RCO work. Consider the questions below.

What is the community of focus for your work? Consider geography as well as demographic characteristics such as age, gender, and race/ethnicity.

Who are the major recovery champions in your community?



What can your organization do to partner with RCOs to increase access to needed recovery support in your community?