RESTORING HOPE MINISTRIES / RECOVERY INITIATIVE

Community Partnerships and Shared Mission

How agencies, churches, treatment providers, educators, employers, ministries, and community organizations can collaborate without unnecessary competition

> A healthy partnership is not measured by how much either organization controls. It is measured by clearer pathways, responsible roles, honest learning, and greater continuity for the people being served.

WHO THIS IS FOR

Community organizations, treatment centers, churches, schools, employers, reentry programs, clinicians, researchers, funders, and referral partners

HOW TO USE IT

Read online, download from the RHM website, share before a conversation, or use it as a guided discussion resource.

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Prepared by Restoring Hope Ministries

Dr. Jeffrey W. Gross, President and Lead Counseling Pastor

https://rhmwi.net/RecoveryInitiative

PARTNERSHIP OVER COMPETITION

A Shared-Mission Approach

RHM seeks to complement trusted community work, address gaps, and improve continuity without competing for ownership of people, recognition, or referrals.

Recovery touches treatment, housing, family, employment, education, faith, health, reentry, belonging, and purpose. No single organization can responsibly provide every form of support. Partnership allows each organization to remain itself while contributing what it can do well.

What mutual benefit means

CLEAR VALUE

Each organization can name what it contributes, what it receives, and how participants benefit.

PRESERVED IDENTITY

Partners retain their mission, leadership, clinical authority, relationships, policies, and decision-making responsibilities.

NO UNNECESSARY DUPLICATION

The first question is what is already working and where a genuine gap exists.

SHARED LEARNING

Feedback, concerns, barriers, and unintended effects are reviewed together before expansion.

REALISTIC CAPACITY

Scope, cost, staffing, communication, and sustainability are defined before promises are made.

PARTICIPANT CLARITY

People are told which organization is providing each service and what that service does and does not include.

> Partnership principle: Unity is not sameness. Healthy partnership makes room for different roles, convictions, competencies, and responsibilities while cooperating around the well-being of people and communities.

POSSIBLE FORMS OF COLLABORATION

Begin With the Need, Not a Predetermined Package

A partnership should be shaped around the partner's population, mission, capacity, current services, and actual priorities.

REFERRAL PATHWAY

Map who may be appropriate, how consent is handled, what information may be shared, and what happens when the referral does not fit.

SMALL PILOT

Test one limited cohort, workshop, peer activity, or neurofeedback-access pathway before considering expansion.

PEER DEVELOPMENT

Prepare emerging peer leaders through ethics, relationship skills, facilitation practice, mentorship, and reflective review.

EXPERIENTIAL EDUCATION

Co-design workshops or classes around a partner-identified need such as engagement, recovery capital, relationships, reentry, or workforce readiness.

COMMUNITY CONTINUITY

Connect formal treatment with longer-term community, family, faith, educational, vocational, and relational supports.

SHARED EVALUATION

Examine engagement, usefulness, handoffs, barriers, participant voice, staff burden, role clarity, cost, and sustainability.

A learn-first pilot pathway

Decisions after a pilot

- Continue as designed because it is producing responsible value.
- Revise the scope, population, communication, staffing, schedule, or service mix.
- Return to an existing pathway rather than creating a new program.
- Pause because the timing, capacity, cost, risk, or role clarity is not workable.

PROTECTING THE PARTNERSHIP

Roles, Privacy, Safety, and Sustainability

Trust grows when expectations are clear before the work begins and concerns can be raised without defensiveness.

Questions to answer before launch

Purpose and population	What need is being addressed? Who is included or excluded? What would make the activity useful?
Roles and scope	Who provides each service? Who supervises personnel? Who retains clinical, program, facility, and safety authority?
Privacy and consent	What information is necessary? What authorization and secure process are required? What must not be sent through public forms or email?
Cost and capacity	Who pays? What may be donated or sponsored? What staff time is required? What demand can be sustained?
Review and stop conditions	When will the parties review? What concerns require revision, pause, referral, or conclusion?

A first conversation agenda

- What is strongest in the partner's current continuum of care?
- Where do participants or alumni lose connection, momentum, or access?
- What would be useful without adding another unfunded obligation?
- Which one limited pathway could be explored with the least duplication and clearest learning value?
- Who else should help evaluate the idea before anything is represented as approved?

Discuss a community partnership

Agencies, churches, schools, employers, clinicians, researchers, reentry programs, and community organizations may use the Recovery Initiative interest pathway to begin a conversation.

https://rhmwi.net/RecoveryInitiative

Important: This public resource is educational. It is not a diagnosis, treatment recommendation, treatment intake, crisis service, or promise of outcome. For an emergency, call 911 or go to the nearest emergency department. In the United States, call or text 988 for crisis support.

Sources and further reading

SAMHSA, About Recovery (updated 2024).
SAMHSA, Peer Support Workers for Those in Recovery (updated 2026).
SAMHSA, Core Competencies for Peer Workers (updated 2026).