

Illinois Department of Human Services Division of Mental Health



Recovery and Empowerment Handbook

Eighth Edition
2016

“The Expectation is Recovery!”

Produced by the:

ILLINOIS
MENTAL HEALTH COLLABORATIVE

FOR ACCESS AND CHOICE

The Warm Line (866) 359-7953

The IL Warm Line is a support line for persons with mental health and/or substance use challenges, their families, friends, and community members. Trained Recovery Support Specialists who live out recovery will give support to you while also helping families better understand the recovery process. The Warm Line provides:

- Emotional Support
- Recovery Education
- Self Advocacy Support
- Referrals

Sometimes what is needed most in difficult times is someone to talk with who listens and understands.

- Monday through Friday
 - 8:00 a.m. to 5:00 p.m.
- From the main menu:
 - Press 2
 - Press 5
- TTY: **(866) 880-4459**
- Staff are skilled at conversing through a Video Relay Service (VRS)
- Interpreters available for hundreds of languages

Crisis Text Line

The Crisis Text Line is for anyone. Trained volunteers respond to messages via text to support people in crisis. The Crisis Text Line:

- Helps people move from a hot moment to a cool calm
- Guides you to create a plan to stay safe and healthy

If you text in your personal life and you are experiencing a crisis, a Crisis Text Line Volunteer is here for you.

- Text 741741
- Anywhere. Anytime (24/7). Anonymously
- Free to users of AT&T, T-Mobile, Sprint, and Verizon
- Nothing appears on your bill with these carriers

www.crisistextline.org

This is your Wellness and Recovery Care Line Quick Reference Card

Tear off at the dotted line.

Carry one with you.

Share one with a friend.

Illinois Mental Health Collaborative for Access and Choice

Call toll-free: (866) 359-7953

TTY toll-free: (866) 880-4459

My mental health center phone number or crisis line:

My support persons in case of a crisis:

Illinois Mental Health Collaborative for Access and Choice

Call toll-free: (866) 359-7953

TTY toll-free: (866) 880-4459

My mental health center phone number or crisis line:

My support persons in case of a crisis:

Toll-Free Phone Line Quick Reference Guide

Main Menu

Individual or Family Member Press “2”

Individual and Family Care Line

Questions about Individual Care Grants Press “1”

Referral to a Mental Health Provider Press “2”

Questions About Mental Health Services Press “3”

The Warm Line Press “5”

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Toll-Free Phone Line Quick Reference Guide

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PURPOSE OF THE RECOVERY AND EMPOWERMENT HANDBOOK

This Recovery and Empowerment Handbook is written to:

- Spread the word that there is hope for persons living with mental illnesses! Mental health recovery is real and it is for everyone!
- Make it easier for you to know how to get mental health services.
- Help you make good choices about your mental health care.
- Invite you to give feedback to the Illinois Department of Human Services/ Division of Mental Health (DHS/DMH) about your mental health care, or the care of your child or other family member.
- Empower you with information on your rights, responsibilities and confidentiality as a person receiving mental health services in Illinois.
- Provide information about The Warm Line, a toll-free telephone number you can call to ask questions, get a referral, receive recovery education and emotional support, or get more information on any of the topics referenced within this handbook.



MEET THE ILLINOIS MENTAL HEALTH COLLABORATIVE FOR ACCESS AND CHOICE

The Illinois Mental Health Collaborative for Access and Choice is:

- A partnership between the DHS/DMH and Beacon Health Options to improve and advance your mental health services.
- Devoted to the recovery and resilience of children and adults living with mental health conditions.
- Committed to making it easier for persons in need of mental health services to get the right care, at the right time, and in the right amount.
- An Administrative Services Organization (ASO) created to help the DHS/DMH make the best use of limited resources to serve persons in need of mental health assistance.



MENTAL HEALTH RECOVERY

As long as there have been mental illnesses there has been recovery. However, persons now have new tools to improve their lives and make a difference in the public mental health system. Together, we are improving opportunities for persons to live productive lives in their communities and recover from mental illnesses once thought to be incurable.

Recovery Envisioned:

A vision is a vivid description of the future or the ideal present that inspires and guides all of our activities. The vision of the DHS/DMH is that:

*The Expectation is Recovery!
All persons with mental illnesses can recover and
participate fully in a life in the community.*

Having a vision for your own life can help you to achieve great things.

Recovery Defined:

*Recovery refers to the process in which persons are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having **hope** plays an integral role in an individual's recovery.*

- New Freedom Commission on
Mental Health

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

- Substance Abuse & Mental
Health Services
Administration (SAMHSA)



*“Recovery means I can be the best
ME right now” ~ Amy F*

Recovery Facts:

The body of recovery research is ever growing. Different studies sometimes define recovery in different ways. Studies measure how various factors impact recovery, from one's environment, employment, staff and individual attitudes, to treatment approaches. Here are some facts the research reveals:

- Most persons with mental illnesses' symptoms improve over time and they are able to lead healthy, stable, and productive lives. (The Center for Reintegration)
- Most persons with mental illnesses want to work and can succeed in competitive employment. (Dartmouth Psychiatric Research Center)
- Combining medication, therapy, and effective treatment in the community helps between 70-90 percent of persons with mental illnesses to totally recover from their illness or see marked improvement. (National Alliance on Mental Illness)
- Even studies using very strict criteria before the dawn of the mental health recovery movement showed that most persons with mental illnesses, including severe mental illnesses, experienced full recovery or significant improvement. (American Journal of Psychiatry)
- Early identification and treatment of one's mental illness is of vital importance for recovery. (National Alliance on Mental Illness)
- Persons with mental illnesses can learn or regain skills needed to connect with and live successfully in their communities. (The Center for Reintegration)
- Mental health systems that promote empowerment and recovery have higher recovery rates than ones that do not. (National Empowerment Center)



Guiding Principles of Recovery:

- **Hope** – The belief that recovery is real. Hope is internalized and fostered by others. It is the catalyst of the recovery process.
- **Person-Driven** – Individuals define their own life goals and design their unique paths towards those goals.
- **Many Pathways** – Recovery pathways are highly personalized. Recovery is non-linear, characterized by continual growth and occasional setbacks.
- **Holistic** – Recovery encompasses an individual's whole life, including mind, body, spirit, and community.
- **Peer Support** – Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.
- **Relational** – Recovery is supported by the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement.
- **Culture** – Values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery.
- **Trauma-Informed** – Services and supports should be trauma-informed to foster safety and trust; this promotes choice, empowerment, and collaboration.
- **Strengths & Responsibilities** – Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. Individuals have a personal responsibility for their own self-care and journeys of recovery. Families have responsibilities to support their loved ones in recovery and stay well themselves. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery.
- **Respect** – Acceptance and appreciation for people affected by mental health and substance use challenges are crucial to achieve recovery. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are also important.

Science has shown that having hope plays an integral role in an individual's recovery. Imagine a mental health community where, from their first encounter, persons learn that they can recover! The DHS/DMH is striving to be a mental health system with hope at its foundation where...

The Expectation is Recovery!

Recovery Lived

Persons from all walks of life experience recovery. We are strengthened when we unite around a shared recovery vision. At the same time, recovery is unique to each person. What does recovery mean to you?

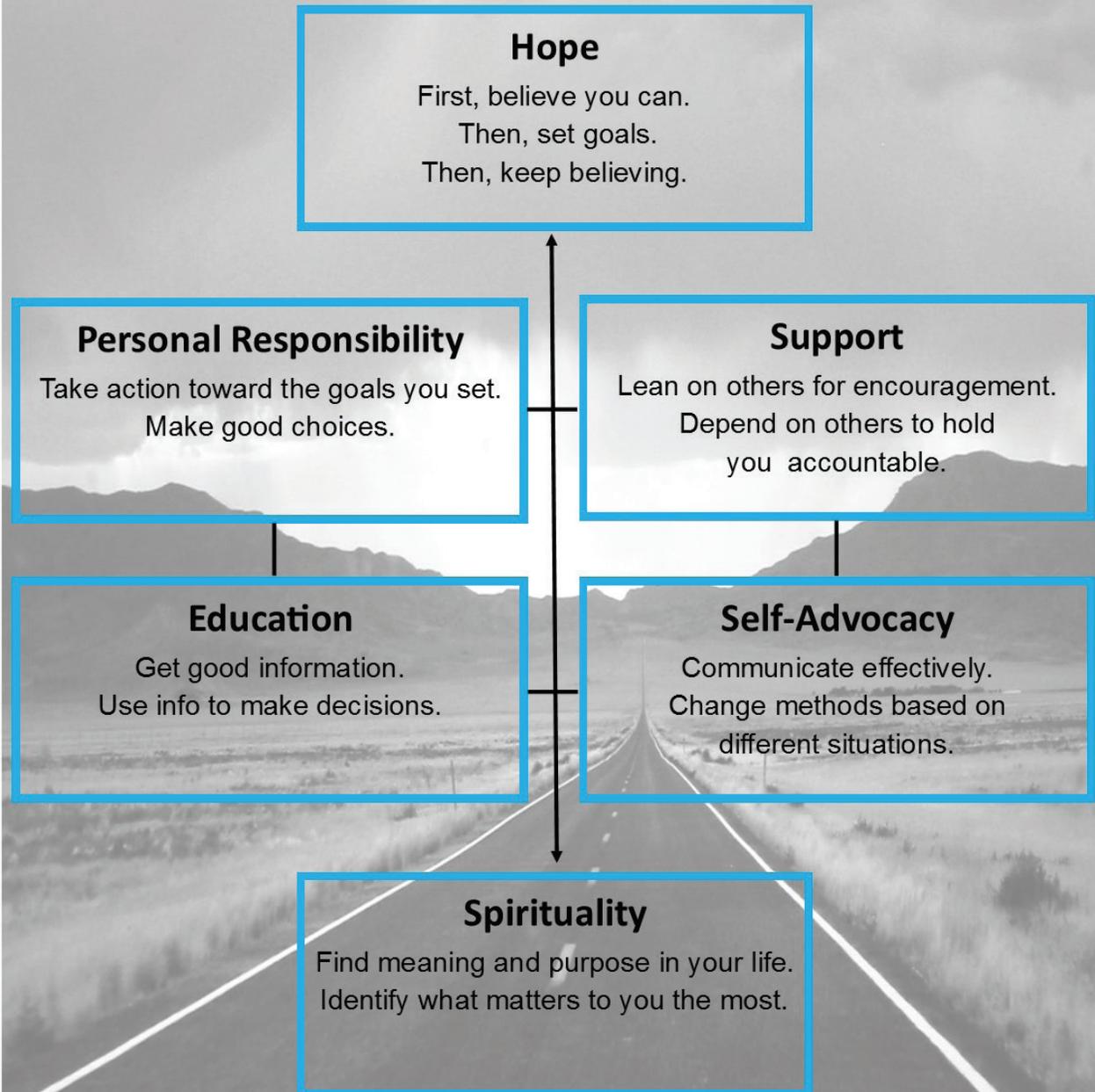
Recovery is:

- *The ability to become more at peace and content as well as being able to achieve a sense of resilience to hold on when this roller coaster of life does loops and spirals but not so tight I am unable to enjoy them.* ~ Christine M. Schultz
- *Being honest with others and yourself.* ~ Jessica Baker
- *Having my life back; not my old life, but a new one filled with tangible possibility and a deeply seated hope for my future that I never knew or even dreamed was possible.* ~ Sharon Diaz
- *Using mentally healthy skills (education, television, movies, computers), physically healthy skills (biking, stretching, walking), and peer support (friends in recovery, family, and spiritually enriched individuals).* ~ Geri Wilson
- *Looking in the mirror and liking what I see.* ~ Marc H.
- *The process of coming from a place of hurt, either physically or mentally, that no one believes you can come from to return to what the norm is for you or even better!* ~ Tina R.
- *Being grateful for the fact that I am NOT normal.* ~ Jerry Yuill

- Quotes from Persons in Recovery in Illinois

Recovery in Your Own Words:

Foundational Principles of Wellness



The Foundational Principles Nanette V. Larson, B.A., CRSS Illinois DHS/DMH Revised 2014

Recovery and Spirituality

Spirituality is about what matters to you the most, or what brings you a sense of meaning and purpose in life. Many persons use the spiritual practices of their choice to help themselves stay well, or feel better when they are not feeling well. As a result, spirituality has been found to improve both physical and mental health.

You may wish to consider the following questions:

- What matters most to you in life?
- What is it that keeps you going?
- What values do you live by?
- What personal guidelines of conduct do you follow?
- How do you experience a sense of community and belonging?

Answering these simple questions has helped many persons to discover or regain a sense of meaning and purpose in life. Spiritual practices can be effective ways to cope with stress. Many persons find them to be a source of comfort and healing. Spirituality can help to motivate an individual's personal movement along the path of recovery.

Mental health services can become more effective when they honor an individual's personal sense of self, including spirituality as a potential resource for recovery. Exploring spirituality may help you to recover and participate fully in a life in your community.

Language Matters

The words we use to describe ourselves and others have a great impact on our beliefs about our:

- **Abilities** as individuals
- **Power** to overcome conditions
- **Potential** to live a fulfilling life despite challenges
- **Identities:** We are moms, dads, sons, daughters, sisters, brothers, friends, neighbors, professionals, coworkers, students and teachers...

Science has shown that having hope is connected to our ability to recover. Let us then use hopeful words.

“For me, recovery means health and wholeness - being able to meet the practical demands of everyday living and also satisfy the deeper needs of the soul and spirit” - Ron O.

USING PERSON-FIRST LANGUAGE WHEN REFERRING TO INDIVIDUALS WITH MENTAL HEALTH SYMPTOMS AND CONDITIONS

Examples of Person First Language	
SAY:	INSTEAD OF:
He/She <u>has</u> bipolar illness (or a diagnosis of...)	He/She <u>is</u> bipolar
He/She <u>has</u> schizophrenia (or a diagnosis of...)	He/She <u>is</u> schizophrenic
He/She <u>has</u> a mental health condition	He/She <u>is</u> emotionally disturbed/mentally ill
He/She <u>has</u> a mental illness	He/She <u>is</u> mentally ill
Person (singular) with a mental illness (singular);	The mentally ill... OR People with mental illness (singular)
Persons/people/individuals (plural) with mental illnesses (plural)	

General Rules By Which to Speak, Write, Respect and Empower	
Having vs. Being	<p>To HAVE an illness, or to have the diagnosis of an illness, is notably different than to BE the illness.</p> <p>When I “have bipolar illness,” I recognize that aspect of myself, much as I recognize that I “have brown eyes.” When I “am bipolar” I take on the identity of BEING bipolar. It becomes me, and I become it.</p> <p>When we talk about an individual as separate from their mental health condition, we recognize the person first and we acknowledge the person’s power to overcome that condition and live a full life separate from it. I often tell people, “I may have it, but it doesn’t have me!”</p>
Singular vs. Plural	<p>Mental illnesses are diverse; there are many of them and many types of them. To say that “people” (plural) have “mental illness” (singular) misses the breadth and diversity of the nature of mental illnesses.</p> <p>Therefore, one person has one illness (“person with a mental illness”). More than one person has more than one illness (“persons with mental illnesses”).</p> <p>To use the singular (illness) when speaking in the plural (people/individuals/persons) reinforces stigma and discrimination. It implies that there is only one mental illness, that it is one size fits all.</p>

PEER SUPPORT AND YOUR RECOVERY

Having support from other persons in recovery may be a key to your own recovery. You can find peer support in many places, from your community to mutual support groups or your mental health center.

The DHS/DMH Recovery Services Development Group (RSDG)

Within the DHS/DMH and Collaborative, there have been many individuals employed specifically to utilize their personal or family recovery experiences to help others and improve the system. They work at many different levels of the mental health system, from providing direct support to serving in executive leadership. These staff make up the RSDG.

While the specific branches, or roles, of these positions are diverse, they stem from common roots:

- Be living examples of recovery
- Promote recovery and resilience oriented systems
- Provide current recovery-based training and education
- Develop and provide supportive services
- Ensure individual and family involvement and empowerment at every level

Members of the RSDG promote many exciting programs including:

- Wellness Recovery Action Plan (WRAP®) (p. 15)
- Certified Recovery Support Specialist (CRSS) Credential (p. 18)
- Recovery and Empowerment Statewide Calls (p. 19)
- Regional Recovery Conferences (p. 19)
- Recovery Ambassador Program (p. 20)
- Parent Empowerment Calls (p. 32)
- Project Educare (p. 32)
- Certified Family Partnership Professionals (CFPP) Credential (p. 33)

“Recovery is the state of being able to live, work, play, and help others knowing that I have skills and resources available to get me through any potential setbacks or crises.”

- Marion Endress, CRSS

RSDG Contact Information

To contact RSDG members, you may reference the Region Map and contact the appropriate region office below:

Region 1 North	(773) 794-5525
Region 1 Central	(708) 338-7021
Region 1 South	(708) 338-7289
Region 2	(847) 742-1040 x. 2002
Region 3	(309) 346-2094
Region 4	(217) 786-6866
Region 5 Metro East	(618) 474-3348
Region 5 South	(618) 833-8266

If you are unsure what region you are located in:

- Call the Warm Line (866) 359-7953



“Recovery is a continuous process like photosynthesis, recycling energy from the sun and turning it into new life.”

~ Anonymous

Wellness Recovery Action Plan (WRAP®)

A WRAP® can help you in the process of recovery, getting well and staying well, and becoming who you want to be. It can help you make your life the way you want it to be. It can also help you to adapt to any challenges in your life. A WRAP® is a self-directed plan anyone can use as a personal guide to daily living. It focuses on self-help, recovery, and long-term stability. Persons in recovery created WRAP®.

A WRAP® begins with an individual Wellness Toolbox, filled with simple, safe ideas to help you feel good, stay well, and even feel better when the going is hard.

Here are some ideas that others have put in their Wellness Toolboxes:

*Family time - Scrap-booking - Walking
Martial arts - Journaling - Prayer - Poetry
Quilting - Basketball - Calling a friend*

What might you put in your Wellness Toolbox?

A WRAP® can also help you identify:

- What you are like at your best;
- What you need to do every day to stay well;
- Things that may upset you (triggers) and what you can do if these things happen;
- Early warning signs that you are not feeling well and things you can do to help yourself feel better;
- Signs that things are getting worse and things you can do to make the situation better;
- Signs that you may be experiencing a crisis and things your supporters can do in that situation; and
- What to do after a crisis has ended to help you recover your wellness.

WRAP® is “universal.” This means that it can be used for any aspect of life. Here are some ways that others have used WRAP®:

Work - Marriage - Smoking Cessation
Weight Management - Chronic Illness - Family Conflict
Fitness - Healthy Eating - Daily Living Chores
Substance Abuse - Getting Through the Holidays

What ways might you use your WRAP®?

The *WRAP® Workbook for Kids* can help to guide children through this process as well. WRAP® is different from “Wrap-Around,” which is a mental health systems approach to supporting children (p. 31).

WRAP® is recognized as an evidence based practice by the Substance Abuse and Mental Health Services Administration (SAMHSA). This means that research has shown WRAP® to be a particularly valuable tool in mental health recovery.

All aspects of participation in WRAP are voluntary.

If you wish to become a WRAP® class facilitator, you will need to complete the following steps:

- 1) Attend a WRAP® class and develop your own WRAP® plan
- 2) Get in touch with a regional Recovery Support Specialist. See page 13.
- 3) Apply for WRAP® Facilitator Training. The regional Recovery Support Specialist can help you with this process.

“By developing my own personal WRAP plan I have gained strength and resilience; having hope gives me comfort in knowing that my recovery is unlimited”

~ Terri Bristow

Personal Bill of Rights

1. I have the right to ask for what I want.
2. I have the right to say no to requests or demands I can't meet.
3. I have the right to change my mind.
4. I have the right to make mistakes and not have to be perfect.
5. I have the right to follow my own values and standards.
6. I have the right to express all of my feelings, both positive or negative, in a manner that will not harm others.
7. I have the right to say no to anything when I feel I am not ready, it is unsafe or it violates my values.
8. I have the right to determine my own priorities.
9. I have the right not to be responsible for others' behavior, actions, feelings or problems.
10. I have the right to expect honesty from others.
11. I have the right to feel angry at someone I love and to express this in a responsible manner.
12. I have the right to be uniquely myself.
13. I have the right to feel scared and say "I'm afraid."
14. I have the right to say "I don't know."
15. I have the right to make decisions based on my feelings, beliefs and values.
16. I have the right to my own reality.
17. I have the right to my own needs for personal space and time.
18. I have the right to be playful and frivolous.
19. I have the right to be healthy
20. I have the right to be in a non-abusive environment.
21. I have the right to make friends and be comfortable around people.
22. I have the right to change and grow.
23. I have the right to have my needs and wants respected by others.
24. I have the right to be treated with dignity and respect.
25. I have the right to grieve.
26. I have the right to a fulfilling sex life.
27. I have the right to be happy.

(Adapted by Mary Ellen Copeland from the *Anxiety and Phobia Workbook*, Edmund J. Bourne, Ph.D., 1990, New Harbinger Publications, Oakland, CA.)

Certified Recovery Support Specialist (CRSS) Credential

The Certified Recovery Support Specialist (CRSS) is a credential for professionals who perform a unique function in the specialty of health care and human services, and can work in a variety of settings, using various approaches to provide supportive services with a wide range of populations. The CRSS credential verifies competence in:

- Advocacy
- Professional Responsibility
- Mentoring
- Recovery Support

In order to obtain the CRSS credential individuals need to apply with the Illinois Certification Board and show completion of the following requirements:

- 100 clock hours of mental health recovery education
- 1 year of full-time (or 2000 hours) supervised mental health recovery support work experience (volunteer or paid)
- 100 hours documented supervision
- CRSS Exam
- Commitment to the CRSS Code of Ethics

The specialty credential for individuals whose work is focused on employment is the CRSS-Employment (CRSS-E). In order to obtain the CRSS-E credential, individuals must:

- Have the CRSS and be current and in good standing with the Illinois Certification Board
- Successfully complete Dartmouth IPS Supported Employment Practitioner Skills Training
- Have 1,000 hours (6 months full time) qualified work experience and/or internship (minimally must have primary responsibility for providing peer recovery support services specific to IPS employment supports for an individual and/or group of individuals with mental health conditions)
- Have 25 hours documented supervised practical experience

For more information:

- Call the Illinois Certification Board at:
(800) 272-2632
- Visit: www.iaodapca.org
- Visit: www.illinoismentalhealthcollaborative.com
 - o Select: For Consumers and Families
 - o Select: Certified Recovery Support Specialist (CRSS) Credential

Recovery and Empowerment Statewide Call

The Recovery Services Development Group (RSDG) regularly hosts a toll-free telephone call for persons receiving services in Illinois.

- A half hour presentation on a topic relevant to recovery.
- An hour for questions and answers with the RSDG and community speakers.
- An empowering opportunity to connect with others on the recovery journey.

Previous topics have included:

- Relating to Others
- Setting Goals
- Overcoming Adversity
- The Words We Use

All educational materials from previous calls can be accessed online. Many more relevant topics are to be scheduled in the future. For more information:

- Visit: www.illinoismentalhealthcollaborative.com
 - o Select: For Consumers and Families
 - o Select: Recovery and Empowerment Statewide Call

Regional Recovery Conferences

Each year, regional recovery conferences are hosted throughout the state of Illinois. These conferences provide hope, education and empowerment to persons participating in mental health services. While each recovery conference is unique, they are all built upon the following concepts:

- **Education:** Topics and speakers chosen by persons in recovery
- **Inspiration:** Real life stories of recovery
- **Advocacy:** Learning to communicate effectively for positive change
- **Networking:** Connecting with persons in recovery from across the region
- **Empowerment:** A process driven by persons in recovery, from planning to completion

For more information on Regional Recovery Conferences, contact your RSDG Member (p. 13)

Recovery Ambassadors

All staff who work in any of the DHS/DMH-operated psychiatric hospitals complete required training modules designed to increase their understanding of the vision and principles of recovery.

All employees become *bronze level* Recovery Ambassadors upon completion of the four required modules:

1. Setting the Stage for Change
2. An Introduction to Recovery, Hope and Resiliency
3. Applying the Concept of Recovery: Guidelines for Recovery Oriented Systems
4. Facilitating Recovery Through Communication

Staff also have an opportunity to voluntarily work through additional training modules to progress from *Bronze* to *Silver* and then to *Gold* Ambassador levels.

Staff who complete six more modules for a total of ten achieve *Silver*

5. Understanding Mental Health Conditions
6. Ethics
7. Cultural & Linguistic Competence
8. Screening & Assessment
9. Service Array & Coordination
10. Peer Roles in Mental Health Settings

Staff who complete all eighteen modules achieve *Gold*

11. An Introduction to Evidence-Based Practices
12. Psychiatric Medication
13. Understanding Trauma-Informed Care
14. Abuse & Neglect
15. Overview of Medical/Physical Risk Factors
16. Co-Occurring Mental Health & Substance Abuse
17. Stakeholders Groups
18. Stress Management & Self-Care

Individuals receiving services at one of the DHS/DMH-operated psychiatric hospitals can nominate staff for *Platinum* status and if approved, the employee will receive a certificate indicating **Platinum Status Recovery Ambassador** and why they achieved this award. If you are currently inpatient at one of these hospitals, you can request a nomination form from your social worker.

Consumer-Operated Services and Programs (COSP)

COSP are a model of peer support that are now recognized both nationally and internationally. They are defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services as autonomous programs that are operated and fully controlled by current or former mental health consumers. They emphasize self-help, mutual support, community building and system advocacy. COSP have the following ingredients:

- Consumer operated governing body, staff and budget management
- Membership run
- Participatory leadership
- Voluntary participation
- Mutual benefit
- Natural supports
- Experiential learning

COSP have begun to develop in Illinois. Their diverse approaches help them succeed in assisting persons with individual needs. It is, however, also important to identify common elements and standards among COSP. This helps us to tell how COSP are different from traditional mental health services and what makes them uniquely effective:

1. The board or group who decides policies and procedures consists of at least 51% of individuals in mental health recovery.
2. With limited exceptions, staff and volunteers consist of individuals in mental health recovery who are hired by and operate the COSP.
3. Individuals in mental health recovery are responsible for making COSP hiring decisions.
4. Individuals in mental health recovery control the operating budget.
5. Volunteer opportunities for COSP participants may include board and leadership positions, unpaid jobs, and paid staff positions.

To find resources on COSP, visit <http://www.samhsa.gov>.

“Recovery is a second chance at life and if you do it right, you can also use your recovery to help others too.”

~ Bill

Recovery Support Programs in Illinois Community Mental Health Centers

The exciting field of recovery support is growing in Illinois!

- **Recovery Support:** The process of giving and receiving non-clinical assistance to help facilitate the process of recovery; recovery support is provided by individuals with lived experience in recovery.
- **Recovery Support Specialist:** A person with lived experience in mental health recovery who helps others with psychiatric conditions on their recovery journeys in a formal manner and is paid for his/her services.
- **Recovery Support Services:** Services which are delivered through organizations and through the specialized roles of paid recovery support specialists.

Examples of existing recovery support programs within community mental health centers include:

- 1) **Leading Recovery Classes at a Mental Health Center:** Recovery Support Specialists teach classes. Classes vary from Wellness Recovery Action Plan (WRAP®) to life skills classes and recovery support groups.
- 2) **Providing Individual and Group Recovery Support and Advocacy in the Community:** Sometimes this individual support is provided at the mental health center in programs such as Psychosocial Rehabilitation. Sometimes they are provided in the community as part of the center's Community Support or Assertive Community Treatment program, for example.
- 3) **Mentoring Persons in a Recovery Drop-In Center:** Drop-in centers are informal places individuals can come to give and find support. Classes and groups may be offered by Recovery Support Specialists and there are also opportunities for individuals to develop their own shared interest groups and activities.

These activities are often Medicaid billable when provided by a qualified individual at a DHS/DMH funded mental health center based on individuals' treatment plan goals. One way an individual may become qualified to provide professional recovery support services is by attaining the Certified Recovery Support Specialist (CRSS) credential (p. 17). If you are interested in starting a Recovery Support program at an Illinois mental health center, you may wish to speak to the center leadership or a DHS/DMH Recovery Support Specialist (p. 13).

ESSENTIALS IN YOUR RECOVERY

Work and Your Recovery

Work may be an important part of your recovery journey. Most persons with mental health challenges want to work. Those who do work report that they gain a greater sense of dignity, control over symptoms and quality of life. The best employment support programs practice the following approaches from the Individual Placement with Support (IPS) model:

- No one is excluded who wants to work and the job search starts soon after you express interest
- Those who are supporting you to get a job partner with your mental health services to help you succeed
- You can find competitive employment, based on your preferences, in the community
- Information about how work will affect your benefits is provided
- Employment Specialists meet with employers to learn about business needs and job openings
- Choices and decisions about work and support are based on your preferences, strengths, and experiences
- You can receive support related to your job for as long as you need it

A benefits counselor can help you understand Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits so you can pursue work with confidence:

Healthcare Benefits for Workers with Disabilities:

- Call: **(800) 226-0768**
- TTY: **(866) 565-8577**

“Recovery means that I am in control of my life.”
~ John G Holley



Living Independently

Finding and keeping safe, affordable housing may be an important step in your recovery journey. The DHS/DMH is interested in helping persons to gain the tools they need to live independently.

Permanent Supportive Housing (PSH)

The Permanent Supportive Housing (PSH) is designed to assist persons living with mental illnesses to access affordable housing and cross the bridge to independent living. PSH is:

Promoting and stabilizing recovery by providing decent, safe and affordable housing opportunities linked with community support services.

Mental health services are available when you need them, but are not a condition of living in the housing unit. PSH is:

- **Permanent:** You sign a document called a lease. This is the same piece of paper anyone who rents a house or apartment signs. When you have a lease, you cannot be kicked out just because you do not participate in treatment or other mental health services. You can keep your housing as long as you pay your rent, be a responsible neighbor, keep your space clean, and make sure no damage is done.
- **Supportive:** Staff can help provide support moving in, setting and achieving goals, meeting responsibilities, learning job skills and finding work, budgeting money, independent living skills, as well as finding mental health, medical, and substance use services
- **Housing:** A house or apartment that meets your needs in the community

Spaces are limited and only become available as resources permit. If you are interested, please speak to your local mental health center.

“Recovery is regaining control of all dimensions in my life and rebuilding my emotions, environment, finances, intellectual, occupational, physical, social, and spiritual to have a better quality of life.”

~ Bonnie Gilmore

Integrated Primary and Behavioral Healthcare

Integrated healthcare is an approach that helps primary care providers (PCP), such as a family doctor, work together with mental health providers. All of an individual's health conditions are looked at together to gain a better picture of a person's overall health. The goal is to help persons with mental health challenges to live longer, healthier lives.

Examples of integrated care include:

- Providing mental health and primary health services in the same location
- Teams of primary and mental health care professionals working together with the same persons
- Mental health and primary care providers cross-training one another
- Coordination of primary and mental healthcare through a process known as a *medical home*. This leads to a more holistic and efficient approach.

Integrated healthcare helps professionals with different roles to put the individuals they serve first. A few of the potential benefits of this approach include fewer repeated medical tests and forms, better knowledge of potential drug interactions, and more convenient location of healthcare professionals together. For more information about integrated healthcare, you may visit:

- <http://www.integration.samhsa.gov>

Co-Occurring Mental Health and Substance Use Conditions

Mental health and substance use conditions often co-occur. In other words, individuals with mental health conditions often experience substance use conditions at the same time and vice versa.

- Approximately 8.9 million adults experience both a mental health and substance use disorder
- As many as 50% of people with mental illnesses develop substance use problems at some point in their lives

Specialized integrated treatment is available in certain locations in Illinois. For more information, contact:

- DHS/DASA Consumer Hotline
 - (866) 213-0548
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Treatment Locator
 - <https://findtreatment.samhsa.gov/>

TRAUMA-INFORMED RECOVERY SERVICES

Trauma-informed recovery services incorporate three key elements:

- Realizing that trauma is common among people in recovery
- Recognizing how trauma affects all individuals
- Responding by putting this information into practice

What are the key principles of Trauma-Informed Recovery Services?

- **Safety:** Interactions and environment promote a sense of safety
- **Trustworthiness and Transparency:** The goal is to build and maintain trust among individuals, family members, and staff
- **Collaboration and Mutuality:** Healing happens through healthy relationships and sharing of decision-making
- **Empowerment:** Individual's strengths are recognized and validated
- **Voice and Choice:** Every person's experience will be heard and choices provided
- **Peer Support:** Access to others with similar experiences is a key part of services
- **Resilience:** A belief in a person's ability to heal and recover from trauma
- **Inclusiveness and Shared Purpose:** Everyone has a role to play; one does not have to be a therapist to be therapeutic
- **Cultural, Historical, and Gender Issues:** Moving past stereotypes, offering gender based services, and honoring the healing value of cultural traditions
- **Change Process:** Recovery is intentional and ongoing

To learn more about Trauma-Informed Recovery Services, visit:

- Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov and search using the keywords "trauma-informed care"
- National Center for Trauma Informed Care, <http://mentalhealth.samhsa.gov/nctic/>
- National Center for Posttraumatic Stress Disorder, www.ptsd.va.gov

"Recovery means embracing hope, achieving goals, and affirming my own choices for my life."
- Becky Brasfield

CHILDREN, YOUTH AND FAMILIES

The mental health needs of children and youth are unique. Childhood offers a special opportunity to build resilience into lives so that persons can succeed in life despite difficult situations.

Resilience Defined

Resilience means the personal and community 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. We now understand from research that resilience...includes positive individual traits, such as optimism, good problem-solving skills, and treatments.

- New Freedom Commission on
Mental Health

Core Values of the Child and Adolescent Mental Health System

The following values and principles are summarized in the system of care philosophy:

- Family driven and youth guided
- Home and community based
- Strengths based and individualized
- Culturally and linguistically competent
- Coordinated across systems and services
- Connected to natural helping networks
- Data driven and outcome oriented
- Trauma-informed



Evidence Informed Practice

Evidence Informed Practice is an effort by children, families and providers to identify and implement practices that:

- Fit the needs of the child and family
- Reflect current research
- Are measured to ensure they lead to improved, meaningful results.

Family Driven Care

Family-driven means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their communities, states, tribes, territories, and nation. This includes:

- Choosing supports, services, and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Partnering in funding decisions
- Determining the effectiveness of all efforts to promote the mental health and wellbeing of children and youth.

- National Federation of Families
for Children's Mental Health



Youth Guided

Youth-guided means young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing the care of all youth in the community, state, and nation.

- www.youthmovenational.org

Special Programs for Children and Youth

Experienced clinicians can help families provide for the special needs of children. Many of the key services listed on page 32 are available. In addition, some services are specially designed for children and youth, including:

- Screening, Assessment and Support Services (SASS)
- Individual Care Grant (ICG)

Many mental health centers provide special services for children and youth. You may contact your mental health center to see what services are available or:

- Call: **(866) 359-7953**
- TTY: **(866) 880-4459**

Measuring Outcomes

Parents and youth have begun to participate in a state of the art outcomes analysis system. Clinicians, parents and youth will measure how well care is working and the child's progress on a quarterly basis using tools such as:

- Ohio Scale: Completed by the clinician
- Columbia Scale: Parent Version - Completed by the parent
- Columbia Scale: Youth Version - Completed by youth age 10 and older
- Devereau Early Childhood Assessment (DECA): Completed by parent and clinician for children ages 0-5
- Children's Severity of Psychiatric Illness (CSPI): Completed by clinician

These assessment tools measure the effectiveness of care. Parents should expect to see the scores from their child's assessment and be informed as to how the scores impact the family's progress toward their treatment goals. It's one way to monitor progress and provide for a positive outcome.

Screening, Assessment and Support Services (SASS)

SASS is a mental health service program for children and adolescents who are experiencing a crisis. Any child or youth in a mental health crisis who may need public funding through the Illinois All Kids program or Medicaid may receive SASS services. SASS will:

- Involve parents, guardians, or families in making plans for the child's treatment.
- Work closely with families to learn the child's strengths and needs.
- Work with the child and guardian for up to 90 days.
- Provide support to help children stay at home rather than be hospitalized, when appropriate.
- Join the hospital team to care for the child if he/she goes into the hospital.
- Help the hospital team plan for the child's return home and provide services when the child is at home.
- Provide peer support to families through the services of a Family Resource Developer

To access SASS or other services for children and youth, you may:

- Call the Crisis and Referral Entry Services (CARES) line at **(800) 345-9049**,
TTY: (866) 794-0374

Individual Care Grant

The Individual Care Grant (ICG) program provides additional financial support for children and youth with certain mental illnesses. If a grant award is made, families have the choice of using ICG funds for either residential treatment or intensive community-based treatment services. If you are interested in applying for an individual care grant for a child or youth or would like more information, you may contact your local mental health center or call the Collaborative toll-free.

- Call: **(866) 359-7953**
 - o Press 2: Individual or Family Member
 - o Press 1: Questions about Individual Care Grants
- TTY: **(866) 880-4459**

The Wrap-Around Approach to Services

In the wrap-around approach, the child's unique personal needs drive planning and services. It is a value base and commitment to create services "one child at a time" that include youth with complex needs in the community and to restore family relationships. Wrap-around is not the same as WRAP® (p. 15).

Family Mental Health Organizations

If you are living with a child who is experiencing a mental health challenge, you are not alone. The DHS/DMH Child and Adolescent Services encourages parental involvement in family organizations. These can offer education and support. To find out more about family organizations:

- Call: The Warm Line
- Visit: www.illinoismentalhealthcollaborative.com
 - o Select "Consumers and Families"



Parent Empowerment Calls

Parent Empowerment Calls are educational calls offered to all parents in Illinois who have a child with an emotional and/or behavioral concern. The calls focus on giving parents information they need to advocate for and support their children.

Previous topics have included:

- Advocating for a Lifetime
- Strengths Based Parenting
- Behavior Intervention
- Juvenile Justice System

Project Educare

Project Educare is committed to providing education and information to assist parents, caregivers and families in their efforts to help their child in need of mental health treatment. All information on the site is provided as educational. Site visitors are encouraged to read, learn, develop questions and then engage with our treatment team or provider to see how the information applies to your personal and family needs.

Sections Include:

- Web Resources
- Diagnosis Programs
- Evidence Informed Practice

Visit:

- <http://niu.edu/educare/>



Certified Family Partnership Professional (CFPP) Credential

Certified Family Partnership Professionals (CFPP) are individuals trained to incorporate their unique life experiences gained through parenting a child whose emotional and/or behavioral challenges required accessing resources, services and supports from multiple child-serving systems as they progressed toward achievement of the family's goals. The CFPP credential verifies competence in:

- Advocacy
- Professional Responsibility
- Mentoring
- Family Support
- Child and Adolescent Development

For more information:

- Call the Illinois Certification Board at **(800) 272-2632**
- Visit: www.iaodapca.org
- Write to:

Illinois Certification Board
401 E. Sangamon Avenue
Springfield, IL 62702



ILLINOIS DHS/DMH SERVICES

How to Receive DHS/DMH Services

If you do not yet receive DHS/DMH services and would like to, you may:

- Call: The Warm Line (see inside cover)
- Visit: www.illinoismentalhealthcollaborative.com
 - o Select “Individuals and Families”
 - o Select “Find a Mental Health Provider”

DHS/DMH funded mental health centers offer a wide variety of services. The best fit of services is found when the person’s goals and needs are the basis for clinical support. This takes teamwork. The more informed you are, the better equipped you will be to work with your provider to determine your own care based on what is available in your area. In some areas, there are more services available than those described on the following chart. These are descriptions of some key services.

Key DHS/DMH Services

Service	Description
Community Support	This is support provided more in the community than at the mental health center. It can help you put skills you have learned into practice so you can live, work, learn and participate fully in your own community.
Psychosocial Rehabilitation (PSR)	This service is provided in your mental health center building. You can think of PSR as a classroom for building skills to help you live, work, learn, and participate fully in your community.
Case Management	Case management can connect you with the services you may need. This can be especially helpful when you are moving from a hospital or nursing home into the community. Mental health center staff can help you to find medical, child welfare, employment and other services you might need to live independently.
Therapy and Counseling	This service involves treatment by a clinician. He/she may help you to make changes in your feelings, thoughts, or actions. You may meet with the therapist as an individual, in a group or with your family depending on your needs.
Crisis Intervention	If you are experiencing a mental health crisis, your mental health center can help you to reduce symptoms, stabilize, and get back to feeling safe. For more information on what you can do to prevent and prepare for a crisis, see pages 41-44.
Assertive Community Treatment (ACT)	This intense service can help you if you are at a point where you have a high risk of frequent hospitalizations, jail or homelessness. ACT is designed to get you back on track toward your goals while staying in the community and to help you reach a less intense level of service.

“Recovery made me whole - like a new person.”

- Susan Kilgore

Special Needs and Interpreter Services

The DHS/DMH standards of care for persons who are Deaf, Hard of Hearing, Late-Deafened, or Deaf-Blind state that:

- DHS/DMH community mental health centers are required to provide reasonable accommodations for individuals who need sign language interpreter services.
- One of the DHS/DMH's state hospitals, Chicago Read Mental Health Center, operates a special inpatient psychiatric unit that is fully accessible for persons who are Deaf or Hard of Hearing.
- Several community mental health centers are certified to operate specialized residential programs, Assertive Community Treatment (ACT) teams, Psychosocial Rehabilitation (PSR) sites, and psychiatric outpatient services for persons who are Deaf or Hard of Hearing.
- DHS/DMH has a Statewide Coordinator for the Deaf and Hard of Hearing who can assist anyone with a hearing loss to access and fully participate in mental health services. The Coordinator is also available for training, technical assistance, and education to ensure that culturally competent services are delivered to persons with hearing loss. For further information, please contact the Statewide Coordinator at (217) 786-0023 (v) or (217) 303-5807 (vp).

Service Authorization

Some DHS/DMH services must be authorized. This means that your mental health center needs to get approval from the DHS/DMH before providing you with certain services. Here is how it works:

- 1) Your mental health center works with you to find a service that fits your goals and needs.
- 2) The mental health center tells the Collaborative that it wants to provide the chosen service to you.
- 3) Collaborative staff confirm that the request is based on your goals and needs and that you have been involved in the decision. They make sure that the service meets medical necessity.
- 4) In most cases, the Collaborative authorizes the services to be provided. Additional re-authorization may be required later.
- 5) In other cases, the Collaborative may work with your center to find a service that better meets your goals and needs.
- 6) You and/or your mental health center can ask questions, complain, or request an appeal if your needs are not met. *The goal is not to deny service, but to work together to find the best fit of services with your help.*

Medical Necessity

Medical necessity means providing services that fit your medical needs. Learning about it can help you work with your mental health center to make choices about your mental health care.

For rehabilitation services, like Community Support, Psychosocial Rehabilitation (PSR), or Assertive Community Treatment (ACT), medical necessity has a special meaning. These services must help you get back functions that have been interfered with by a mental illness. At times a mental illness may make it hard for a person to remember the steps to take care of themselves or to get a job. Rehabilitation services can help you learn and practice ways to overcome such negative effects of an illness.

These services may help you gain skills, use resources, or obtain and use supports. They can help you to modify your surroundings to make it easier to be successful in meeting your goals—as long as you need that help because of a mental illness.

Medical necessity can help ensure that a service gives you or helps you find supports that you need. It can also help ensure that a service does not get in the way of your ability to live, work, learn and participate fully in a life in the community.

Clinical and Income Eligibility Groups for DHS/DMH Funded Services

The DHS/DMH works to make the best use of limited resources to serve persons in need of mental health services. Therefore, third party payers must be billed prior to DHS/DMH due to the fact that DHS/DMH is the payer of last resort. Funding is then provided for four eligibility groups.

Group 1: Persons who do have Medicaid and need mental health services

- Persons in this group can have **all services** paid for by the DHS/DMH as long as these services are medically necessary.

Group 2: Persons who **do not** have Medicaid, but need services for a condition severe enough that they need support to stay in the community.

- For this group, the DHS/DMH funds **core services** to prevent worsening of their condition.

Group 3: Persons who **do not** have Medicaid, but need mental health services for their first experience of psychosis.

- For this group, the DHS/DMH funds **core services**, the same group of services as for group 2 above.

Group 4: Persons who **do not** have Medicaid, but need mental health services for a less severe condition.

- For this group, the DHS/DMH funds **basic services** to respond to a crisis and assess the need for further service or referral.

DHS/DMH Service Limits and Authorization Requirements

All Services – Group 1	Yearly Limits or Authorization Requirements
Crisis Intervention	No Limit
Assessment	No Limit
Treatment Planning	No Limit
Case Management	No Limit
Medication Monitoring	No Limit
Interpreter Services	No Limit
Community Support Individual	No Limit
Psychosocial Rehabilitation (PSR) and Community Support Group	No Limit. Continuing service authorization required after 200 combined hours
Therapy and Counseling	No Limit. Continuing service authorization required after 10 hours
Assertive Community Treatment (ACT) and Community Support Team, (CST)	No Limit. Prior service authorization required

*Additional Services are available under the category of “All Services”. To see a complete list of Rule 132 Services, visit <http://www.dhs.state.il.us>

Core Services – Groups 2 and 3	Yearly Limits
Crisis Intervention	No Limit
Assessment	4 hours
Treatment Planning	2 hours
Case Management	5 hours
Case Management – Level of Care Utilization System (LOCUS)	3 events
Medication Administration	12 events
Medication Monitoring	2 hours
Medication Training	2 hours
Interpreter Services	25 hours

Basic Services – Group 4	Yearly Limits
Crisis Intervention	No Limit
Assessment	2 hours
Interpreter Services	6 hours

“Recovery is the process that brings a person closer to a life that is connected to that which gives them meaning and purpose. It’s becoming better able to engage with yourself and community in a way that is fulfilling in a more consistent manner. It’s a profitable process of removing the residue of the past, of rewiring and healing the whole self.”

~ Cheryl Niemo

Your Income and DHS/DMH Payment for Services

With limited state funding, the DHS/DMH aims to support mental health services for persons with financial need. This need is determined by the person's household size and monthly household income. When any parts of your mental health services are paid for by the DHS/DMH, your personal health information is shared with the DHS/DMH. This helps to make sure that the DHS/DMH is paying for services based on real needs in the community.



To find additional healthcare insurance options, visit:

- <http://insurance.illinois.gov>

- <http://www2.illinois.gov/hfs>

CHOICES IN YOUR TREATMENT

Your doctor and treatment team must take the lead from you in all phases of service delivery in order to best achieve the recovery vision. Sometimes you may decide to involve family and others with a direct interest in your well-being with your care. You are encouraged to participate in shaping your own treatment.

Shape Your Treatment Plan

One important way for you to shape your treatment is to get involved in creating and updating your own treatment plan. This plan should be based on your hopes and dreams. You can work with your treatment team to think of goals that will help you reach those hopes and dreams and overcome problems that may be keeping you from them for now.

Treatment plans are most effective when they are:

- Written in your own words
- Built upon your strengths
- The result of real teamwork between you and your treatment team
- Based on your choice within options that are medically appropriate

Here are some questions that may help you to shape your treatment plan:

- How will this treatment help me reach my goals?
- How does this treatment plan help me to live, work, learn and participate in life more fully in the community?
- What kinds of things do I need to do on my own, outside of treatment?
- How long can I expect that I will be in this level of treatment?
- What are the advantages and disadvantages of this particular service?
- What can we do if I have a setback?
- Will it cost me anything to follow this treatment plan?

Prepare for Doctor Appointments

Doctor appointments are opportunities for you to exercise choice in your treatment. When you meet with a doctor, there are two experts in the room. The doctor is an expert in his/her field of medicine. You are the expert on YOU! You may have limited time to share all your thoughts and concerns about medication and other issues. Here are some things you can do to make the most of your time with the doctor:

- Write down what you want to talk to the doctor about in advance, such as positive results, changes in symptoms, medication decreases or increases, side effects, trying a new treatment, and your questions
- Practice what you would like to say before your appointment
- Bring a friend, family member, or other support person with you
- Research psychiatric medications through current books and the internet. Write down questions you have

Your relationship with the doctor is a two-way street that requires honest and open communication. Preparing ahead of time for appointments will help you and your doctor to work together as a team.

Here are some questions you may want to ask your doctor about your medications:

- What symptoms does the medication treat?
- How long will it take to notice a change in how I feel?
- When and how often will I take the medication?
- What are the short term and long term effects?
- Are there any side effects that I should report right away?
- What can I do to avoid the side effects?
- What interactions, like food or other medications, should I be concerned about?
- What do I do if I want to stop taking the medication?

Prevent and Prepare for a Crisis

1. What is a mental health crisis?

A crisis is any situation in which your behaviors put you at risk of hurting yourself or others and/or when you are not able to resolve the situation with the skills and resources available. A mental health crisis is as important to address as any health crisis. It may be difficult to predict when a crisis will happen. While there may be triggers and signs, a crisis can occur without warning. It can occur even when you have followed your treatment or crisis prevention plan and used techniques you have learned on your recovery journey.

2. How do you know if you are in crisis?

Everyone experiences a crisis in their own way. You might feel that your mental health has been steadily deteriorating for some time, or perhaps something is happening in your life that is shaking your stability. You might have a good idea what is likely to trigger a crisis for you, or you might not know what is causing your feelings. But whatever your situation, if you start to feel unable to cope, or to keep yourself safe, it is important to ask for help.

3. What do you do if you or a family member are having a mental health crisis?

- Call your local mental health center's crisis line
- Help your child by calling the CARES line at **(800) 345-9049**, TTY: **(866) 794-0374**
- Call the 24-hour National Suicide Prevention Lifeline at **(800) 273-8255**. Caring staff will connect you with the closest possible crisis center in your area
- Text the 24-hour Crisis Text Line at 741741. A trained volunteer will help you move from a hot moment to a cool calm and guide you in developing a plan to stay safe and healthy.
- Go to your nearest hospital emergency room
- Call **911**

You may never need to use a crisis line or a crisis plan. Preparing for a crisis does not mean that one will occur. However, it is wise to prepare for a crisis ahead of time so that you have support and a plan if you ever need them. You may write your mental health center crisis phone number below:

() _____ — _____

You may also write this number on the card located in the front of this handbook.

“Recovery means living a full and happy life and dealing with obstacles as they occur.”

~ Amy W.

You have access to a number of other resources to help you to **prevent** and **prepare** for a crisis:

- Call the Warm Line toll-free at **(866) 359-7953** and press 2, then 5 or TTY (866) 794-0374 to talk with a Peer and Family Support Specialist.
- Ask your mental health center or the Warm Line about creating your own Wellness Recovery Action Plan (WRAP®) or Crisis Plan.
- Family and friends can often be wonderful support persons to help you prevent a crisis.
- Create a Psychiatric Advance Directive (p. 44)

Your Crisis Plan

You can have a say in how you are helped, and by whom, if you experience a crisis. You can share what has worked and not worked for you in the past. This is best done when you are feeling well. A crisis plan is not the same as a Wellness Recovery Action Plan (WRAP®). WRAP® includes a section for your crisis plan, and it also has many other components which help you live well every day (p. 15). A crisis plan is also not the same as a Psychiatric Advance Directive. A Psychiatric Advance Directive is a legal document (p. 44).

Sample Individual Crisis Plan

Name: _____

Address: _____

Phone: _____

My Informal Support Team includes

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

My Formal Support Team includes

1. Doctor: _____ Phone: _____

2. Counselor: _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

“Recovery means doing everything within my power to stay mentally healthy”

What I Would Like To Happen If I Am Experiencing A Crisis As A Result Of A Mental Illness

Suggestions: Use separate sheets for *various types* of crisis situations and your plans to resolve them. A sample format is available on the next page which you can use to help you focus on specific situations and the resolution for each including the support persons who can best help you in each particular situation.

Crisis

The situation: _____

Things that are helpful: _____

Things that are harmful: _____

Who should be involved: _____

Who should not be involved: _____

Date plan written: _____

Additional crisis plan suggestions can be found at:

- www.MentalHealthRecovery.com
 - o Search for “Crisis Plan”



Create a Psychiatric Advance Directive

A Psychiatric Advance Directive serves a similar purpose to a crisis plan, but is a *legal document* created when a person is well. It describes what kind of mental health treatment you allow and who can make decisions about your care if you become unable to. *Only you can decide if you want to create an advance directive and what it contains.* There are two types:

A Declaration for Mental Health Treatment includes your preferences about:

- Medication
- Hospitalization
- Electroconvulsive Therapy (ECT)
- Your Attorney in Fact (any person chosen by you who can view your mental health records and make decisions about your care on your behalf)

A Power of Attorney for Health Care:

- Is any person chosen by you in advance.
- Can direct both your mental health treatment and other medical care.

Psychiatric Advance Directives are legal documents, so you should get advice from people who know a lot about them. It is important to be well informed about the process and involve persons you can trust. Psychiatric Advance Directives are voluntary. Free advice and assistance is available through:

Equip for Equality: Main Office

- Call: [\(800\) 537-2632](tel:8005372632)
- TTY: [\(800\) 610-2779](tel:8006102779)
- Visit: www.EquipForEquality.org

Illinois Guardianship and Advocacy Commission

- Call: [\(866\) 274-8023](tel:8662748023)
- TTY: [\(866\) 333-3362](tel:8663333362)
- Visit: www.GAC.State.IL.US

You may obtain sample Advance Directive forms from the Illinois Department of Public Health:

- Visit: www.idph.state.il.us/public/books/advin.htm
- Call: [\(217\) 782-4977](tel:2177824977)

Develop a Post Crisis Plan

Just as recovering from major illnesses takes time, it takes time to recover from a mental health crisis. You may find that assistance and support can be gradually reduced as you feel better. Developing a post crisis plan may help you feel more confident as you move past the mental health crisis and continue your recovery journey.

Things I can do for myself:

1. _____
2. _____
3. _____

Things that can wait until I am feeling better:

1. _____
2. _____
3. _____

Things I need help with:

1. _____
2. _____
3. _____

People I can ask for support:

Who	Phone Number	Things they can do for me

Steps I will take to ease back into my responsibilities

1. _____
2. _____
3. _____

Evaluate Your Care

After you have been in treatment, it is a good idea to rate your experience. You may work better with some mental health staff persons than you do with others. Having a good relationship with your mental health worker can make a difference in your recovery. You may ask yourself:

- Are we working toward my goals?
- Do they do things for me or help me learn to do things for myself?
- Do they make and stick to commitments?
- Do they help me to build on my strengths?
- Do I feel comfortable talking about difficult issues with them?
- Are they available when I am in a crisis?
- How do they handle it when we disagree?

Sharing your thoughts on these questions with your mental health staff can help them to better meet your needs. You may ask your mental health center about opportunities for you to evaluate your care, such as satisfaction surveys. Your feedback helps them to provide better care.



YOUR INPUT IS VALUED BY THE DHS/DMH

The DHS/DMH also wants to hear feedback from you about your experiences with the mental health system. Your input is sought in a variety of ways, including the following:

- Recovery Services Development Snapshot (see below)
- DHS/DMH regional forums or advisory councils (Contact your Region Recovery Support Specialist, p. 13)
- Recovery and Empowerment Statewide Calls (p. 19)
- Annual DHS/DMH regional recovery conferences and conference planning committees (p. 19)
- The Illinois Mental Health Planning and Advisory Council (IMHPAC)

Recovery Services Development Snapshot

One of the ways that the DHS/DMH is seeking your input is through the Recovery Services Development Snapshot. This is a tool created by persons in recovery in Illinois that helps us get a sense of how recovery-oriented a mental health center is. It also helps us to learn how we can help the mental health center become more recovery-oriented.

You may be asked to join a focus group with other people at the mental health center. Your participation is voluntary. This is an opportunity to make your voice heard and assist the center in making improvements. It will be led by a DHS/DMH Recovery Support Specialist. With your help, DHS/DMH will learn how to help the center continue to improve in the following areas:

- Setting
- Organization
- Staff
- Consumer Feedback
- Recovery Support
- Recovery and Resilience Education
- Employment Support
- Natural Support Connections

The vision is to conduct the Snapshot focus groups at every DHS/DMH funded mental health center in Illinois. We look forward to your input.

Complaints Process

If you are unhappy with your mental health care, or the care of a family member, you can voice your concerns by submitting a complaint to the DHS/DMH. A complaint about a violation of rights is also known as a grievance. You can call or write the DHS/DMH to discuss the concerns you have about your mental health services.

Call: **(217) 782-6470**

Illinois DHS/DMH
319 East Madison Ave., Suite 3B
Springfield, IL 62701

The DHS/DMH take all complaints seriously. Your feedback is important to help maintain quality mental health services.



RIGHTS, RESPONSIBILITIES AND CONFIDENTIALITY

Your Rights

You are a partner in your mental health care. Illinois law protects your rights. Chapter 2 of the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5] and Rule 132 are designed to ensure that your rights are protected. These state laws, in addition to federal laws, protect your right to:

- Be treated with respect, dignity and regard for your privacy;
- Be free from abuse, neglect, and harm;
- Get mental health services in the least restrictive setting;
- Tell others your opinion about mental health services or any mental health center where you get care;
- Learn about your mental health services and how to get services;
- Get information on treatment options. You should be told in words that are easy to understand;
- Take part in decisions made about your health care. This includes the right to refuse treatment, except if the law requires it;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Ask for and get a copy of your medical records. You can ask that they be changed or corrected;
- Get interpreter services if you are deaf or hard of hearing;
- Have your mental health center make a reasonable effort to find an interpreter for you if you do not speak English;
- Be told if your mental health center stops providing services or has changes in services;
- Get medically necessary mental health care services according to federal law; and
- Be free to exercise any of the rights outlined above or in Chapter 2 of the Mental Health and Developmental Disabilities Code. Any negative impact upon your treatment by your mental health center that relates directly to the exercise of those rights may be subject to investigation as an instance of retaliation.

Contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., or your attorney concerning any of these rights (see p. 44).

Your Responsibilities

Because you are a partner in your care, you also have certain responsibilities:

- Tell your mental health worker or doctor if you do not understand or if you disagree with your service plan.
- Give your therapist or doctor the information he or she needs to give you good care.
- Come to your appointments on time. Call the office if you can not keep your appointment.
- Let the mental health center know if you change your phone number, mailing address, or move.

Confidentiality: Your Protected Health Information

The DHS/DMH keeps some Protected Health Information (PHI). Your PHI may be used to give you good care, and for activities of payment. Your PHI may only be used in the following ways:

- Your PHI may be shared with those who are involved in providing your healthcare.
- For coordinating your care among providers, or between a provider and an insurance company.
- With health professionals who have given you services to pay claims.
- To look at how individuals use services so better care can be provided.
- When federal, state or local law requires it. Your PHI might be shared if the DHS/DMH gets a court order or if your records are subpoenaed.
- To collect information about disease or injury to report it to a public health authority.
- In order to avoid a serious threat to health or safety, the DHS/DMH may share your PHI with law enforcement or other persons who might prevent or reduce the threat of harm.

Confidentiality: Your Access to Your Own Mental Health Records

- Mental health consumers, age 12 and above, are entitled to inspect their own records.
- Access to records cannot be denied or limited even if a person refuses assistance offered from staff.
- Anyone entitled access to their records may dispute information contained in the record.

Children and Youth: Rights and Confidentiality

Children and youth below the age of 18 who receive mental health services have unique and variable rights to confidentiality and other rights, including:

- For children under the age of 12, parents or guardians have the right to inspect and copy their children's records;
- Any person who is 12 years of age or older can ask for and get outpatient counseling for up to five sessions of 45 minutes each without the notification or consent of his/her parent or guardian. The child's therapist or counselor cannot notify the child's parent or guardian without the child's consent except where the program director believes it to be necessary and then only after the minor is informed in writing;
- Youth over the age of 12 are entitled to inspect and copy their own records. Help in interpreting the records shall be provided free of charge for youth under the age of 18;
- Parents or Guardians of youth age 12 to 18 may inspect and copy the records of the minor if the youth is informed and does not object and the therapist does not find that there are compelling reasons for denying the access. If the parents or guardians are denied access by either the youth or the therapist, the parents or guardians may seek a court order granting access.
- Parents or guardians of youth age 12 to 18 may always request and receive the following information concerning their child: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any.
- Youth who are 16 or older may receive inpatient services without parental notification or consent for a limited time.



CONCLUSION

We hope that this handbook provides hope and practical help to you on your recovery journey. Whether you are seeking services for the first time, learning about recovery, making choices in your treatment, wanting to give feedback about your care, trying to understand your rights as a person participating in mental health services, or looking for someone to talk to, the DHS/DMH and the Collaborative are here to serve you.

Science has shown that having hope plays an integral role in a person's recovery. We want you to know that you can recover and live life fully in the community. We are here to support you when you need us in that journey. May this handbook be a helpful guide to you along the way.



Photograph by Christine Elvidge, CRSS:
Constitution Trail, Bloomington, Illinois

“Recovery means placing one foot in front of the other by making new opportunities for change and making a difference not just in my life but in the lives of others in my daily routine.”

- Lisa Stritzel

“The Expectation is Recovery!”

ILLINOIS
MENTAL HEALTH COLLABORATIVE

FOR ACCESS AND CHOICE



Toll Free: (866) 359-7953

Toll Free: (866) 880-4459 (TTY)

www.IllinoisMentalHealthCollaborative.com