### Target Population
Adults with serious mental illness and/or a chronic substance use disorder; and/or transitional aged youth (ages 18-26) with severe emotional disturbance and/or a substance use disorder, who are unlikely to achieve recovery without such services, family members, friends and allies.

### Expected Outcomes
To measure the effectiveness of the service, the individuals should demonstrate the following outcomes:

- Measured accomplishments
- Increased coping skills
- Length of continued recovery and turnaround time following relapse
- Increased education/employment
- Decreased criminal justice involvement
- Increased social interaction
- Increased self-efficacy
- Stable housing
- Improved quality of life index
- Empowerment/self-determination/self-actualization
- Increased resources to sustain recovery
- Increased length of continued abstinence
- Lack of criminal activity and involvement
- Family reunification, when appropriate

### Service Definition
These services are activities and supports provided on a regular or episodic basis to individuals who are in recovery from mental and or substance use disorders. They are designed to meet some of the social, educational, health, individual and group peer support and other non-clinical needs of individuals required for sustained recovery.

The activities conducted in Peer Operated Recovery Community Centers include:

- Vocational/educational training
- Connection with needed services and resources, case advocacy, development of skills for self-care and recovery self management
- Development of social skills needed for successful recovery, wellness, and community living
These services are typically provided face-to-face that encourage active and physical participation, but electronic means may be used as an adjunct service.

The activities of the Center are grounded in the peer-based recovery-oriented principles of self-direction in that they:

- Are individualized and person-centered.
- Support personal empowerment.
- Entail a holistic approach to recovery and rehabilitation.
- Recognize that recovery is a non-linear process.
- Are strengths-based.
- Embody respect for the individual, his/her cultural diversity and the various pathways to recovery that the individual may choose.
- Engender personal responsibility.
- Support development of a sense of hope that recovery is achievable.
- Function as a hub for peer recovery support services and other recovery supports (such as self-help and mutual aid groups).
- Provide public space for individuals and families to convene in an environment that supports and promotes recovery and recovery-related activities, wellness and prevention.
- Connect the recovery community with mental health, addiction treatment, dental, primary health and other systems of care and support.
- Provide a safe space for individuals seeking or newly in recovery to connect with resources, access volunteer and service opportunities and develop friendship networks and community affiliation.
- Provide opportunities for civic engagement, leadership development and for the recovery community to interface with the greater community as a key stakeholder.
- Offer a safe haven to acclimate vulnerable newcomers reentering the community, post-treatment or incarceration.
- Provide a wide range of engagement and commitment levels: from curious individuals in pre-recovery to those in long-term recovery.
- Engage and monitor individuals and families in pre-recovery at critical and timely moments of recovery readiness.
- Serve as a vehicle to route a recovery-seeking individual to treatment or recovery support services, as appropriate.
- When necessary, provide interventions for individuals who may need professional, clinical treatment or other health services.
- Serve as safe haven for individuals awaiting placement for treatment services.
- Serve as space for community members to supervise and act in a prevention capacity to individuals in early recovery who may be vulnerable to relapse.
In addition to being in recovery themselves, providers should demonstrate the following competencies:

- Understanding of wellness and recovery
- Ability to assist participants in making informed choices and decisions and being otherwise active in managing their own recovery
- Ability to provide emotional support to individuals who are disabled by their mental illness or addiction disorder as well as their families and significant others
- Ability to use a strength-based approach to develop and apply strategies to promote/support recovery
- Ability to help individuals embrace a pathway to recovery that is based on their needs and preferences
- Ability to promote self-determination, hope, and empowerment
- Ability to engage participants in the Recovery Support Center program and its activities
- Ability to connect individuals with their natural communities, including the recovery community
- Ability to assist in determining recovery goals and in identifying recovery resources

The training curricula developed for staff in such programs should include:

- Understanding recovery and wellness
- Understanding of patterns of recovery for mental and substance use disorders
- Knowledge of the mutual-help and self-help programs, and of meetings in the community
- Evidence-based practices and the role of peer support
- Cultural relevancy and competence
- Familiarity with diverse spiritual pathways to recovery
- Understanding of impact of trauma and trauma-informed care
- Relationship-building and interpersonal communication
- Appropriate disclosure of peer experience with recovery
- Role of peer coach/specialist in agency/setting; staff and organizational challenges

These services should be delivered in the following settings: free standing non-treatment peer support locations; in natural community settings where mobile services may appropriately meet the individual, such as coffee shops or a person’s home or job site; in a clean, welcoming, easily accessible setting.
### Recommended Duration

Frequency and length of service will vary depending on the severity of the condition from which the participant is recovering. However, the goal of this service is to provide a transition to increased independence in recovery and should be in the individual recovery plan.

### Service Exclusions

Clinical counseling and treatment should not occur within this service, unless provided by qualified staff.

### Documentation Requirements

The following documentation/evaluation measures should be taken by staff:

- Programs should meet state and/or local standards for accreditation/certification of staff.
- At a minimum, programs should track participation by individuals both in attending the Center as well as participating in its programs.
- The Center should regularly solicit evaluations of the usefulness of its programs and report on the summaries of this consumer input.
- The Center should track data to indicate that the outcomes listed below are achieved. While the Center and its programs cannot directly control all of these variables the success of its programs should correlate highly with improving these outcomes.