

Arrowleaf Alexander/Pulaski County ROSC Council Strategic Plan Fiscal Year 2024

The Alexander/Pulaski County community needs assessment highlighted several barriers for individuals with substance use disorders, as well as for those in various stages of recovery. Most notable were community stigma, lack of infrastructure, and lack of economic resources. The impacts of these barriers transcend single individuals to impact whole communities, as well as the greater southern Illinois region. With this in consideration, the Alexander/Pulaski County ROSC council's strategic plan will target goals to mitigate barriers, improve the lives of individuals, and improve substance use related health factors and outcomes across whole communities.

To facilitate the success of this ROSC council, the initial three year strategic plan will guide foundation-building of sustainable, reliable, and effective council practices. Goals and objectives will be functional and achievable, as well as impactful across multiple communities. Likewise, for the purpose of program success, goal setting, and ongoing validity/reliability of data, the Alexander/Pulaski County ROSC council will use scientific evidence from reputable sources, including the Substance Abuse and Mental Health Services Administration (SAMHSA), Faces & Voices of Recovery advocacy group, and scholarly, peer-reviewed works.

Consistent with the works of Granfield and Cloud (1994a, 1994b, 1996, 1999, 2001), White and Cloud (2008), and White (2009), our initial three-year strategic plan will focus on developing, expanding, and sustaining recovery capital, which is the overall measure of resources an individual has available to find and maintain their recovery. The Faces & Voices of Recovery group website provides a description of recovery capital, which includes four components: personal recovery capital, family/social recovery capital, community recovery capital, and cultural capital (Faces & Voices of Recovery, 2019; White & Cloud, 2008). As such, these components of recovery capital will be the specific foci of this council's goals and objectives. arrowleaf®

Growth. Community. Transformation.

1.) Personal Recovery Capital: This is composed of physical capital–physical health, financial assets, health insurance, shelter, clothing, food, and transportation–and human capital–values, knowledge, education/vocational skills, problem solving, self-awareness, self-esteem, self-efficacy, hopefulness, perception of one's past/present/future, sense of meaning and purpose in life, and interpersonal skills (White & Cloud, 2008). Currently, Arrowleaf, and associated ROSC councils, offer food and clothing assistance through the client choice food pantry and community closet. In doing so, Arrowleaf helps build personal recovery capital throughout the service area.

Goal 1: Expand physical and human capital to increase access to appropriate care.

- Provide transportation assistance via \$25 gas card or \$10 public transportation voucher
 to 20 individuals per year for three years.
- Deliver 'recovery kits,' which include one drawstring bag, hygiene products, socks, snacks, Narcan, and printed resource guides, to 100 clients receiving peer recovery support services in year one.
- c. Provide assistance via \$25 grocery card to 20 individuals per year for three years.
- d. Continue to advertise/promote client choice food pantry and community closet resources.

2.) Family/Social Recovery Capital: This dimension of recovery capital includes relationships that support recovery, as indicated by willingness of others to participate in treatment, presence of others in recovery within the support group, access to sobriety-based outlets, and connections to supportive institutions (White & Cloud, 2008). In order to enhance connections with local support groups, Arrowleaf promotes and advertises these groups throughout the service area.

Goal 2: Establish and/or expand recovery-focused social engagement for individuals at various stages of recovery.

- a. Host one recovery-focused community event per year for individuals in recovery and their significant others to engage through shared experiences.
- b. Host one National Night Out event to promote positive partnerships between law enforcement and communities.

Growth. Community. Transformation.

c. Continue to market and advertise local support groups to build, as well as enhance, established connections.

3.) Community Recovery Capital: This describes the level of support of community attitudes, policies, and resources toward substance use and recovery (White & Cloud, 2008).

Goal 3: Expand community-wide recovery efforts through council engagement and stigma reduction efforts.

- a. Increase ROSC council membership by 3 new members per quarter per year.
- b. Increase average meeting attendance by 5 per year.
- c. Implement a stigma reduction/recovery empowerment communication campaign via 4 messages per year.

4.) Cultural Capital: Cultural capital is the availability of recovery resources that conform to various aspects of one's cultural ideologies (White & Cloud, 2008). This includes customs and practices related to race, ethnicity, religion, spirituality, geography, sexuality, and other aspects of self and group identity. At each council meeting, attendees are engaged in a "round table" discussion where they are allotted time to identify local religious support groups, cultural competency trainings/experiences, and other culturally diverse events.

Goal 4: Develop and expand recovery resources with regard to a diverse array of cultural ideologies.

- a. Establish partnerships, via signed MOUs, with 2 faith based organizations per year.
- b. Establish and host recovery groups, following the SMART recovery model, with a component of spirituality/religiosity, at least once per month.
- c. Continue "round table" discussion engagement in order to identify cultural capital resources within the community.

By targeting and achieving the aforementioned goals and objectives, the Alexander/Pulaski County ROSC council will become an established component of substance use prevention in these communities. Doing so will not only help mitigate socio-economic barriers and lack of infrastructure, it will also combat prevalent stigma, within and across communities. Likewise, the evidential framework of building recovery capital will guide future goals and objectives, and will be crucial in building long-term sustainability of the Alexander/Pulaski County ROSC council.



References

Cloud, W. & Granfield, R. (1994a). Natural recovery from addictions: Treatment implications. *Addictions Nursing*, *6*, 112-116.

Cloud, W. & Granfield, R. (1994b). Terminating addiction naturally: Post-addict identity and the avoidance of treatment. *Clinical Sociology Review*, *12*, 159-174.

Cloud, W. & Granfield, R. (2001). Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions*, *1*(1), 83-104.

Granfield, R. & Cloud, W. (1996). The elephant that no one sees: Natural recovery among middle-class addicts. *Journal of Drug Issues*, *26*(1), 45-61.

Faces & Voices of Recovery (2019). Recovery capital: Its role in sustaining recovery. https://facesandvoicesofrecovery.org/2019/10/08/recovery-capital-its-role-in-sustaining-recovery/

Granfield, R. & Cloud, W. (1999). Coming Clean: Overcoming Addiction Without Treatment. New York: New York University Press.

White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, *9*(5), 22-27.

White, W. (2009). Recovery capital scale. Posted at www.williamwhitepapers.com