Based on reader feedback and a desire for more empowering, person first language, the title of the Consumer and Family Handbook was changed in 2012 to the Recovery and Empowerment Handbook. Additional information on Person First Language can be found on page 10.
My mental health center phone number or crisis line:

________________________________________________________________________

My support persons in case of a crisis:

__________________   ___________________

Illinois Department of Human Services
Division of Mental Health

Call toll-free:  1 (866) 359-7953
TTY toll-free:  1 (866) 880-4459

My mental health center phone number or crisis line:

________________________________________________________________________

My support persons in case of a crisis:

__________________   ___________________
Main Menu
Consumer or Family Member Press “2”

Consumer 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”

Call: 1 (866) 359-7953 TTY: 1 (866) 880-4459
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Cover photograph:
by Christine Elvidge, CRSS: Constitution Trail, Bloomington, Illinois
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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.

• Empower you with information on your rights, responsibilities and confidentiality as a person receiving mental health services in Illinois.

• Share a toll-free telephone number you can call to ask questions, get a referral, or receive peer support.
The Illinois Mental Health Collaborative for Access and Choice is:

- A partnership between the DHS/DMH and ValueOptions®, Inc. 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. Today, however, is a brand new day. 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._

- The President’s New Freedom Commission on Mental Health

**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 Schizophrenia and Bipolar Disorder, 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)

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:

- Being happy and accepting myself for who I am.
- When my symptoms have let up. I work for money, live independently and have good relationships with friends and family.
- Enjoying one another’s company. Sharing and learning from friends.
- Finding freedom from mistakes and guilt by forgiving myself and others.
- Honestly setting goals for myself and moving on with the future.
- Imagining your life better and going for it, even if you’re in retirement like me.
- Simply finding the joy in life again.

- Quotes from Persons in Recovery in Illinois

Recovery in Your Own Words:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Hope
Having a vision that includes hopes and dreams!
Setting goals while refraining from negative predictions.

Personal Responsibility
Relying on oneself, with help from others, while working to control one’s life and one’s symptoms. Making choices that reflect one’s life priorities.

Support
Recognizing that life is not a journey that anyone walks alone. Drawing on support from friends, family and healthcare professionals.

Education
Learning all there is to know about one’s health, wellness, symptoms and treatment, in order to be equipped to make good decisions.

Self-Advocacy
“Going for it” with courage, persistence and determination. Expressing oneself clearly and calmly in order to get one’s needs met.

Spirituality
Finding meaning and purpose in one’s life. Gaining a sense of identity, based on one’s own values and beliefs, which may include one’s relationship with the divine or a power greater than oneself.

THE FOUNDATIONAL PRINCIPLES
Adapted from M.E. Copeland, Nanette V. Larson, B.A., CRSS
Illinois DHS/DMH
Revised 2011
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.

It is not the role of the public mental health system to promote any particular form of spirituality. At the same time, mental health services can become more effective when they honor an individual’s personal sense of spirituality as a potential resource for recovery. 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 one’s ability to recover. Let us then use hopeful words.
Person First Language: Respecting persons by referring to them as persons or using their names rather than labels. Instead of calling a person “a schizophrenic,” one might say “a person with schizophrenia,” a person, or call them by their name. In this way, we esteem individuals and say that an illness is only a thing they have, not who they are.

- Illinois Mental Health Recovery and Empowerment Dictionary (paraphrased)

Person First Language removes labels, reduces stigma, shows respect and creates opportunities to change attitudes and practices.

For more information on empowering, recovery-oriented language, see the Illinois Mental Health Recovery and Empowerment Dictionary. This dictionary was primarily designed by persons in recovery and parents of children with mental health challenges. It helps persons understand terms used in their care and in the recovery movement. You can find the Recovery and Empowerment Dictionary at:

• www.IllinoisMentalHealthCollaborative.com
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 consumer and family involvement and empowerment at every level

Members of the RSDG promote many exciting programs including:

- Wellness Recovery Action Plan (WRAP®)
- Certified Recovery Support Specialist (CRSS) Credential
- Regional Recovery Conferences
- Recovery and Empowerment Statewide Calls
- Certified Family Partnership Professionals (CFPP) Credential
- Parent Empowerment Calls
- Project Educare

To find contact information for RSDG members, you may:

- Call: 1 (866) 359-7953
  - Press 2: Consumer or Family Member
  - Press 5: The Warm Line
- TTY: 1 (866) 880-4459
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 consumer 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 requirements such as:

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

For more information:

- Call the Illinois Certification Board at: 1 (800) 272-2632
- Visit: www.iaodapca.org
- Visit: www.illinoismentalhealthcollaborative.com
  - Select: For Consumers and Families
  - 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-in for persons receiving services in Illinois.

- A half hour presentation on a topic that is important to consumers and families.
- An hour for questions and answers with the RSDG and other DHS/DMH staff.
- An empowering opportunity to connect with others on the recovery journey (up to 700 persons have attended a single call).

Previous topics have included:
- Health and Wellness
- Work and Benefits
- Informed Advocacy
- Healthy Relationships

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

- Call: 1 (866) 359-7953
  o Press 2: Consumer or Family Member
  o Press 5: The Warm Line
- TTY: 1 (866) 880-4459
- 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

To learn more about regional recovery conferences, you may call the Warm Line at 1 (866) 359-7953 or visit www.illinoismentalhealthcollaborative.com and select “Consumers and Families.”
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 now 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.

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. You may receive their contact information by calling the Warm Line.
3) Apply for WRAP® Facilitator’s Training. The regional Recovery Support Specialist can help you with this process.

All aspects of participation in WRAP® are voluntary.

For more information:

- Call: 1 (866) 359-7953
  - Press 2: Consumer or Family Member
  - Press 5: The Warm Line
- TTY: 1 (866) 880-4459
- Visit: www.illinoismentalhealthcollaborative.com
  - Select: “Consumers and Families”
  - Select: “Wellness Recovery Action Plan (WRAP)”
The Warm Line: Peer and Family Support by Phone

The Warm Line is staffed by trained professionals who have experienced mental health recovery in their own lives. It provides:

- Emotional Support
- Recovery Education
- Self Advocacy Support

The Warm Line is not a crisis hotline, but is based on the concept that sometimes what is needed most in difficult times is someone to talk to, who will listen and understand.

- Hours of Operation: Monday through Friday, 8am-5pm, except holidays

- Call: 1 (866) 359-7953
  - Press 2: Consumer or Family Member
  - Press 5: The Warm Line

- TTY: 1 (866) 880-4459
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 Center for Mental Health Services as autonomous peer-run 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. Consumers constitute at least 51% of the board or group who decide policies and procedures.
2. With limited exceptions, staff and volunteers consist of consumers who are hired by and operate the COSP.
3. Consumers are responsible for making COSP hiring decisions.
4. Consumers control the operating budget.
5. Volunteer opportunities for COSP participants may include board and leadership positions, unpaid jobs, and paid staff positions

You can find a listing of national and local COSP which meet these criterion by calling the Warm Line at 1 (866) 359-7953 or visiting www.illinoismentalhealthcollaborative.com and selecting “Consumers and Families”. To access the COSP Toolkit, you may visit: http://store.samhsa.gov/product/SMA11-4633CD-DVD.
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**: Peer-based recovery support 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 peer support with others. Classes and peer support groups may be offered by Recovery Support Specialists, but 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 peer support services is by attaining the Certified Recovery Support Specialist (CRSS) credential (p. 12). 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. You may obtain RSS contact information by calling the Warm Line at 1 (866) 359-7953.
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: 1 (866) 359-7953
  - Press 2: Consumer or Family Member
  - Press 2: Referral to a Mental Health Provider
- TTY: 1 (866) 880-4459
- Visit: www.illinoismentalhealthcollaborative.com
  - Select “Consumers and Families”
  - 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

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Support</td>
<td>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.</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation (PSR)</td>
<td>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.</td>
</tr>
<tr>
<td>Case Management</td>
<td>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.</td>
</tr>
<tr>
<td>Therapy and Counseling</td>
<td>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.</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>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 36-39.</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>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.</td>
</tr>
</tbody>
</table>
Work and Your Recovery

Work is likely 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
- Job supports work together with your mental health services to help you succeed
- You can find competitive employment, based on your preferences, in the community
- You can receive support related to your job for as long as you need it

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

To obtain contact information for Community Work Incentives Coordinators (CWIC), you may

- Call: 1 (800) 807-6962
- TTY: 1 (866) 444-8013

Healthcare Benefits for Workers with Disabilities:

- Call: 1 (800) 226-0768
- TTY: 1 (866) 565-8577
**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 a housing model 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.*

PSH is a flexible housing model where mental health services are available when you need them, but are not a condition of living in the housing unit. The program can work in the following ways:

- **Bridge Rental Subsidy Program** – A temporary “rent subsidy” that will assist persons participating in DHS/DMH funded mental health services to obtain and maintain affordable housing until a permanent rental voucher or Section 8 voucher can be secured.
  - **Transition Fund** – A fund to provide for one time move-in costs, such as furniture, utility or security deposits.
  - **Elective Community Support Services** – If a person chooses, they can elect to have additional supports to assist with mental health or a combination of mental health and substance abuse services, help with arranging for medical appointments or reminders to pay rent.

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

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.

Integrated Primary and Behavioral Healthcare

Integrated healthcare is an approach that helps primary care services, such as a family doctor, work together with mental health services. 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. Fewer repeated medical tests and forms, better knowledge of potential drug interactions, and more convenient location of healthcare professionals together are among a few of the potential benefits of this approach. For more information about integrated healthcare, you may visit:

- [http://www.samhsa.gov/healthreform/healthhomes](http://www.samhsa.gov/healthreform/healthhomes)
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 have substance use conditions at the same time and vice versa.

- Approximately 8.9 million adults have 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 Illinois. For more information, contact:

- DHS/DASA Consumer Hotline
  - 1 (866) 213-0548
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Treatment Locator

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. Funding is 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

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

*Additional Services are available under the category of “All Services”. To see a complete list of Rule 132 Services, visit [https://www.dhs.state.il.us](https://www.dhs.state.il.us)*

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

<table>
<thead>
<tr>
<th>Basic Services – Group 4</th>
<th>Yearly Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Intervention</td>
<td>No Limit</td>
</tr>
<tr>
<td>Assessment</td>
<td>2 hours</td>
</tr>
<tr>
<td>Interpreter Services</td>
<td>6 hours</td>
</tr>
</tbody>
</table>
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.
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.

- The President’s 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.
**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 19 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: 1 (866) 359-7953
- TTY: 1 (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 1 (800) 345-9049, TTY: 1 (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: 1 (866) 359-7953
  - Press 2: Consumer or Family Member
  - Press 1: Questions about Individual Care Grants

- TTY: 1 (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. 14).

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: 1 (866) 359-7953
  - Press 2: Consumer or Family Member
  - Press 5: The Warm Line

- TTY: 1 (866) 880-4459

- Visit: www.illinoismentalhealthcollaborative.com
  - 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:
- Your Child has Strengths
- Your School is Your Partner
- Untapped Community Resources
- Families Deserve the Best Treatment Options

For More Information

- Call: **1 (866) 359-7953**
  - Press 2: Consumer or Family Member
  - Press 5: The Warm Line

- TTY: **1 (866) 880-4459**

- Visit: [www.illinoismanalhealthcollaborative.com](http://www.illinoismanalhealthcollaborative.com)
  - Select “Consumers and Families”

**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/](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 1 (800) 272-2632
- Visit: www.iaodapca.org
- Write to:
  
  Illinois Certification Board
  401 E. Sangamon Avenue
  Springfield, IL  62702
CHOICES IN YOUR TREATMENT

To achieve our recovery vision, we must take our lead from you in all phases of service delivery. Sometimes you may decide to involve family and others with a direct interest in your well-being with your care. We invite you to shape 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, how, and how often will I take the medication?

• What are the short term and long term effects of the medication?

• Are there any side effects that I should report right away?

• What can I do to avoid the side effects?

• What other medications or foods interact with the medication?
Prevent and Prepare for a Crisis

If you think that you are or a family member is having a mental health crisis, you can:

- Call your local mental health center’s crisis line
- Help your child by calling the CARES line in a crisis at 1 (800) 345-9049. TTY: 1 (866) 794-0374
- Call the 24-hour National Suicide Prevention Lifeline at 1 (800) 273-TALK (8255).
  Caring staff will connect you with the closest possible crisis center in your area
- 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, however, does not mean that one will occur. 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.

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

- Call the Collaborative toll-free at 1 (866) 359-7953 and press 2, then 5 to be connected to the Warm Line option. The Warm Line is not designed for emergencies, but Peer and Family Support Specialists can talk with you to help you find ways to prevent a crisis. You may also TTY: 1 (866) 880-4459 and ask for the Warm Line.
- 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. 39)
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. 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. 14). A crisis plan is also not the same as a Psychiatric Advance Directive. A Psychiatric Advance Directive is a legal document (p. 39).

Sample Individual Crisis Plan

Name: ________________________________
Address: ________________________________

Phone: ________________________________

My Informal Support Team includes

1. __________________________ Phone: __________________________
2. __________________________ Phone: __________________________
3. __________________________ Phone: __________________________

My Formal Support Team includes

Family Doctor: __________________________ Phone: __________________________

Psychiatrist: __________________________ Phone: __________________________

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. 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: ________________________________

My Plan: ________________________________

Support Person’s Name: ________________________________

Phone: ________________________________

My Signature: ________________________________

Date: ________________________________

Additional crisis plan suggestions can be found at:

- [www.MentalHealthRecovery.com](http://www.MentalHealthRecovery.com)
  - Search for “Crisis Plan”
Creating 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 what person can make decisions about your care if you become unable to due to illness. *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, 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 a 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 persons 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: 1 (800) 537-2632
- TTY: 1 (800) 610-2779
- Visit: www.EquipForEquality.org

**Illinois Guardianship and Advocacy Commission**

- Call: 1 (866) 274-8023
- TTY: 1 (866) 333-3362
- 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: 1 (217) 782-4977
Evaluate Your Care

After you have been in treatment, we encourage you 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 Consumer Satisfaction Surveys. Your feedback helps them to provide better care.
The DHS/DMH also wants to hear feedback from you about your experiences with the mental health system. We actively seek your input in a variety of ways, including the following:

- Consumer satisfaction surveys
- Recovery Services Development Snapshot
- Recovery and Empowerment Statewide Calls (p. 13)
- The Illinois Mental Health Planning and Advisory Council (IMHPAC)
- DHS/DMH regional forums or advisory councils
- Annual DHS/DMH regional recovery conferences and conference planning committees

**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 persons at the local 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, we will learn how the DHS/DMH can help the center continue to improve their:

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

The plan 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: (312) 814-8211

Illinois DHS/DMH
160 North LaSalle St., 10th Floor
Chicago, IL 60601

The DHS/DMH take all complaints seriously. Your feedback is important to help maintain quality mental health services.
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 serving consumers, 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 and Equip for Equality, Inc., or your attorney concerning any of these rights (see p. 39).
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. You should call the office if you can not keep
  your appointment.
• Let the mental health center know if you change your phone number, address or move.

Confidentiality:
Your Protected Health Information

The DHS/DMH keeps some Protected Health Information (PHI) about persons served. 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:

• For treatment, 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 we can provide better care.
• 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 if a person refuses assistance.
• 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 can not 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 is a source of 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
"The Expectation is Recovery!"