The Language of Recovery: A Glimpse into Recovery, Resiliency and Peer Support

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Magellan’s Core Principles for recovery & resiliency: more than just words

1. Demonstrate appreciation for the individuals and families we serve as well as for provider staff
2. Be culturally and linguistically appropriate and ensure effective communication
3. Engage and build on a full discovery of each person, including his or her goals, inner strengths, skills, culture, and external supports
4. Think holistically about all areas of each person’s life – physical and mental health, addictions, culture, ethnicity, education, language, work, social relationships, housing status, and spirituality, among others
5. Focus on self-determined readiness
6. Offer meaningful choices.
7. Optimize peer and family supports as well as natural supports
8. Promote self-confidence of individuals who might have previous experiences that diminished their confidence
9. Create opportunities for consumers and families to play major roles in planning, organizing, and evaluating services
10. Measure, monitor, and improve
11. Celebrate and spread stories of success, especially those that foster hope and empowerment
12. Model principles of recovery and resiliency that are reflective in our interactions, language choice, and decisions
Magellan Definitions:

**Recovery:** All people living with behavioral health conditions have the capacity to learn, grow, and change and can achieve a life filled with meaning and purpose.

**Resiliency:** All people have qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence and hope.

**Cultural Competency:** A set of knowledge, skills, attitudes, policies, practices, and methods that enable care providers and programs to work effectively with culturally diverse client/consumers, families and communities. Culturally competent behavioral health care providers have, at a minimum, linguistic competence and also some knowledge about the culture and ethnicity. They should also have the knowledge and skills to use assessment and treatment methods which are appropriate for multicultural client/consumers.
### SAMHSA’s Working Definition of Recovery

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

<table>
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<th>Four major dimensions that support a life in recovery:</th>
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<td>Health</td>
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<td>Home</td>
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<td>Purpose</td>
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<td>Community</td>
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### 10 GUIDING PRINCIPLES OF RECOVERY

- Recovery emerges from **Hope**
- Recovery is **Person-Driven**
- Recovery occurs via many **Pathways**
- Recovery is **Holistic**
- Recovery is supported by **Peers** and allies
- Recovery is supported through **Relationship** and social networks
- Recovery is **Culturally-Based** and influenced
- Recovery is supported by **Addressing Trauma**
- Recovery involves individual, family, and community **Strengths** and **Responsibility**
- Recovery is based on ** Respect**

[http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf](http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf)
Elements of a Recovery Facilitating System (ERFS)

1. A Recovery Facilitating system is Person-Centered
   • Whole Person/Holistic Approach
   • Wellness Lifestyle
   • Encourages Growth
   • Renews Hope
   • Support Strengths
   • Culturally Informed and Respects Diversity

2. A Recovery Facilitating System is Consumer Driven
   • Consumer Directs the Recovery Process
   • Positive Partnership with Providers
   • Self-Managed Care
   • Consumers Shape the System of Care

3. A Recovery Facilitating System Assists People to Have a Full and Satisfying Life in the Community
   • Community Centered
   • Satisfies Basic Needs
   • Citizenship, Human Rights and Accommodations
   • Interpersonal Connections, Supportive Relationships and Sense of Belonging
   • Connection to Others in Recovery

Developed by Yale Program for Recovery and Community Health
What does being recovery-oriented mean?

• Focus on the whole person, not just the diagnosis
  – *Ex: SAMHSA’s Eight Dimensions of Wellness*
• Focus on the future
• Encourage hope, individual dignity and respect
• Partner with individuals in their care
• Recognize the value of an individual having personal responsibility, accountability and control
• Encourage and assist individuals to self-manage their recovery plan
• Recognize that a person’s path to recovery is varied and individual
• Recognize that recovery is not linear; it’s a process with gains and setbacks
• Ensure access to and choices of resources, supports and services
• Consider meaningful work/educational activities as primary goals
• Help persons in recovery be “of” not just “in” the community
Things I can do Immediately to Enhance the Resiliency and Recovery Environment

• Choose my Language (person-first)
• Be Inclusive
• Offer Choice
• Support Choice
• Promote Peer/Family Involvement-Support
• Be Collaborative
• Promote a Learning Culture
• Be Open to New Ideas
Resiliency tool for Members

Draw from your past to shape how you will respond to future challenges.

- **Pause** – to remember a challenge you have experienced.
- **Ponder** – what you learned about how you handled the situation.
- **Pinpoint** – the skills you have.
- **Picture** – various other options for handling it, and what the outcomes could be.
- **Practice** – using your strengths and skills.
- **Plan** – how you will handle a similar situation the next time.
- **Pursue** – new skills and experiences that will help you be resilient and will support others to do the same.
Person-First Language: impact and implications

1. We can choose our words when we speak and write; words carry great power!
2. Using terms and phrases that group people by diagnosis, disability, disease, and other characteristics perpetuate stigma, discrimination, and exclusion
3. Remember some providers and other stakeholders have been using non-Person-First Language for a long, long time
4. Person-First Language- seeing people as “People First,” and not as our disease, illness or disability
5. Person-First Language is about respecting the worth and dignity of all individuals and groups, honoring and advocating for individual rights and interests, and opposing discrimination and practices that perpetuate exclusion
6. Using Person-First Language is an intentional practice
What is and isn’t Person-First Language

Person-First Language: examples

• “Joe lives with schizophrenia.”
• “Mary lives with borderline personality disorder.”
• “A person who lives with bipolar disorder”
• “People living with substance use disorders”
• “John lives with diabetes (or) asthma (or) dyslexia”
• “A person living with mental illness (or) psychiatric disability (or) substance abuse disorder.”
• “People who are experiencing homelessness”
• “Individual example”

NON- Person-First Language: examples

• “Joe is a schizophrenic.” (“Schizophrenics”)
• “Mary is a borderline” (“Borderlines”)
• “Bipolar people” (“Bipolars”)
• “Addicts” (junkies, crack heads, etc.)
• “Diabetics”, “Asthmatics”, “Dyslexics”
• “The mentally ill”
• “The homeless”
• “Case study”
• “Frequent flyers”
What is and isn’t Person-First Language

Person-First Language: examples

• “Living with mental illness (or psychiatric disability)
• “A person who I offer services and supports to”
• Acronyms:
  – “A person living with serious mental illness”
  – “A young person living with serious emotional disturbances”
• “Providers who offer (or have offered) direct services and supports”

Misused and inappropriate word choices: examples

• “Schizophrenic economy”
• “Crazy, nuts, lunatic”
• Acronyms – “SMIs”, “SPMIs, “SEDs”
• “Suffering with mental illness”
• “My client/consumer/patient”
• “(Non) - compliant/compliance”
• “The Industry” (we don’t produce widgets or ‘fix’ people)
• Language of conflict, i.e., – “target population”, “in the trenches”
How do you perceive it?

Disability doesn’t mean lack of ability!

Was Ray Charles a great, blind piano player?

Or, was Ray Charles one of the greatest pianists who ever happened to live with blindness?
Person-First Language and I

- I have a choice in the words that I choose
- I have an opportunity to promote and put into practice Magellan’s Core Principles of recovery and resiliency
- I need to be mindful about how I can raise awareness regarding the value of using Person-First Language
- Using Person-First Language is important in supporting recovery and resiliency
- Using Person-First Language helps me combat stigma and discrimination
- What can I do to promote Person-First Language?
The “up” side: Why use Person-First Language?

- Helps people see individuals living with mental illnesses (or psychiatric disabilities) and/or substance use disorders beyond a lens of illness, diagnosis, and hopelessness
- Demonstrates our commitment to being culturally and linguistically appropriate in all of our communication
- Models principles of recovery and resiliency through our language choices
- Helps address issues relating to illness-identity and self-stigma
- Contributes greatly to evolving and improving organizational culture
Embracing the Power of Peer Support

• The use of peer specialists—individuals who are recovering from mental health and substance use challenges themselves and are trained to help others with psychiatric and substance use disorders—is recognized as an evidence-based practice and a key component of recovery-focused programs. In fact, during the past decade, peer support services have grown in strength and popularity all across the country.

• Today, the role of peer specialists continues to evolve as the behavioral health community discovers new approaches for incorporating peer support services into traditional settings.
Magellan of Virginia
Peer Bridger Demonstration Pilot
Virginia Peer Bridger Demonstration Pilot (PBDP)

- Peer Bridger Support Services are peer intervention services delivered in inpatient or outpatient provider settings and in the community, such as the member's home, residence, and/or community settings.
- The services are targeted toward the support of an adult member with a serious and persistent mental illness who is experiencing a current inpatient hospitalization.
- Peer Bridger Demonstration Pilot includes steering committee members identified from statewide organizations who have been instrumental in bringing peer support initiatives to Virginia.
- Peer Bridger intervention outcomes will be measured by data collected through the Magellan Care Management Center. Expected positive outcomes include member wellness and the opportunity to obtain Medicaid reimbursement for peer support services in Virginia.
Virginia Peer Bridger Demonstration Pilot (PBDP)

• Project will focus on at least one community identified by consensus of the project steering committee and will build on the foundation of Virginia’s robust network of peers providing a range of support, education, and training across the state.

• Peer Bridger services will focus on eligible members, 18 and older, transitioning out of acute in-patient settings excluding freestanding psychiatric facilities, who voluntarily agree to receive PB supports.

• The goal of Peer Bridger services is to make the transition back into the community a successful one and avoid future inpatient stays. These voluntary services are designed to facilitate connections with local peer-run organizations, self-help groups, other natural supports, and appropriate community-based resources to prevent readmissions and improve community tenure.
Implementation Plan

• Establish Steering Committee
• Identify pilot sites
• Data collection
• Training and education strategies
• Select peer organization(s)
• Deliver Peer Bridger services
• Monitoring - ongoing
• 2014 summary report
OUTCOMES

• We expect implementation of the Peer Bridger Program to be an effective intervention that will reduce hospital recidivism rates. The scope of services provided under the Peer Bridger program will include services in the home, community, and/or provider setting.

• Similar Magellan peer-driven programs focused on offering peer support to people discharged from inpatient settings include:
  - Florida Peer Recovery Navigator program
  - Maricopa’s Peer Crisis Transition Navigators program
Graphs and Statistics

Maricopa’s Peer Crisis Transition Navigators program

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<tr>
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<th>FFS Bed Days</th>
<th>SubAcute Bed Days</th>
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<tr>
<td>6-mos before referral</td>
<td>656</td>
<td>251</td>
</tr>
<tr>
<td>6-mos after referral</td>
<td>318</td>
<td>103</td>
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656 FFS Bed Days * $236,718.30 = $156,893.18
251 SubAcute Bed Days ** $45,680.20 = $11,420.09

*Based on rev. code 0114 @ 700.35 per diem

**Based on rev. code 0124 @  $308.65
Tools and Resources to Promote Education and Wellness
Magellan of Virginia Recovery Resources

Our website is:  
www.MagellanofVirginia.com

A special area “For Members” can help you find a provider, prepare for your appointments, and provides other information about getting care.

Recovery Resources e-guide

E-learning
  – Recovery & Resiliency
  – Peer Support
Magellan’s E-Learning Center
www.MagellanHealth.com/Training

Peer Support Whole Health and Wellness e-newsletters
  • These quarterly e-newsletters offer articles, education and resources designed to help promote wellness and improved personal health outcomes.

Health education/literacy materials
  • These materials are literacy-level adjusted and address a range of topics selected to help promote increased knowledge of various health conditions.

Online e-courses
  • These provide education on a variety of subjects. Courses are free of charge and available on demand for learning at your convenience, including Recovery and Resiliency and Peer Support.
Magellan’s E-Learning Center
www.MagellanHealth.com/Training

Continuing education
• Magellan's e-learning courses offer continuing education hours/CE credits. Please read the CE credit requirements or email us at ce@magellanhealth.com for additional information.

Webinar archives
• View on-demand both CE-eligible and non-CE-eligible webinars.

Resources
• Access a range of web-based organizations and resource centers. We regularly update our web resources links. A short description of each featured web resource is included with each link.
Wellness and Recovery Resources

The Passport to Care is a 17-page “how-to” support guide for members, families, and peer supporters to work with medical and behavioral health providers and talk about steps to take to be healthy. It helps teach members and families about the importance of health care check-ups, talking to providers about medications, side effects, and other aspects of their wellness plan.

Fast Facts: About Your Medicaid Behavioral Health Program is a single-page, double-sided information sheet that highlights:

- What Magellan of Virginia does
- How to get help
- Getting help in an emergency
- Cost of services
- How to contact Magellan
Providers as Recovery Champions
### 3 Steps to Becoming a Recovery Champion

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<tr>
<th>Step 1</th>
<th>Stay informed about organizations in Virginia that promote recovery and resiliency</th>
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<td>Step 2</td>
<td>Provide recovery and resiliency resources to members and their loved ones. Support their participation</td>
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<td>Step 3</td>
<td>Advocate for your coworkers and employers to promote recovery-oriented best practices</td>
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Recovery Champion – Step 1

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<td>NAMI Virginia (National Alliance on Mental Illness)</td>
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<td>SAARA of Virginia (Substance Abuse and Addiction Recovery Alliance)</td>
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<td>VOCAL Virginia (Virginia Organization of Consumers Asserting Leadership)</td>
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<td>Voices for Virginia’s Children</td>
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- Become a member
- Attend a conference/workshop
- Sign up for their newsletter or other communications that they offer
- Understand the programs that they offer
- Know how to access their resources
- Invite an organization to your agency/organization to provide a workshop on their programs
Recovery Champion – Step 2

Step 2

Provide recovery and resiliency resources to members and their loved ones. Support their participation

- Print flyers and display in your lobby
- Post resources on your organizations website
- Host a recovery training/workshop for members, parents or family members
- Post recovery support group meeting schedules (i.e. AA/NA, Alanon, NAMI Connection, NAMI Family Support Group)
- Host a WRAP class for members
- Promote the use of Advance Directives and provide training and peer facilitation opportunities

Each provider can ask their members if they know about recovery organizations and the programs that they offer.
- Receptionist/Intake
- Counselor/care provider
- Psychiatrist/Psychologist
- Crisis/Emergency Services
- Peer Providers
Recovery Champion – Step 3

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<td>Discuss in Leadership Meetings</td>
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<td>Create a Consumer/Family Advisory Council</td>
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<td>Use recovery measurement tools</td>
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<td>Advocate for change</td>
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<td>Trauma-Informed Care</td>
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<td>Person-Centered Care</td>
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<td>Peer Delivered Services</td>
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<td>Recovery-Oriented Language (Person First)</td>
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<td>Wellness Based</td>
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We are here to help

• If you have questions about recovery-oriented best practices, recovery resources or peer support services, please contact Cheryl DeHaven, Manager, Recovery & Resiliency at cdehaven@magellanhealth.com or call me at 804-823-5048.

• If you have provider questions, Magellan is eager to assist you. We encourage you to visit our Virginia website at www.MagellanofVirginia.com and our Magellan provider website at www.MagellanHealth.com/provider. You may also contact us at:
  Phone: 1-800-424-4536
  Email: VAProviderQuestions@MagellanHealth.com
Questions
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