



Recovery and Resiliency Models for Mental Health

The Department of Health Care Policy and Financing is committed to the Recovery Model as expressed by the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation in December 2004. It is recognized that recovery must be highly individualized while sharing many attributes across the Member population. Individual empowerment is an essential ingredient of recovery along with community reintegration and normalization of the life environment.

Empowered recovery enables Members to be not only in charge of their illness but also in charge of their lives. Techniques promoting health literacy, written Member care plans, self management skills and early symptom education, and peer and group education are various approaches to promote empowerment.

Major contributors to the opportunity for individual recovery involve the inclusion of the Member, parent or legal guardian of youth Members, family and advocates in a broad range of decisions from service planning to resource planning. Other aids to individual recovery involve the availability of Member-driven and Member-run programs, services and activities developed in conjunction with Members and their families, and recovery support services.

The principles of a recovery model include the following values and assumptions:

- **Self-Direction:** To the highest degree possible, Members lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life.
- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal behavioral health.
- **Empowerment:** Members have the authority to choose from a range of options and to participate in all decisions that will affect their lives, and are educated and supported in so doing.
- **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, behavioral health and healthcare treatment and services, complementary and naturalistic services, spirituality, creativity, social networks, community participation, and

family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for Member access to these supports.

- **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the Member to move on to fully engage in the work of recovery.
- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, Members may engage in new and expanded life roles. The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- **Peer Support:** Mutual support, including the sharing of experiential knowledge, skills and social learning, plays an invaluable role in recovery. Members encourage and engage other Members in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- **Respect:** Societal acceptance and appreciation of Members, including protecting their rights and eliminating discrimination and stigma, are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are also vital. Respect ensures the inclusion and full participation of Members in all aspects of their lives.
- **Responsibility:** Members have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Members must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
- **Hope:** Recovery provides the essential and motivating message of a better future - that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

The recovery model may not be appropriate for all Members at all times. Implementation of a recovery model does not mean that behavioral health professionals can simply wait for people to seek help. Individuals with serious behavioral illnesses often do not seek help and/or may need assertive community treatment programs and outreach to help engage them in the services they need. The system must serve Members for whom recovery is not a present reality. The recovery model does not eliminate the need for intensive services over long periods of time for some Members. However, hospitalization and the restriction of individual civil rights are used only as a last resort.

Resiliency Model

Despite some similarities in goals and philosophy, the child and adult behavioral health systems have developed different conceptual frameworks and language, along with independent service systems. This reflects real and important differences between the needs and developmental trajectories of children and adults, and services designed to support them. The recovery model assumes a degree of self-determination and personal responsibility that does not apply globally to children and youth.

Resilience may be defined as “the dynamic process encompassing positive adaptation within the context of significant adversity” and incorporates individual characteristics, family/caregiver resources, and assets outside the family. Two core concepts of resilience that can enhance the implementation of system of care principles are the specification of risk and protective factors that can be useful in individualizing and refining services, and provision of a solid base of information for prevention and early intervention programming.

Behavioral Health Organizations (BHOs) shall ensure that staff working with children, youth and their families utilize a Recovery and Resilience model in developing and delivering appropriate behavioral health services. Services must be integrated with services provided by other human services agencies and must be designed to support children and youth in remaining in or returning to an appropriate home or non-restrictive community environment where each individual can develop a healthy sense of identity and well-being, and can succeed in school, the family and the community.

All BHOs shall demonstrate a commitment to the following objectives:

1. Promote and assist in the recovery of individuals with mental illnesses and/or co-occurring substance use disorders through innovative services that empower Members and families to determine and achieve their goals;
2. Assure access to medically necessary covered behavioral health services for Members and families, including engaging individuals with serious mental illness and/or co-occurring substance use disorder who may not seek help on their own;
3. Provide the appropriate mix of behavioral health services that meets the needs of each individual Member and family;
4. Assure that high quality services are provided to Members and families;
5. Provide all necessary services through a cost-effective system;
6. Achieve a coordinated system of delivering medically necessary covered behavioral health services to Medicaid Members;
7. Maximize community resources in an effort to maintain the least restrictive level of care;

8. Identify and monitor episodic behavioral health needs and support intervention in a coordinated and minimally disruptive manner. Offeror's response should include screening strategies for common episodic behavioral health conditions such as affective disorders, eating disorders, adjustment disorders and coping disorders;
9. Identify and monitor persistent behavioral health needs and support intervention in a coordinated and minimally disruptive manner. Offeror's response should include screening strategies for proactively identifying and locating persons with persistent behavioral health conditions; and
10. Promote the well-being of the population served through preventive and population-based behavioral health interventions.