

Peer specialists are expected to help peers learn about the resources available to them in their community.

Session 6

Recovery Oriented Systems of Care

teaches peer specialists the elements of ROSC and ways to link peers to resources that can help them.

Recovery Goals vs Outcomes

In the past recovery was thought to be achieved through obtaining specific outcomes prescribed by people other than the individual in recovery.

Based on whether or not peers were achieving prescribed outcomes, they were considered successful or not successful in their recovery. Now, we rely on SAMHSA's definition of recovery as previously covered in this training:

“A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.”

Now, peers are responsible for identifying their own recovery goals. While certain outcomes are still important to many people in recovery, not all outcomes will be necessary or desired for all individuals.

Discussion question: What outcomes might be desired by some peers in recovery but not desired by others?

Recovery Capital

Recovery capital is the quantity and quality of internal and external resources that can be mobilized to initiate and sustain long-term recovery (Granfield and Cloud, 1999).

Types of Recovery Capital

- Physical capital: things, financial assets
- Human capital: values, skills, knowledge
- Family/social capital: supportive relationships
- Community capital: resources, culture, opportunities

Discussion question – what are some examples of recovery capital from your own life?

Passive and Active Linkages

Peer Specialists link peers with resources in many ways.

Passive Linkage – Resource list given to peer (peer specialist's presence not required)

Active Linkage – Direct contact made for or with a peer (peer specialist's presence required)

It is vital that resources are kept up to date, as they can change so often. Active linkage ensures that peers stay aware of the most accurate information on available resources in their community.

Group Activity: Using the space below, come up with 5 examples of passive linkage and 5 examples of active linkage. Share your examples with the group when prompted by the instructor.

Notes:

Recovery Oriented Systems of Care:

Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by behavioral health disorders. The system in ROSC is not a single agency but a collection of organizations within a community, a state or a nation.

As a peer specialist, you may discover that some organizations do not work together the way that it seems they should. Part of your role as a peer specialist could be working with organizations to encourage them to work with your peers to make resources available and accessible.

Elements of a ROSC:

(these are positive elements to have in organizations you include, but not all are necessary for every organization)

♣ Person-centered ♣ Family and other ally involvement ♣ Individualized and comprehensive services across the lifespan ♣ Community based ♣ Continuity of care ♣ Collaborative relationship ♣ Strengths-based ♣ Adequately and flexibly financed	♣ Culturally responsive ♣ Responsive to personal belief systems ♣ Commitment to peer recovery supports ♣ Inclusion of the voices of those in recovery ♣ Integrated services ♣ System wide education and training ♣ Ongoing monitoring and outreach ♣ Goals-driven ♣ Based on research
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Important: ROSC is a template that can be used in any community. However, information added to the template will be community specific.

Brief Assessment of Recovery Capital (BARC-10)

(Vilsaint et. al, 2017)

Questions are on a 6-point scale. 1=Strongly Disagree, 2=Disagree, 3=Somewhat Disagree, 4=Somewhat Agree, 5=Agree, 6=Strongly Agree

Instructions: On a scale of 1 (Strongly disagree) to 6 (Strongly agree), please indicate your level of agreement with the following statements.

1. There are more important things to me in life than using substances.
2. In general I am happy with my life.
3. I have enough energy to complete the tasks I set myself.
4. I am proud of the community I live in and feel part of it.
5. I get lots of support from friends.
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol.
7. My living space has helped to drive my recovery journey.
8. I take full responsibility for my actions.
9. I am happy dealing with a range of professional people.
10. I am making good progress on my recovery journey.

Citation: Vilsaint, Corrie L, Kelly, John F, Bergman, Brandon G, Groshkova, Teodora, Best, David, & White, William. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug and Alcohol Dependence*, 177, 71–76. <https://doi.org/10.1016/j.drugalcdep.2017.03.022>

Session 6 – Review Questions – Recovery Oriented Systems of Care

1. True or False - Peer specialists can make an active linkage by providing a peer a phone number for a local agency.

2. True or False - An important role of the peer specialist is to create goals for individuals in recovery.