

Example Coalition Charter

Small Recovery Organizations & Peer-Led Community Partners

1. Coalition Name

The [Local/Regional] Recovery Collaboration Coalition (RCC)
(*Replace with your chosen name.*)

2. Purpose & Vision

Purpose

The purpose of the RCC is to strengthen the recovery ecosystem by bringing together small recovery organizations, peer-led programs, and community partners to share resources, coordinate efforts, and elevate the voices of people with lived experience.

Vision

A connected community where every person in recovery has equitable access to culturally rooted, person-centered, and peer-led support through collaborative action.

3. Guiding Values

Our coalition is grounded in:

- Lived Experience Leadership – People with lived experience lead, inform, and shape all decisions.
- Equity & Inclusion – We honor cultural diversity, accessibility, and representation.
- Mutual Aid & Reciprocity – We support each other through shared resources and collective care.
- Transparency – Open communication and clarity guide our work.
- Shared Power – All members contribute to decision-making; no single organization dominates.
- Sustainability – We prioritize realistic commitments and healthy pacing.

4. Membership

Eligibility

Organizations may join the coalition if they:

- Support individuals and families impacted by substance use or mental health challenges
- Are peer-led, grassroots, or small/mid-sized recovery organizations
- Agree to uphold coalition values and contribute to collective work

Expectations of Members

Members commit to:

- Attend monthly coalition meetings or send a representative
- Participate in one working group or shared project
- Share resources, space, knowledge, or referrals when possible
- Communicate respectfully and in alignment with our values
- Hold themselves and others accountable with compassion

5. Roles & Responsibilities

Coalition Coordinator (Rotating or Assigned)

- Facilitates meetings

- Sets agendas with member input
- Tracks action items
- Ensures shared power in discussions

Members

- Provide input on priorities
- Participate in decision-making
- Lead or support projects
- Maintain communication

Working Groups (Optional)

Examples:

- Events & Outreach
- Training & Workforce Development
- Advocacy & Policy
- Resource Sharing & Mutual Aid Network

6. Decision-Making

Decisions will be made using a consensus-based model when possible. If consensus cannot be reached, a majority vote (50% + 1) may be used.

Major decisions include:

- Coalition priorities and initiatives
- Public statements or advocacy positions
- Funding or grant collaborations
- Changes to the coalition charter

7. Communication

- Monthly coalition meetings
- Shared Google Drive or Dropbox folder
- Email updates between meetings
- Optional group chat for quick coordination

Communication agreements:

- Respond within 3–5 business days when possible
- Use clear, respectful language
- Assume positive intent and allow space for repair

8. Conflict Resolution

Conflict is natural and will be approached with humility and care.

Process:

1. Address the concern privately and respectfully when appropriate
2. Request a facilitated conversation if needed
3. Bring unresolved issues to the coalition meeting
4. If necessary, use a neutral facilitator
5. The coalition may take action if behaviors repeatedly violate values

9. Shared Projects & Commitments

Examples of coalition activities:

- Coordinated Recovery Month event

- Shared peer support training calendar
- Resource and referral directory
- Joint grant proposals
- Community outreach and education
- State or local advocacy initiatives

Members commit to:

- At least one shared project per year
- Transparent communication about capacity
- Setting boundaries to avoid burnout

10. Review & Adaptation of Charter

This charter will be reviewed:

- Annually, or
- When requested by at least 25% of members

Edits require consensus or majority vote.

11. Signatures

By signing, members affirm their commitment to the coalition's purpose, values, and agreements.

Organization: _____

Representative Name & Title: _____

Signature: _____

Date: _____