NATIONAL COUNCIL
for Mental Wellbeing

start with
Hope

Assessing and Strengthening Recovery-oriented Practice

A Primer for Building Recovery-rich Organizations and Communities

The Opportunity

As individuals and communities face complex challenges related to substance use, mental health, trauma, and social isolation, behavioral health systems must move beyond short-term crisis response toward lasting wellness. While short-term crisis care stabilizes immediate safety, true recovery requires a coordinated network of services that support lasting community connection, stability, and purpose.

Building a Recovery-Oriented System of Care (ROSC) requires connecting clinical treatment with supports for social needs, including housing, employment, transportation, and social connection. The transition from reactive, disconnected crisis care to long-term wellness depends on involving people with lived and living experience, particularly Peer Support Professionals (PSPs), at every level of service delivery and organizational decision-making. PSPs serve as vital bridges to the community, sustaining engagement during critical transitions when traditional crisis-oriented systems frequently fall short.

Building on concepts like recovery consciousness, recovery capital, workplace-supported recovery, and social and environmental factors, this primer translates recovery principles into day-to-day practices. The tools below offer a concrete framework to audit workflows, elevate peer leadership, address social and environmental factors, and support ongoing organizational improvement.

Why Lived and Living Experience Matters

Lived and living experience is an essential perspective for improving systems. People who navigate behavioral health systems possess unique expertise in identifying administrative barriers, institutional stigma, and cross-system gaps that clinical models may overlook.

While peer support is the most direct example of lived and living experience in clinical and community settings, this expertise must also inform governance, policy design, and quality improvement (Davidson et al., 2021; van den Berk-Clark et al., 2024). Evidence demonstrates that integrating peer-delivered services strengthens client engagement, hope, empowerment, treatment retention, and overall quality of life (National Council for Mental Wellbeing, 2026). Elevating lived and living experience establishes a collaborative, community-rooted foundation for addressing social and environmental factors and sustaining recovery over time.

System-wide recovery transformation requires moving from philosophical commitment to clear and visible action (CARS, 2024). Organizations achieve recovery-rich environments when they consistently move away from crisis-focused models, share decision-making power with people with lived and living experience, actively address the social and environmental factors that affect health, and evaluate success through the everyday wellbeing of the people they serve (Davidson et al., 2021; van den Berk-Clark et al., 2024).

How to Use This Primer

The five checklist tools below are designed for organizations to assess their practices and take action. Executive leadership, clinical supervisors, PSPs, and community partners should complete these checklists collaboratively. Use each tool to identify system strengths, find gaps in practice, assign accountability, and set clear timelines for action.

TOOL 1: Audit Recovery Orientation (Crisis vs. Long-term Wellness)

Examine whether day-to-day operations promote long-term recovery or unintentionally continue short-term, crisis-focused care (Conner and Anderson, 2020).

	■ **Audit Care Models:** Review service workflows to ensure individual recovery plans incorporate long-term wellness goals beyond acute symptom reduction or short-term stabilization.	
	■ **Coordinate Active Transitions:** Establish warm-handoff protocols and cross-agency agreements between acute crisis units, outpatient providers, housing programs, and community recovery supports.	
	■ **Implement Person-Directed Care:** Use shared decision-making tools that give individuals a direct role in setting treatment goals, identifying care preferences, and selecting overdose prevention strategies.	
	■ **Integrate Natural and Peer Supports:** Beginning at intake, incorporate PSPs and options for family and community support networks into standard individual service plans.	
	■ **Eliminate Operational Stigma:** Audit intake forms, missed-appointment policies, and discharge guidelines to remove punitive language, automatic discharge for administrative reasons, and barriers that prevent access.	



Move from Assessment to Action:

Identify the top administrative policy or clinical workflow contributing to disconnected care. Form an operational group to draft a new continuity-of-care protocol that requires an active warm handoff within 30 days.

TOOL 2: Co-Design Improvement and Protect Peer Workforce Agency

Evaluate whether lived and living experience and peer support are structurally embedded in system leadership and protected from changes that could weaken their purpose.

	■ **Include Lived Experience in Leadership:** Establish specific, paid voting positions for individuals with lived and living experience on executive steering committees, advisory boards, and quality councils.	
	■ **Provide Fair and Consistent Pay:** Establish fair compensation policies for consulting, advisory, and co-design work performed by people with lived and living experience.	
	■ **Define and Protect Peer Scope of Practice:** Maintain clear job descriptions for PSPs that protect their role from shifting into administrative tasks or monitoring compliance with clinical requirements.	
	■ **Provide Reflective Supervision:** Train supervisors in non-clinical, supportive supervision approaches led or co-designed by experienced PSPs or senior PSPs.	
	■ **Remove Barriers to Access:** Conduct walkthrough reviews with service participants and PSPs to identify and eliminate burdensome paperwork, rigid scheduling, or unwelcoming environments.	



Move from Assessment to Action:

Select one repeated system-level barrier identified by PSPs or participants. Establish a 60-day focused co-design process with executive leadership to revise the workflow and publish a "You Said, We Did" summary internally and externally.

TOOL 3: Map and Address Social Factors (Social Factor Ecosystem)

Map and strengthen cross-system partnerships to address the social and environmental factors that impact long-term recovery outcomes (Ashford et al., 2020).

- **Housing Stability:** Establish formal linkage agreements and direct referral processes with supportive housing providers, recovery residences, and local housing authorities.
- **Economic and Educational Pathways:** Partner directly with employment support agencies, local employers, adult education centers, and peer-led career development programs.
- **Health care and Overdose Prevention Access:** Coordinate direct pathways to primary care, medications for opioid use disorder or alcohol use disorder, substance use treatment, dental care, and behavioral health care.
- **Legal and Reentry Support:** Build clear processes for connecting people with legal aid organizations, specialty courts, local reentry coalitions, and rights-advocacy groups.
- **Practical Supports (Transportation and Basic Needs):** Provide direct assistance with public transit passes, food pantry access, childcare, benefit applications, and obtaining a state identification card.



Move from Assessment to Action:

Identify the gap in social support resources that causes the highest rate of unsuccessful referrals or repeat crisis admissions. Within 60 days, create a formal memorandum of understanding (MOU), or written partnership agreement, with a community provider to establish a direct, closed-loop referral pathway.

TOOL 4: Use Feedback to Improve Systems

Ensure participant, peer, and community feedback directly reaches decision-makers and leads to policy changes.

	■ **Categorize Feedback Themes:** Systematically log participant and peer feedback to separate individual service complaints from recurring system-level, community, or policy barriers.	
	■ **Establish Executive Review Loops:** Schedule quarterly quality roundtables where PSPs, data analysts, and executive leadership review feedback trends and develop solutions together.	
	■ **Publish "You Said, We Did" Reports:** Transparently communicate completed operational and policy changes back to service recipients, staff, and community partners.	
	■ **Identify External Policy Targets:** Identify barriers across systems (e.g., rigid housing eligibility rules, state funding restrictions) that require joint advocacy by several organizations	



Move from Assessment to Action:

Select one high-priority feedback trend from the past quarter. Assign an executive owner, set a deadline to implement a concrete structural fix, and report the outcome back to everyone who provided feedback.

TOOL 5: Align Evaluation Metrics with Recovery and Community Participation Outcomes

Shift quality metrics beyond symptom reduction and use of crisis and emergency services toward whole-person recovery and community participation.

- **Track Quality of Life Metrics:** Incorporate tested questionnaires that measure personal agency, hope, empowerment, and progress toward self-identified recovery goals.
- **Measure Improvements in Social/Environmental Factors:** Routinely track real-life outcomes, including housing retention, job placement, educational enrollment, and resolution of legal needs.
- **Evaluate Community Connection:** Measure participant-reported social connectedness, participation in mutual support, participation in community or civic activities, and community belonging.
- **Include Lived Experience in Data Interpretation:** Engage PSPs and participant advisory groups in reviewing quality improvement data before finalizing reports or strategic updates.
- **Monitor Closed-Loop Referrals:** Track whether cross-system referrals result in confirmed connections to services and actual resolution of the social need that led to the referral.



Move from Assessment to Action:

Identify one standard clinical metric required by funders and one wellness measure valued by participants that reflects what matters to them. Build a unified dashboard that tracks both measures side by side during monthly leadership quality reviews.

References

Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2020). *Building recovery ready communities: The recovery ready ecosystem model and community framework*. Addiction Research & Theory, 28(1), 1–11.

Center for Addiction Recovery Support. (2024). *Increasing recovery consciousness: Grounding systems in recovery*.

Conner, S. R., & Anderson, J. R. (2020). *Are we acute-care or recovery-oriented? Exploring ideals and practices expressed within the substance use treatment and correctional systems*. Substance Use & Misuse, 55(14), 2278–2290.

Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). *Recovery-oriented systems of care: A perspective on the past, present, and future. Alcohol Research: Current Reviews*, 41(1), Article 09.

National Council for Mental Wellbeing. (2026). *Mental health peer support professionals in CCBHCs: A workforce integration needs assessment*.

Substance Abuse and Mental Health Services Administration. (2010). *Recovery-oriented systems of care (ROSC) resource guide*. U.S. Department of Health and Human Services.

van den Berk-Clark, C., Duncan, E., Galbreath, I., Marino, A., & Baker, E. A. (2024). *Linking social capital and the political economy of substance treatment delivery: The case of recovery-oriented systems of care in Illinois*. International Journal of Drug Policy, 132, Article 104561.

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,500,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

Any links to external websites and resources are provided for informational purposes only. The views, opinions and content expressed on those sites are solely those of the original authors or organizations and do not necessarily reflect the views or positions of the National Council. Including these links also does not imply endorsement, oversight or legal relationship with such authors or organizations.