



## Community Recovery Organizations

Peer and family support programs improve the quality and duration of recovery for individuals living with mental health (MH) and substance use disorders (SUD). Within these programs, individuals share resources, develop coping skills, and establish empowered relationships that promote self-efficacy, and engagement.<sup>1</sup> Although historically, substance use and mental health programs have operated in separate continuums, they share a great deal in common. Each provides a bridge for a formalized cooperative relationship between their peer and family support networks.

As an inclusive term, a community recovery organization (CRO) is defined as a nonprofit organization that mobilizes resources inside and outside of a local community to increase the prevalence and quality of long-term recovery for individuals with mental health or substance use challenges and their affected family members. Establishing CRO's in statute also reinforces governance by peers and affected family members, as well as clarity around funding. Examples of CRO's in Texas are Consumer-operated services programs (COSPs) in the MH community and recovery community organizations (RCOs) in the SUD community.

This comprehensive, non-clinical approach helps build capacity, includes affected family members, increases accountability, supports recovery oriented efforts and is grounded in national best practices. While it is important to continue to offer peer support in both spectrums, a unified term further clarifies eligibility criteria for current and future funding sources and aligns these continuums. Establishing CRO's in statute may also create a single provider type for state policy purposes while still preserving the uniqueness, self identity and best practices of each model.

Linking peer and family support systems for individuals with mental health and/or substance use conditions, by establishing Community Recovery Organizations in statute would:

- Establish a definition inclusive of peer / family governed entities focused on MH and SUD
- Clarify funding eligibility criteria and direct agencies to identify potential funding sources
- Align and implement national best practices
- Bridge cooperative relationships between MH and SUD peer organizations

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<sup>1</sup> Farkas M, Boevink W. Peer delivered services in mental health care in 2018: infancy or adolescence? *World Psychiatry*. 2018;17(2):222-224.