

Open Access New Client Resources Package

Table of Contents

1. Turning Point Welcome Package	2-13
2. Client Input and Quality Assurance	14
3. Information About Advances Directives	15
4. Turning Point Code of Ethics	16
5. The Crisis response Flyer	17
6. What is a Mental Health Crisis	18-19
7. Illinois Department of Human Services Division of Mental Health Recovery and Empowerment Handbook.....	20-81

TURNING POINT BEHAVIORAL HEALTH CARE CENTER Client Orientation Handbook

Office Hours

Monday-Thursday 8:00 AM - 8:00 PM

Friday 8:00 AM - 4:00 PM

24-hour Emergency Service

847-933-9202

Living Room Hours

Monday-Sunday

24 hours

Evanston Living Room

Monday -Sunday

12:00PM to 8:00PM



8324 Skokie Boulevard • Skokie, IL 60077
Main 847.933.0051, Crisis 847.933.9202, Fax 847.933.0057
711 TTY, www.tpoint.org

LEGEND

-  Extinguishers
-  First Aid



SKOKIE BLVD.

Fire Safety Plan



Our promise to you.

Expert.

- Turning Point experts will be there for you.
- We will guide you through the most frightening, difficult steps and decisions you must face.

Access.

- Within the limits of our funding we work to make care available to all without discrimination
- We will help to ensure that you maintain your legal rights.

Respect.

- We will treat you with dignity.
- We will listen to you.
- We will respect your knowledge and preferences about the approach to your recovery.
- We will collaborate with you and support you every step of the way.

Purpose.

- We will champion the rights of the mentally ill to promote community awareness and understanding.
- We will work to improve quality of life for our clients, their families, and our community.

Turning Point BHCC does not discriminate on the basis of race, religion, national origin, domestic/marital status, political affiliation/opinion, veteran's status, color, gender, age, physical/mental handicap, HIV status, criminal record, or sexual orientation.

Turning Point has consistently been awarded the highest rating from The Commission on Accreditation of Rehabilitation Facilities (CARF).

Client Orientation And Notice Of Privacy Practices

Services We Offer

Children and Adults:

- Outpatient Therapy
- Case Management
- 24-hour Emergency Services

Additional Services for Adults:

- Residential Supportive Living
- Psychosocial Rehabilitation Day Program

Guidelines, Procedures and Client Expectations

All policies and procedures governing the rights of persons served adhere to all applicable federal and state laws and guidelines.

- **Assessment & Treatment Plan.** You are expected to actively participate in your assessment, which will be initiated during your first session with a provider. You are expected to provide accurate and complete information. As a part of the assessment process, you will complete an Individual Treatment Plan based upon your needs, preferences, strengths, and goals for treatment. You are expected to relate your needs, preferences, strengths, abilities, and goals to your therapist honestly and completely. The Individual Treatment Plan should be written in a way that is clear and understandable to you. Your therapist will provide you with a copy of your Individual Treatment Plan.

You have a right to invite others to your sessions who you feel might be helpful to the development of your Individual Treatment Plan. Services should be responsive to your age, gender, social supports, culture, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs. If you find this not to be the case, you should discuss your concerns with your therapist and/or file a complaint (see below).

You have a right to receive information helpful in facilitating your decision-making. Use of any planned special treatment interventions or crisis procedures will be included on your Individual Treatment Plan, and explained to you fully. You are expected to follow your Individual Treatment Plan as long as you believe it is helping you achieve your goals. If you find the plan is not helpful, let your therapist or case manager know, and be prepared to help develop a revised Individual Treatment Plan.

If your assessment results in a determination that you are experiencing a psychiatric emergency, your provider may contact a member of our Emergency Services Team to assist you.

- **Coordination of Services:** Through your intake process and initial linkage to services at Turning Point, the Open Access Coordinator is responsible for coordination of your services. Once you have been linked to a treatment provider, they will be responsible for coordinating services.
- **Access to after-hour services.** Should you need immediate mental health support between scheduled appointments with your provider, you can reach the Living Room any day of the week between the hours of 12pm and 8pm. The Living Room is open in person, and can be reached remotely by dialing 847-933-0051 x 498, or 847-933-9202. If you need immediate mental health support between the hours of 8pm and 12pm, you can call 847-933-0051 and press "9" to be directed to a crisis line. You can also reach the 24-hour Presence Health Crisis Line directly at (708)-681-4375.
- **Response to identification of potential risk.** Should your treatment providers identify risk to your safety, steps will be taken to keep you safe. Steps taken may include safety planning, linking you to a crisis counselor, or calling 911.

- **Mandated Reporting:** Professional staff are required to report suspected abuse of at risk populations including children, the elderly, and adults with disabilities. Staff will be required to report suspected abuse of a child immediately to the DCFS hotline at 800-252-2873 when they have reasonable cause to believe abuse has occurred. Suspected abuse of a child includes, but is not limited to non-accidental physical injury and verbal, emotional, or sexual abuse.

Reasonable suspicions of abuse of the elderly and adults with disabilities will be reported to the Adult Protective Services Hotline at 1-866-800-1409. The abuse of the elderly and adults with disabilities includes neglect and financial exploitation as well as physical, verbal, emotional, or sexual abuse.

- **Education Regarding Advanced Directives.** When applicable, your treatment providers will provide education regarding Advanced Directives. Any Advanced Directives that you have will be included in your chart.
- **Questions related to services.** You are expected to ask questions about anything you do not understand or when you need information. It is important that you let your provider know if you do not understand something.
- **Safety Rules.** You have the responsibility to follow all safety rules and posted signs.
- **Outside Provider Notification.** You are expected to notify any outside treatment provider (physician, case worker, counselor, etc.) of participation in services, should your treatment impact or compromise the provision of those services.
- **Mandated Services.** Turning Point does not mandate any individuals to receive treatment in our facility. If individuals are mandated by an outside body (court, etc) to receive services, Turning Point may provide those services that the agency currently offers. Clients will be required to sign releases of information that allow Turning Point providers to consult with the mandating body in order to provide any supporting documentation or progress reports. Individual providers will be responsible for the preparation of letters or reports as required by the mandating body.
- **Special Needs.** You are expected to inform your clinician if you have any special needs.
- **Service Limitations.** Turning Point BHCC has the right to limit services based upon the funding we receive. We may need to prioritize services based upon the severity of your service needs. Charges for services not covered by governmental grants are based upon our cost of providing those services.
- **Treatment of Others and the Facility.** You are expected to treat all persons at Turning Point with courtesy and to respect the privacy and confidentiality of others receiving treatment. You are also expected to treat the facility and furnishings with care.
- **Drugs, Alcohol, and Weapons.** Do not bring illicit drugs, alcohol, or weapons of any type, including concealed firearms, to Turning Point, and do not come for sessions under the influence of alcohol or illegal drugs. This means that you are not allowed to bring illegal (street) drugs or alcohol into Turning Point or to show-up for your appointments after you have been drinking or using illegal drugs. Anyone bringing weapon on to the property will be asked to remove it immediately, and failure of anyone to comply with the request for removal of a weapon from the facility will result in the removal of the individual from facility property. There is no smoking within the building, including no e-cigarettes. Smoking areas are located in designated outdoor areas. Engaging in these prohibited behaviors may result in the temporary or permanent termination of services.
- **Prescription Medications:** is illegal to share, sell or distribute prescribed medication to anyone, including staff, clients, or visitors to Turning Point. It is the responsibility of each client, staff member and visitor to safeguard any prescription medication they bring into the agency.
- **Seclusion and Restraint.** Turning Point staff do not employ seclusion or restraint.

- **Communicable Diseases.** You have the responsibility to behave in such a way as to protect yourself and others from exposure to or transmission of any infectious or communicable disease.
- **Payment for Services.** Payment for services is required when services are rendered. You must pay for the services you receive at the front desk every time you come in for an appointment.
- **Suspension and Termination of Services Due to Balance.** Turning Point reserves the right to suspend services based on the size of the balance of the client account. The criteria used to determine the size of a balance that is unacceptable and subject to the following procedure is reviewed annually, and changes are publicized to clients as they are made. Clients will receive a warning letter informing them they have one month to contact the Client Services Specialist to arrange a payment plan in order to prevent suspension. If the client does not pay down the balance or create a payment plan during that month, he/she will receive a second letter notifying the client that services have been suspended unless action is taken in the next month. If the client still does not make a payment plan or pay down the balance, he/she will receive a third letter informing the client that the case has been closed and providing the client with referrals to other agencies where the client may receive services. A client whose case is closed with an outstanding balance may not return for future services until the balance has been paid in full.
- **Cancellation Policy and Termination of Treatment.** You have the responsibility to keep scheduled appointments. You and your therapist agree to make every effort to keep your scheduled appointments and, if a session must be cancelled, to notify each other in advance. Information regarding attendance expectations is included in Turning Point's No Show Policy. Failure to adhere to this policy may result in termination of services. See the No Show Policy for more information.

Additionally, if a client is more than 10 minutes late for an appointment, that appointment may be considered a late cancel and the therapist or case manager may refuse to see the client. Both you and your provider have the right to discontinue services with reasonable notice and consideration. You are expected to inform your clinician if you wish to discontinue services.

- **Continuation of Services.** In order to remain an open client of Turning Point, you are required to attend an appointment with a clinician (therapist OR case manager) a minimum of once per month. In order to participate in PSR groups, you must meet with a case manager a minimum of once per month. Exceptions to this are decided on a case-by-case basis and with consultation from the clinical team.
- **Importance of input from you.** You are encouraged to participate in client satisfaction surveys (distributed annually) and to fill out client feedback cards (located in the waiting room). You also are encouraged to attend our quarterly client feedback groups (Client Advisory Committee meeting times will be posted in the waiting room). Participation in the above will help us improve our services and quality of care, and help us help you achieve your goals.
- **Transition:** Your provider may suggest additional services within the agency, or external referrals to enhance your treatment. You may also request referrals to additional services at any point during your course of treatment.
- **Transfer of Services.** During the course of treatment, you may request one transfer to another agency therapist. Upon requesting a transfer, you will be placed on the waitlist until you can be matched with a new provider. Should your provider need to terminate services due to leaving the agency, you will be given the option to be placed on the waitlist until you can be matched with a new provider. The agency can also provide you with referrals to providers outside of Turning Point BHCC.
- **Discharge:** Identification of criteria for discharging you from your services begins during your assessment with your provider. As you identify your goals for treatment, you will be encouraged to consider how you will know that Turning Point services have been helpful to you. If you decide to terminate services at Turning Point, your provider will provide you with referrals to external agencies. You may also decide to resume services at Turning Point at a later date by going through our Open Access process. If your services were terminated due to disengagement (not responding to

call attempts or an engagement letter sent by your provider within two weeks), you must wait 45 days before reinitiating services at the agency.

Privacy Practices

We respect patient confidentiality, and we will only release medical information about you in accordance with Illinois and federal laws. Below are our policies related to the use of the records of your care generated by this practice.

Privacy Contact. If you have any questions about this policy or your rights, contact the Chief Clinical Officer or the Compliance Officer of Turning Point BHCC.

Use And Disclosure Of Protected Health Information. In order to effectively provide you with care, there are times when we will need to share your medical information with others beyond our practice. This includes:

- **Treatment.** We may use or disclose medical information about you to provide, coordinate, or manage your care, or any related services. This includes sharing information with others outside our practice with whom we are consulting about your care or to whom we are referring you.
- **Payment.** Information will be used to obtain payment for the treatment and services provided. This includes contacting your health insurance company for prior approval of planned treatment and for billing purposes. You have a right to restrict certain disclosures of your protected health information if you pay out of pocket in full for the services provided to you.
- **Healthcare Operations.** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

- **Emergencies.** Sufficient information may be shared to address the immediate emergency you are facing.
- **Follow Up Appointments/Care:** We may contact you to remind you of future appointments. We may also contact you to provide you with further information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email unless you tell us not to do so.
- **As Required by Law.** This would include, but is not limited to: situations where we have been subpoenaed; under court order; or when we are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect (child abuse, elder abuse, disabled adult abuse, or institutional abuse), including reports, when legally mandated, to DHS through the Firearm Owners' Identification Mental Health Reporting System.
- **Coroners, Funeral Directors, and Organ Donation.** We may disclose medical information to a coroner, medical examiner, and/or funeral director to allow them to carry out their duties. When organs are donated, sufficient information will be provided to the program so as to facilitate the organ or tissue donation. This means that if we have information needed to proceed with an organ donation that you have authorized, we will provide that information so the organ donation can occur.
- **Governmental Requirements.** We may disclose information to a health oversight agency for activities authorized by law; such as, audits, investigations, inspections, and licensure. There may also be a need to share information with the Food and Drug Administration (related to adverse events or product defects). For example, should there be a problem with a medication lot being defective; we may need to share information with the Food and Drug Administration to help them make sure people are safe. We are also required, when requested, to share information with the Department of Health and Human Services so they can determine our compliance with federal health care laws or for coordination of your care.

- **Criminal Activity or Danger to Others.** If a crime is committed either on our premises or against our personnel, we may share information with law enforcement so as to facilitate apprehension of the suspect. We will contact law enforcement when we believe an immediate danger exists to the people in our facility or to our property. Engaging in criminal activity or behavior that is dangerous to others may result in suspension or termination of services.
- **Fundraising.** As a not-for-profit-provider of health care services, we sponsor fundraising events so that we can continue to carry out our mission. You may be contacted during a fundraising event regarding a donation. You will have the opportunity to opt out of receiving such communication. You may also opt out of our providing your contact information for any marketing that results in compensation to Turning Point.
- **Supervision.** Information may be disclosed to your therapist's supervisor, a consulting therapist, members of a staff team participating in providing services, a record custodian, a person acting under the supervision and control of the therapist, and persons conducting a peer review of the services being provided.
- **Attorney.** Information may be disclosed to an attorney or an advocate regarding a therapist's or the agency's legal rights or duties in relation to a client and/or services provided. This means that we can release information to our attorney if we need legal advice about how to deal with a situation.
- **Interagency disclosure of recipient information.** Pursuant to state statute or a court order of commitment, a therapist may disclose information to any custodial department, agency, institution, or facility without consent. For continuity of care purposes, the Department of Human Services (as successor to the Department of Mental Health and Developmental Disabilities); community agencies funded by the Department of Human Services; prisons operated by the Department of Corrections; county mental health facilities; and county jails (operated by any county of this state) may disclose a client's record or communications, without consent, to each other for purposes of admission, treatment, planning, or discharge. This means there are certain instances where we can disclose limited information to other agencies to help provide continuity and coordination of care.
- **Organized Health Care Arrangement** (clients with Illinicare only). Turning Point participates with other behavioral health services agencies (each, a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"), as defined by the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all of the OHCA participants.

Client Rights

All persons receiving services from Turning Point BHCC shall retain all rights, benefits and privileges guaranteed by federal, state, and local laws, excluding those specifically lost through due process of law (if you are involved in a legal matter, sometimes rights, benefits, and privileges can be taken away by the court). These rights will be communicated during orientation and annually thereafter. You have the following rights under Illinois and federal laws:

- **Copy of Record.** You are entitled to inspect the medical record our practice has generated about you. Copies of records will be released within fifteen (15) days of receipt of the written request.
- **Release of Records.** You may consent (in writing) to the release of your records to specified others, for any purpose you choose. This may include your attorney, employer, or others whom you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent that no action has been taken in response to your prior authorization. This means you can sign permission for us to give your records to somebody else.
- **Restriction on Record.** You may ask us not to use or disclose part of your medical information by submitting a request, in writing, to the Chief Operating Officer. Turning Point is not required to agree to such a request if we

believe it is in your best interest for us not to do so. This means that if you want us to release only some parts of your record (but not to release other parts of your record) to somebody, you can request this. However, Turning Point may or may not agree to do this.

- **Contacting You.** You may request that we send information to an address other than your own. We will honor such a request as long as it is reasonable and we are assured the address is correct. If you wish us to communicate by email you are also entitled to a paper copy of this privacy notice.
- **Amending Record.** If you believe that something in your record is incorrect or incomplete, you may request, in writing to the Compliance Officer, that we amend the record. In certain cases, we may deny your request. Should we deny your request for an amendment to your record, you have a right to file a written statement indicating that you disagree with our decision. We will then file our response, and your statement and our response will be added to your record.
- **Accounting for Disclosures.** You may request an accounting of any and all disclosures we have made related to your medical information, excluding: information we used for treatment, payment, or health care operations purposes; information we shared with you or your family; or information that you gave us specific consent to release. Please submit your request in writing to the Compliance Officer.
- **Notification of Breach.** You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or violation of the HIPPA Privacy Rule and there is an assessment that your protected information may be compromised.
- **Questions and Complaints.** If you have any questions or wish a copy of this Policy, or if you have any complaints, you may contact the Chief Operating Officer or the Compliance Officer (in writing) for further information. You also may file a complaint with the Secretary of Health and Human Services if you believe our practice has violated your privacy rights. We will not retaliate against you for filing such a complaint.
- **Changes in Policy:** Turning Point reserves the right to change its Privacy Policy based upon the needs of Turning Point and changes in state and federal law.
- **Discrimination.** You have the right to be treated with dignity and respect - free of any discrimination based upon your race, religion, national origin, domestic/marital status, political affiliation/opinion, veteran's status, color, gender, age, physical/mental handicap, HIV status, criminal record, or sexual orientation.
- **Consultation.** You have a right to receive outside (other than at Turning Point BHCC) professional consultation regarding your treatment (at your own expense). This means you are perfectly free to see other professionals outside of Turning Point to get a second opinion about your treatment, diagnosis, or other related issues.
- **Abuse.** You have the right to receive prompt and adequate treatment/service free of physical abuse/punishment, sexual abuse, financial abuse, hurtful emotionally/psychologically abusive interactions on the part of staff, retaliation, humiliation or neglect.
- **Research Surveys.** You have the right to refuse participation in any kind of survey or research without fear of retaliation or barriers to service. Turning Point adheres to ethical research practices, and informed consent is required before any client participates in a research project.
- **Information.** You have the right to be fully informed about the course of your care and decisions that may affect your treatment. You have the right to timely and accurate information that can assist you in making sound decisions about your treatment. You have the right to have a therapist and/or case manager provide, direct, and coordinate your treatment (as designated on your Individual Treatment Plan). You have the right to be informed about the treatment and services available and how they may affect you; including, the possible risks and/or side effects of medication prescribed to you.

You have the right to have your wishes, concerns, and opinions about your care heard and used to improve services. You have a right to express your choice regarding the members of your treatment team. If you are unhappy with your provider, you may initiate a transfer to an alternate provider once during a course of treatment. In the event that you are requesting a different provider, it is best to begin by speaking with your current provider to initiate the transfer. You also have a right to be given information regarding any Release of Information forms that you are asked to sign; and any concurrent services and providers available so that you can make informed decisions. This means that we will give you all the information we have that (we believe) is helpful and related to your care so that you have the information you need to make the best decisions regarding your treatment.

- **Restrictions on Environment.** You have the right to live in the community of your choice without restraints on your independence (except those restraints to which all citizens are subject). You have the right to be treated in the least restrictive environment possible, and to be provided with evidence-based information about alternative treatments.
- **Client Treatment.** You have the right to be treated with respect and to receive services in a safe and clean environment.
- **Access to Others Who Can Help You.** You have the right to request your therapist to access guardians, self-help groups, advocacy services, and legal services. This means that if you need help getting a guardian, connecting to a self-help group, or getting legal or advocacy help, we will help obtain such help even if it's outside of Turning Point.
- **Disabilities and Access.** In accordance with the Americans With Disabilities Act, section 504 of the Rehabilitation Act, and the Human Rights Act [775 ILCS 5], you have the right to nondiscriminatory access to services. No client shall be presumed legally disabled unless declared to be so by a court.
- **Confidentiality.** You have the right to confidentiality of your status and records, including HIV status and testing, as mandated by Illinois law. (See privacy practices above).
- **Treatment Consent and Refusal.** You have the right to give an informed consent to treatment. You also have a right to refuse treatment and revoke your consent for treatment at any time - with the exception of legally mandated services, emergency situations or other circumstances required by law (these exceptions are related to court ordered services or other legally required exceptions and emergency situations where we need to share information to make sure you are safe and cared for) - without fear of retribution or loss of services. You have a right to an explanation if services are refused to you, for any reason, and you have a right to appeal such a decision. You (and/or your guardian) have a right to know all of the risks and costs involved in the treatment, including the nature of the treatment, possible alternative treatments, and the potential risks and benefits of the treatment. Your participation in the treatment planning process and signing of the Individual Treatment Plan and subsequent reviews is an indication that you have been involved in this process and have asked questions regarding any concerns you have about the recommended course of treatment
- **Fees.** You have the right to written information about fees for services.
- **Filing a Complaint.** You have the right to file a complaint: if you disagree with a decision made by a Turning Point BHCC employee; if you are unhappy with the services you are receiving; or if you believe we have violated your rights or we are engaging in unethical or illegal behavior (our Code of Ethics is posted in the waiting room). You will not experience any barriers to service or retaliation of any kind as a result of filing a complaint. Turning Point BHCC will keep a record of all grievances.

The complaint procedure is as follows:

1. You are encouraged to speak to your provider regarding grievances or complaints, and to attempt to informally resolve the complaint

2. If the complaint is not resolved to your satisfaction, you can put your complaint in writing and submit it to Turning Point's Compliance Officer, who will review the complaint with the agency's Quality Improvement Committee. If any members of the committee are involved in the complaint, they will not be a part of the committee's discussion of the complaint. The committee has 21 days to investigate and resolve your grievance and return the resolution to you in writing. You may submit your written complaint through your service provider or the front desk.
3. If the committee does not resolve the complaint to your satisfaction, you may review your complaint with the Chief Executive Officer of Turning Point, who can be reached at 847-933-0051 ext. 414. The CEO will have 7 days to respond to your complaint.
4. If you believe your rights have been violated, you also have a right to contact any of the following groups, who also provide advocacy and other assistance:
 - Guardianship and Advocacy Commission
160 N. LaSalle Suite S-500, Chicago, IL 60601
(312) 793-5900
 - Equip for Equality
20 North Michigan Suite 300, Chicago, IL 60602
(312) 341-0022
 - Department of Mental Health
100 W. Randolph, Suite 6-400, Chicago, IL 60601
(312) 814-2735
 - Department of Children and Family Services
521 South 11th Street, Springfield, IL 62703
(217) 782-4000
(800) 252-2873 (Hotline)
 - Department of Child and Family Services
1911 South Indiana, Chicago, IL 60616
(312) 808-5000
 - Office of Inspector General (OIG)
901 S. Wind Rd., Springfield, IL 62703
(800) 368-1463

Additional referrals for guardians, conservators, self-help groups, advocacy services, outside providers, and legal advocacy services can be provided by your therapist or by calling Turning Point's intake department.

- **Contacting Department of Healthcare and Family Services.** You have the right to contact HFS or its designee and to be informed by HFS or its designee of the your healthcare benefit and the process for reviewing grievances.
- **No Retaliation.** You have the right to not be denied, suspended or terminated from services - or have services reduced - for exercising your rights or contacting the public payer (Department of Mental Health listed above). What this means is that if you act on your rights, Turning Point will not react by reducing your services or telling you that you cannot come to Turning Point any more. In addition, you can also contact the people who fund us if you want to talk with them.

- **Legal Protections.** Your rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS], the Confidentiality Act [740 ILCS 110] and HIPAA [45 CFR 160 and 164]. If you want to review these documents, your provider can assist you in obtaining them.
- **Restriction of Rights.** Any restrictions of your rights (above) shall be documented in your clinical record and parents/guardians shall be notified where applicable.

Client Responsibilities at Turning Point:

- Clients have the responsibility to treat other clients and employees with courtesy.
- Clients have the responsibility to refrain from violence, physical touching, and harassing behavior. Weapons are not allowed on the premises. Clients to be found possessing weapons on Turing Point property will immediately be asked to remove the weapons from the premises.
- Clients have the responsibility to behave in such a way as to protect others from exposure to or transmission of any infectious or communicable illnesses by notifying staff if they suspect they are infected.
- Clients have the responsibility to make any concerns or grievances known to staff and to ask questions when they need information.
- Clients have the responsibility to follow all of Turning Point safety rules and posted signs.
- Clients have the responsibility to keep scheduled appointments.
- Clients have the responsibility to not attend services if they have used alcohol or illicit drugs

Turning Point Behavioral Health Care Center
8324 Skokie Boulevard; Skokie, Illinois 60077-2545
847.933.0051, 847.933.0057, 847.933.0351 tty
info@tpoint.org, www.tpoint.org



CLIENT INPUT AND QUALITY ASSURANCE

There is a **Suggestion Box** in the Lobby available at all times during our office hours for your comments and suggestions regarding our services.

Client Satisfaction Surveys are handed out at reception for clients to complete. This gives us helpful information regarding how you and others are experiencing our services.

Client Feedback Summaries are posted on the bulletin board in our entrance hallway along with other agency information you might find interesting or useful.

Our **Code of Ethics** is in the packet of information you have received from our Client Services Representative. It is also posted in our waiting room.

If you provide your written consent on the CLIENT AGREEMENTS AND AUTHORIZATIONS form, you may be **Contacted by Phone After Completing Treatment** to provide us with information regarding your experience at Turning Point.

If you have any questions about the information above feel free to consult your clinician.

Solid support. When you need it most.

Accredited by the Commission on Accreditation of Rehabilitation Facilities

Turning Point Behavioral Health Care Center
8324 Skokie Boulevard, Skokie, Illinois 60077-2545
847.933.0051, 847.933.0057, 847.933.0351 tty
info@tpoint.org, www.tpoint.org



INFORMATION ABOUT ADVANCE DIRECTIVES

You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement you prepare that expresses how you want medical decisions made in the future should you not be able to make them yourself.

Illinois law allows you to make four types of advance directives: (1) a health care power of attorney; (2) a living will; (3) a mental health treatment preference declaration, and (4) a Do-Not-Resuscitate (DNR)/Practitioner Orders For Life-Sustaining Treatment (POLST).

You may want to discuss any decisions about advance directives with your family, your health care professional and/or attorney. You may decide to make more than one advance directive. If you decide to have one or more advance directives, you should tell your health care professionals and provide them with copies of any advance directives you have. You should also provide copies of your advance directives to those you have appointed to make health care decisions for you, and you may want to provide copies to your family members.

State law provides copies of sample advance directive forms. You can access them, along with a great deal of more information about this topic:

Online: <https://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

By Mail: IDPH Springfield Headquarters Office
525-535 West Jefferson Street
Springfield, IL 62761

By Phone: 217-782-4977
TTY: 800-547-0466

Solid support. When you need it most.

Accredited by the Commission on Accreditation of Rehabilitation Facilities

turningpoint

behavioral health

CODE OF ETHICS

Turning Point Behavioral Health Care Center and its members are held to the highest moral, legal and professional standards for their conduct and services. Its members maintain respect both for the privacy and well-being of the persons served and the welfare and protection of the general public.

Turning Point Behavioral Health Care Center strives to enhance the principles of competency, accountability, responsibility, nondiscrimination and service excellence.

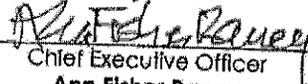
NOW BE IT RESOLVED ... that Turning Point Behavioral Health Care Center and its members voluntarily subscribe to and uphold the following principles while so affiliated:

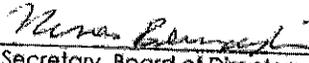
1. The interest of the persons served is always respected. Activities on behalf of the persons served, whether individuals, families or organizations, shall always be determined by their best interests. Their rights, including appropriate care, confidentiality, informed consent, self-determination and access to records, are guaranteed.
2. Activities shall reflect the best interest of the general public. Authority of and accountability to the community are recognized by governing and advisory boards and/or committees in determining priorities, policies and needed programs. Prevailing legal, business, marketing, and moral standards shall be upheld. Questionable practices and programs are not condoned. The public's right to have information about programs, finances, policies and procedures is acknowledged, and it will be honored.
3. High professional standards will be maintained and promoted. Turning Point Behavioral Health Care Center and its members, at all times, require conduct based on accepted principles and professional standards of practice. All staff shall avoid conflicts of interest and misrepresentation of their services, credentials or skills. They recognize accountability to the organization and persons served, with whom they are involved, and accept responsibility for their own actions. Nondiscriminatory policies are promoted and observed among all persons. Turning Point Behavioral Health Care Center and its members have a primary responsibility to maintain high standards of professional competence and to provide the highest quality of care possible.
4. Respect for the integrity of member organizations and other agencies shall be maintained. The rights and interests of all member centers shall be protected and promoted. No actions shall be taken which are detrimental to any member center, by another member, or by Turning Point Behavioral Health Care Center, without due process and Board action. Respect shall be maintained for the rights, policies and procedures of other professional organizations and governmental agencies.

BE IT FURTHER RESOLVED ... that this Code of Ethics be reviewed at, or before, every annual meeting of the Board of Directors for the information and guidance of Board members, that all new Board members be advised in writing of this Code upon entering on their duties and that this Code shall be reviewed annually with all agency personnel with advice, in writing, to all new personnel entering on their duties.

Reaffirmed on September 12, 2025 by the Turning Point Board of Directors.


President, Board of Directors
Randall Roberts


Chief Executive Officer
Ann Fisher Raney


Secretary, Board of Directors
Nives Bernardi

turningpoint

24-hour crisis response

we'll meet you where you are

847.933.9202

If you or someone you know is experiencing a mental health emergency, we're here to help.

Over the phone. In-person. At our facility or another location within our service area. We'll help find a solution. There is no cost for Turning Point's crisis services.

24/7 Crisis Line 847.933.9202

Anyone experiencing crisis may call us at any time. Our trained crisis responders will quickly assess the need and find the most effective way to provide solid support.

24/7 Mobile Crisis Response Team

Turning Point can dispatch our mobile crisis response teams wherever they're needed in the communities we serve.

Turning Point Living Room

This calm, welcoming space offers free walk-in, in-person compassionate support and resource assistance to adults ages 18 and older free of charge. Staffed by well-trained recovery support specialists, each with their own unique recovery experience.



Skokie Living Room
8324 Skokie Blvd, Skokie
Open every day, 24/7



Evanston Living Room
311 Elmwood Ave, Evanston
Open every day, Noon – 8 pm

Information for referrers

First responders, law enforcement, healthcare providers, and other referrers. Learn more about Turning Point mobile crisis response team and how we may be of help on site in resolving a mental health crisis. Call us at 847.933.0051 x0 or visit www.tpoint.org

More avenues of recovery

In addition to providing crisis response and other mental health services, Turning Point can also connect individuals to other trusted agencies for such services as shelter, healthcare, food pantries, substance use programs, and job placement. All share our strong commitment to each person's recovery.

Turning Point Behavioral Health

tpoint.org Main: 847.933.0051 Crisis: 847.933.9202



What Is a Mental Health Crisis?

- ▶ A mental health crisis can be defined as:
 - A **disruption** or breakdown in a person's or family's normal or usual pattern of functioning. Therefore, if the crisis cannot be resolved by a person's customary problem-solving resources/skills, there is a need for immediate assistance.
 - An **emergency**: unexpected, pressing, presented issue, such as endangerment of life by: Suicidal Ideation/Homicidal Ideation and panic attacks

What Do I Do If I Have a Crisis?

Turning Point has **24-hour crisis** services for your use in case of a mental health crisis. Turning Point's mental health crisis system is managed in **two** different ways:

1. **The Mobile Crisis Response Team (MCRT)** at Turning Point Behavioral Health Care Center operates **24 hours a day/7 days a week/365 days a year**.
2. **The Living Room** at Turning Point Behavioral Health Care Center in **Skokie** operates **24 hours a day/7 days a week/365 days a year**.
 - a. Our Living Room also has a location in Evanston that is open 12 pm-8 pm every day.

If you cannot wait 15 minutes for a call back and the call is not answered immediately and you cannot make it to the Living Room location and your situation is immediately dangerous, then you should call 911 or proceed directly to the nearest emergency room.

- ▶ Will Turning Point staff come to my home to provide crisis services?
 - The MCR Team responds via the phone and/or in-person. MCR Team members serve all ages for mental health crises services through either a Mental Health Professional and/or an Engagement Specialist.
 - The MCR Team will deploy to most locations based on the needs of the guests, i.e. suicide/homicide ideation, panic attacks, depression, anxiety,

Solid support. When you need it most.



and assistance in being transported to inpatient psychiatric care (when necessary).

- The MCR Team at Turning Point Behavioral Health Care Center will deploy to 24 zip codes. **60022, 60025, 60026, 60029, 60043, 60053, 60062, 60065, 60070, 60076, 60077, 60090, 60091, 60093, 60201, 60202, 60203, 60204, 60208, 0209, 60645, 60646, 60712, and 60714**
 - The Living Room is a stationary in-person crisis component. The Living Room does not deploy into the community. Guests starting at age 18 years and older must come to the Living Room for in-person mental health crisis services to be seen by a Recovery Support Specialist.
- ▶ Will Turning Point staff come to my home to provide crisis therapy?
- We do not provide crisis **therapy treatment** in the community. However, guests are able to receive crisis de-escalation in the community from the MCR Team. Callers will first be assessed by telephone to decide if deployment is needed. MCR will then work with the guest to create the best next plan to assist the guest with their de-escalation. MCR also works with community partners, i.e. CIT trained police, EMT, and Fire/rescue to assist when needed.
 - The Living Room Program does not provide services outside of the facility. The Individual who needs mental health crisis support needs to visit to The Living Room to receive services.
- ▶ How do I reach a Crisis Worker?
- To receive crisis services by phone from a crisis worker or in-person or deployment from the MCR Team at Turning Point Behavioral Health Care Center Dial **(847) 933-9202** and you will be directed immediately to an MCR Crisis Team member.
 - If you are 18 or older and feel up to coming to one of our locations, please feel free to visit The Living Room for crisis services.

Solid support. When you need it most.



- ▶ What will happen when I call for Crisis services?
 - An MCR Team member will ask for your name, age, and telephone number where you can be reached if disconnected. The crisis workers will provide a short assessment followed with support services to assist you with your immediate crisis needs, i.e. help you to de-escalate over the phone, provide additional warm lines to contact, provide some community resources, and deployment if needed. If there is a need for deployment after Business hours from 7:59pm through 7:49am, the crisis worker will contact our On-Call Crisis Team. That On-Call Crisis Team member will call you back, within 15 minutes. Again, if you or someone else are in immediate danger and cannot wait by phone, go to the Emergency Room or call 911.
 - If you are 18 or older, if you agree to be seen in person for crisis services, you may visit the Living Room in Skokie which is in operation 24 hours/7 days or visit the Evanston Living Room (Sunday through Saturday from 12pm-8pm.)

Mobile Crisis Response Team
8324 Skokie Blvd, Skokie IL 60077
crisis line: (847) 933-9202

The Living Room (Skokie)
8324 Skokie Blvd, Skokie, IL 60077

Evanston Living Room
311 Elmwood, Evanston, IL
In the St. Francis hospital campus. Entrance at rear.

Solid support. When you need it most.

Illinois Department of Human Services Division of Mental Health



Recovery and Empowerment Handbook

Tenth Edition
2018

“The Expectation is Recovery!”

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 Wellness Support Specialists who personally 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
- 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
- With other carriers, standard text message rates apply

www.crisistextline.org

TABLE OF CONTENTS

Purpose of the Recovery and Empowerment Handbook	1
Mental Health Recovery	2
Recovery Support	9
The IDHS/DMH Recovery Services Development Group (RSDG)	9
Wellness Recovery Action Plan (WRAP®)	12
Personal Bill of Rights	14
Certified Recovery Support Specialist (CRSS) Credential	15
Certified Veteran Support Specialist (CVSS) Credential	16
Recovery and Empowerment Statewide Call	17
Regional Recovery Conferences	17
Recovery Support Programs in Illinois Community Mental Health Centers	18
IDHS/DMH Operated Psychiatric Hospitals	19
Essentials for Wellness	20
Work and Recovery	20
Living Independently	22
Integrated Primary and Behavioral Healthcare	24
Co-Occurring Mental Health and Substance Use Conditions	25
Trauma-Informed Recovery Services	26
Education, Support, and Advocacy	27
Bursting Bubbles	27
Depression and Bipolar Support Alliance (DBSA)	27
Gift of Voice.....	27
GROW	27
Mental Health America (MHA)	28
National Alliance on Mental Illness (NAMI)	28
Next Steps, NFP	28
The Alliance	28
Illinois Department of Human Services (IDHS) Office Locator	29
Children, Youth and Families	30
Basics for a Child’s Good Mental Health	30
Risk and Protective Factors	31
Core Values	32
Family Run Organizations	33
Measuring Outcomes	34
Certified Family Partnership Professional (CFPP) Credential	35

TABLE OF CONTENTS - continued

The Illinois Department of Human Services	
Division of Mental Health (IDHS/DMH) Services	36
How to Receive IDHS/DMH Services	36
Key IDHS/DMH Services	36
Mental Health Services for the Deaf	37
Service Authorization	38
Choices in Treatment	39
Treatment Plan	39
Prepare for Doctor Appointments	40
Prevent and Prepare for a Crisis	41
Psychiatric Advance Directives	44
Develop a Post Crisis Plan	45
Evaluate Care	46
Input is Valued by the IDHS/DMH	47
Complaints Process	47
Rights, Responsibilities and Confidentiality	48
Rights	48
Responsibilities and Confidentiality	49
Children and Youth: Rights and Confidentiality	50
Conclusion	51



Cover photograph:
by Christine Elvidge, CRSS: Constitution Trail, Bloomington, Illinois

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 (IDHS/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.



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 IDHS/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)



“...I’m on a journey now that is filled with an abundance of hope and expectancy that I will fully reconnect with my new life that lies ahead.”

~ Bonnie Gilmore

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:

- People can fully recovery from even the most severe forms of mental illness (National Empowerment Center)
- 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)
- With the right treatment, and with the support of physicians, caregivers, family and friends, many people improve and lead successful and gratifying lives. (The Center for Reintegration)
- Most persons with mental illnesses want to work and can succeed in competitive employment. (Center for Evidenced Based Practices)
- Combining medication, therapy, and effective treatment in the community helps between 70-90 percent of persons with mental illnesses to have significant reduction of symptoms and improved quality of life. (National Alliance on Mental Illness)
- Recovery, including meaningful roles in social life, school and work, is possible, especially when treatment is started early and individuals play a strong role in their own recovery process (National Alliance on Mental Illness)
- Persons with mental illnesses attain goals including independent living and a satisfying work and family life in the community of their choice. (Association for Psychological Science)



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.

- Substance Abuse & Mental Health
Services Administration (SAMHSA)

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 IDHS/DMH is striving to be a mental health system with hope at its foundation where...

The Expectation is Recovery!

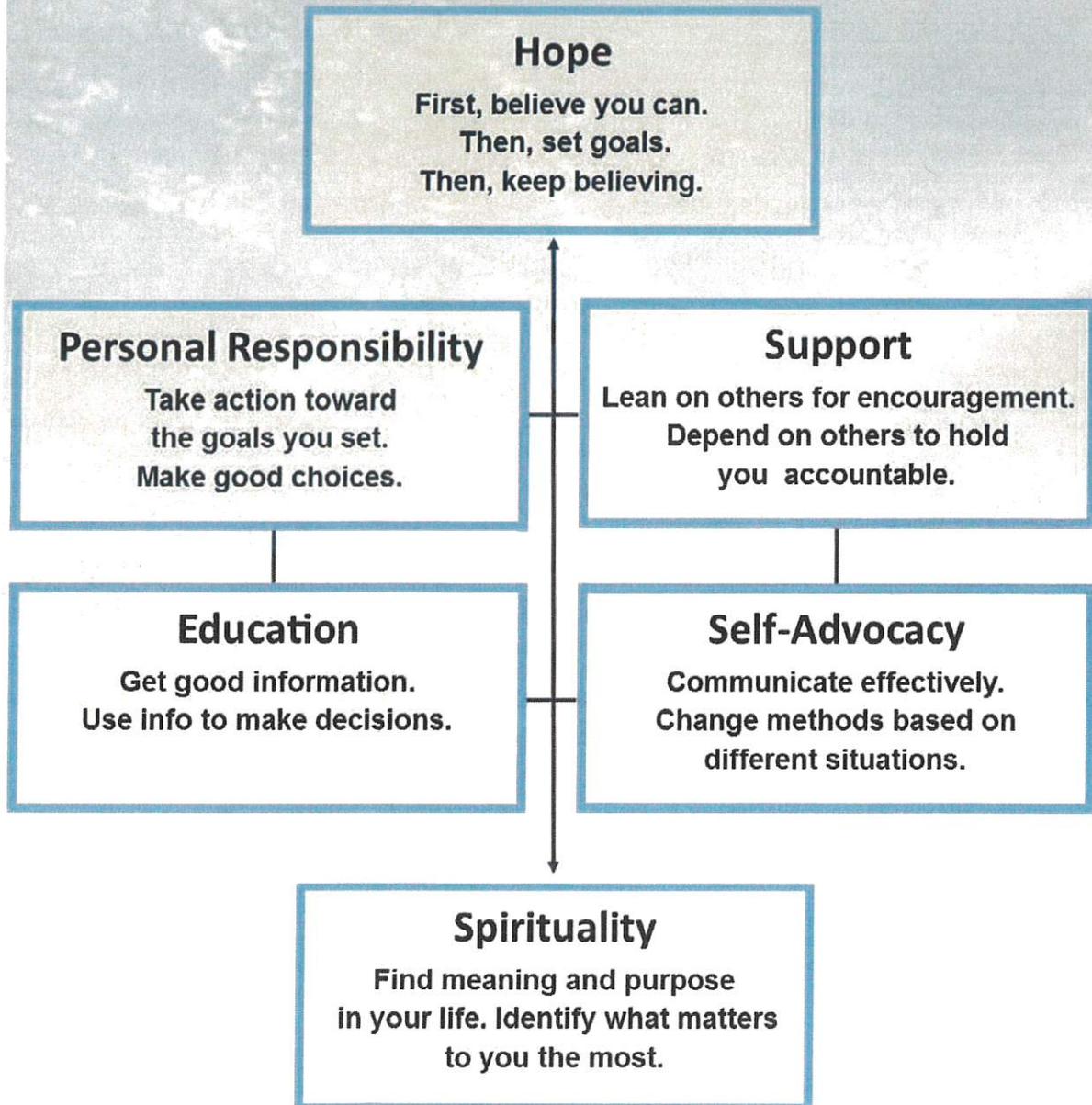
Recovery Lived

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. Here are some ways people have defined recovery for themselves:

- *My recovery makes a difference in people's lives; my recovery matters.*
- Richard Neuneker
- *Recovery means learning, growing, then living life with enthusiasm and purpose.*
- Sonya Lynch
- *Finding peace with myself where I am, as I am, and working with what I have to continue to grow!* - Suzanne F.
- *For me, recovery means living life on my own terms through positive and meaningful activities.* - Tricia H.
- *Waking up in the morning and not dreading the day ahead.* - Anonymous
- *Recovery means growth; it means to learn from my "experiences" not from my "mistakes". It means forgiveness and knowing I can conquer it all.* - Anonymous
- *I can be imperfect and still help others. I can share with my story that there is hope.* - Amy
- *Recovery to me means accepting myself despite my flaws and limitations and living my life filled with hope and compassion* -Shirley Davis
- *Recovery is about a state of mind as well as being able to manage and feel like I have a handle on my life. I can make goals and go after them. I can, and do, believe in myself.*
-Lisa Sinnott

What does recovery mean to you?

Foundational Principles of Wellness



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 gives you the most meaning in your life?
- What helps you get through in difficult times?
- What do you consider the core values that you use to guide you in your life?
- What gives you hope?

Answering these 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
- **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.

“Recovery means to me to live the life God has given us to the fullest, free from mental health barriers and addictions”

~ Monica Hall

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>

RECOVERY SUPPORT

Having support from other persons in recovery may be a key to your own recovery. You can find this support in many places, in your community, within mutual support groups or at your mental health center. Research indicates that peer delivered services generate superior outcomes in terms of engagement with individuals that may be difficult to reach, reduced rates of hospitalization and days spent inpatient, and decreased substance use among those with co-occurring substance use disorders. Research also found that individuals who receive recovery support services experience decreased symptoms of depression and increased hope, self-care, and a sense of well-being. (World Psychiatry, 2012)

The IDHS/DMH Recovery Services Development Group (RSDG)

Within the IDHS/DMH, 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
- Encourage individual and family involvement and empowerment at every level

Members of the RSDG promote many exciting programs including:

- Wellness Recovery Action Plan (WRAP®) (p. 12)
- Certified Recovery Support Specialist (CRSS) Credential (p. 15)
- Certified Veteran Support Specialist (CVSS) Credential (p. 16)
- Recovery and Empowerment Statewide Calls (p. 17)
- Regional Recovery Conferences (p. 17)
- Recovery Support Programs (p. 18)
- Treatment Recovery Philosophy and Policy (TRPP) Programs (p. 19)
- Certified Family Partnership Professionals (CFPP) Credential (p. 33)

“Hope is for everybody” - Garrett Cloninger

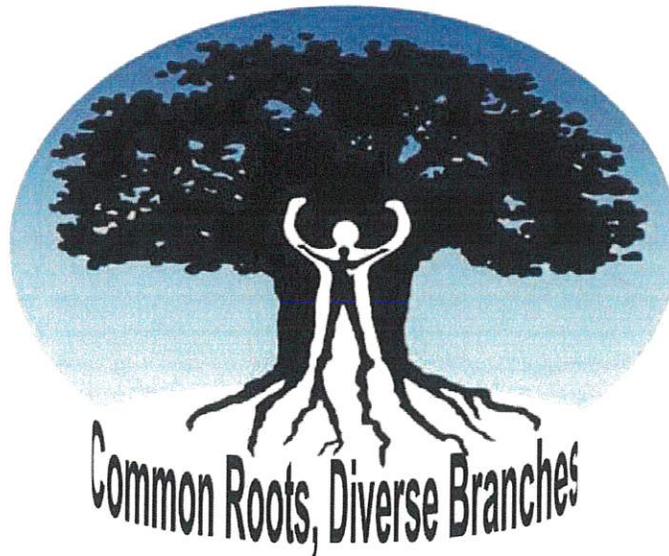
RSDG Contact Information

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) 786-6058
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 Forever Growing" ~ Warren Turner



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®. For more information on WRAP®, visit www.mentalhealthrecovery.com

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. 34).

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 10.
- 3) Apply for WRAP® Facilitator Training. The regional Recovery Support Specialist can help you with this process.

“Recovery is having the freedom to live the life I desire to live and to make my own choices”
- Jennifer Robinson

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

Professionals with the Certified Recovery Support Specialist (CRSS) credential are employed specifically to use their personal recovery experiences to facilitate and support the recoveries of others and to help shape the mental health system. The CRSS credential verifies competence in:

- Advocacy
- Professional Responsibility
- Mentoring
- Recovery Support

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

- 100 clock hours of mental health recovery education
- 2000 hours supervised mental health recovery support work experience (volunteer or paid)
- 100 hours documented supervision
- CRSS Exam
- Agreement to the Statement of Self-Disclosure
- Commitment to the CRSS Code of Ethics

Certified Recovery Support Specialist for Employment (CRSS-E) Credential

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 1000 hours qualified work experience and/or internship (minimally must have primary responsibility for providing 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

Certified Veteran Support Specialist (CVSS) Credential

The Certified Veteran Support Specialist (CVSS) is a credential for service members, veterans, and their families who use their life experiences as an example of recovery and resiliency. Individuals with the CVSS credential gain the competencies to advocate for the needs of veterans as well as teach them how to advocate for themselves, assist veterans to navigate service and support systems, and help veterans identify and achieve personal recovery goals. The CVSS credential verifies competence in:

- Advocacy
- Professional Responsibility
- Mentoring
- Health & Wellness
- Reintegration
- Systems Navigation

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

- 100 clock hours of training and education in veteran recovery support services
- 2000 hours supervised veteran recovery support work experience (volunteer or paid)
- 100 hours documented supervision
- CVSS Exam
- Commitment to the CRSS Code of Ethics

For more information:

- Call the Illinois Certification Board at:
[\(800\) 272-2632](tel:8002722632)
- Visit: www.iaodapca.org
- Visit: www.illinoismentalhealthcollaborative.com
 - o Select: For Individuals and Families



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.
- A half 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:

- Physical Health
- Financial Goals
- Relationships
- Spirituality and Community

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 Individuals 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. 10)

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 recovery who helps others 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.

Recovery Support Specialists provide various services within the mental health system, such as:

- 1) **Lead Recovery Classes:** Recovery Support Specialists teach classes. Classes vary from Wellness Recovery Action Plan (WRAP®) to life skills classes and recovery support groups.
- 2) **Provide Individual and Group Recovery Support and Advocacy:** Sometimes this individual support is provided in programs such as Psychosocial Rehabilitation. Sometimes they are provided as part of a Community Support or Assertive Community Treatment program.
- 3) **Mentor Persons in a Recovery Drop-In Center:** Drop-in centers are informal places individuals can come to give and find support. Classes and groups are offered by Recovery Support Specialists and there are also opportunities for individuals to develop their own shared interest groups and activities.

One way an individual may become qualified to provide professional recovery support services is by attaining the Certified Recovery Support Specialist (CRSS) credential. If you are interested in starting a Recovery Support program, you may wish to speak to an IDHS/DMH Recovery Support Specialist (p. 10).

“Recovery means reestablishment of one’s control over themselves”

- Dorian M.

IDHS/DMH Operated Psychiatric Hospitals

The exciting field of recovery has expanded within Illinois' state operated psychiatric hospitals through the Treatment Recovery Philosophy and Policy (TRPP) programs. Individuals receiving services at one of the IDHS/DMH operated psychiatric hospitals have unique opportunities for participation.

Recovery Stories

- Hear real life stories of recovery
- Learn strategies for staying well
- Be inspired
- Think about sharing your story

Platinum Ambassadors

- Identify staff who go above and beyond to:
 - Help you see the potential to recover
 - Help you navigate a difficult situation
 - Improve your environment and outlook
- Ask for a platinum ambassadors nomination form
- Submit form for review

Recovery Rounds

- Volunteer to participate with staff
- Ask others questions about quality of care
- Help the hospital obtain meaningful input

Additionally, each of the IDHS/DMH operated psychiatric hospitals designs special projects to further the recovery vision. Individuals receiving services are encouraged to ask a staff person how to get involved in any of these opportunities.

"...Recovery is being able to learn and use independent living skills as my road to recovery continues"

- Marty



ESSENTIALS FOR WELLNESS

Work and 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. Some things to consider for returning to work include:

- Think about the kind of work you want
- Set job-related goals daily and work towards them
- Search for jobs using a variety of methods such as online sites, newspaper classifieds, and employment centers
- Get help writing your resume or have someone review it for errors
- Consider customizing your resume for the type of job
- Build a network of contacts and ask them to let you know of job openings
- Practice interviewing with someone
- Keep a job search notebook that lists when and where you applied for a job and include the website and hiring person's contact info
- Follow up soon after an interview with a thank you note in writing - either by email or postal mail

An employment specialist may have more tips and tools for getting a job. Think about asking friends and family what worked for them.

For more information:

- www.ssa.gov/work
- www.livecareer.com
- www.ssa.gov/work
- www.livecareer.com

“What recovery means to me is that it’s a new start to a path for success...”

- Shannon J.

Individual Placement and Support

The best employment support programs practice the following approaches from the Individual Placement and Support (IPS) model:

- No one is excluded who wants to work
- 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 is the opportunity to live life to the best of my abilities”

- Anonymous



Living Independently

Good housing is critical to good mental health. Finding and keeping safe, affordable housing may be an important step in your recovery journey.

Some things to consider when seeking housing include:

Safe. Living in a safe building that's in a safe neighborhood will help you feel more secure and more able to focus on your recovery.

Affordable. Having to pay more than you can afford may make it hard to meet needs like health care, food or clothing.

Accessible. If you have a mental illness and a physical disability you may need special housing features.

Discrimination-free. According to the Fair Housing Act, landlords and property owners cannot refuse to rent to you because of a disability.

Independence. Different types of housing can offer different levels of independence and care, so it's important to determine which type would work best for you.

Types of Housing

It is best to choose a type of housing that fits your individual needs so your recovery can be your priority.

Supervised Group Housing: In supervised residential living, trained staff members are present 24/7 to provide care and assistance with things like medication, daily living skills, meals, paying bills, transportation and treatment management.

Supportive Housing: Supportive housing provides limited assistance. The residents in supportive housing live much more independently and have someone to call and resources available to them if a problem does arise.

Rental Housing: Rent can be paid for in full by the individual or subsidized by a third party, such as the government or a non-profit agency.

- Section 8: The Housing Choice Voucher Program (Section 8) is the federal government's program for assisting low-income families, older adults and people with disabilities. For more information, contact your local Public Housing Agency
- Section 811: The Supportive Housing for People with Disabilities Program (Section 811) is a federal program dedicated to subsidizing rental housing for adults with disabilities who have very or extremely low incomes.

Home Ownership: Being a homeowner is a wonderful goal to consider and plan for. The Federal Housing Administration has a program that insures the mortgages of many first-time homebuyers.

Permanent Supportive Housing (PSH)

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 promotes and stabilizes 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 if you want this help.
- **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 service provider

Illinois Network of Centers for Independent Living

A Center for Independent Living (CIL) is a non-residential, community based organization, directed and managed by persons with disabilities. A CIL is dedicated to the philosophy that all people with disabilities have the right and the responsibility to make choices to control the direction of their lives and participate fully and equally in their communities.

For more information:

- Call: [800-587-1227](tel:800-587-1227)
- Visit: www.incil.org

“Recovery is a journey best not traveled alone whose goal is to help you participate in life to your fullest potential. Each person’s recovery journey is unique and there is no one path that works for everyone.”

-Chuck Johnson



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 an integrated health home. This is actually not a home at all, at least not in the sense that most people understand the word. It is a provider that coordinates care, helps find services, and authorizes them based on your level of need. This leads to a more holistic and efficient approach to health care.

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 in Illinois, you may visit:

- www.illinois.gov/hfs (search using the words “integrated care”)



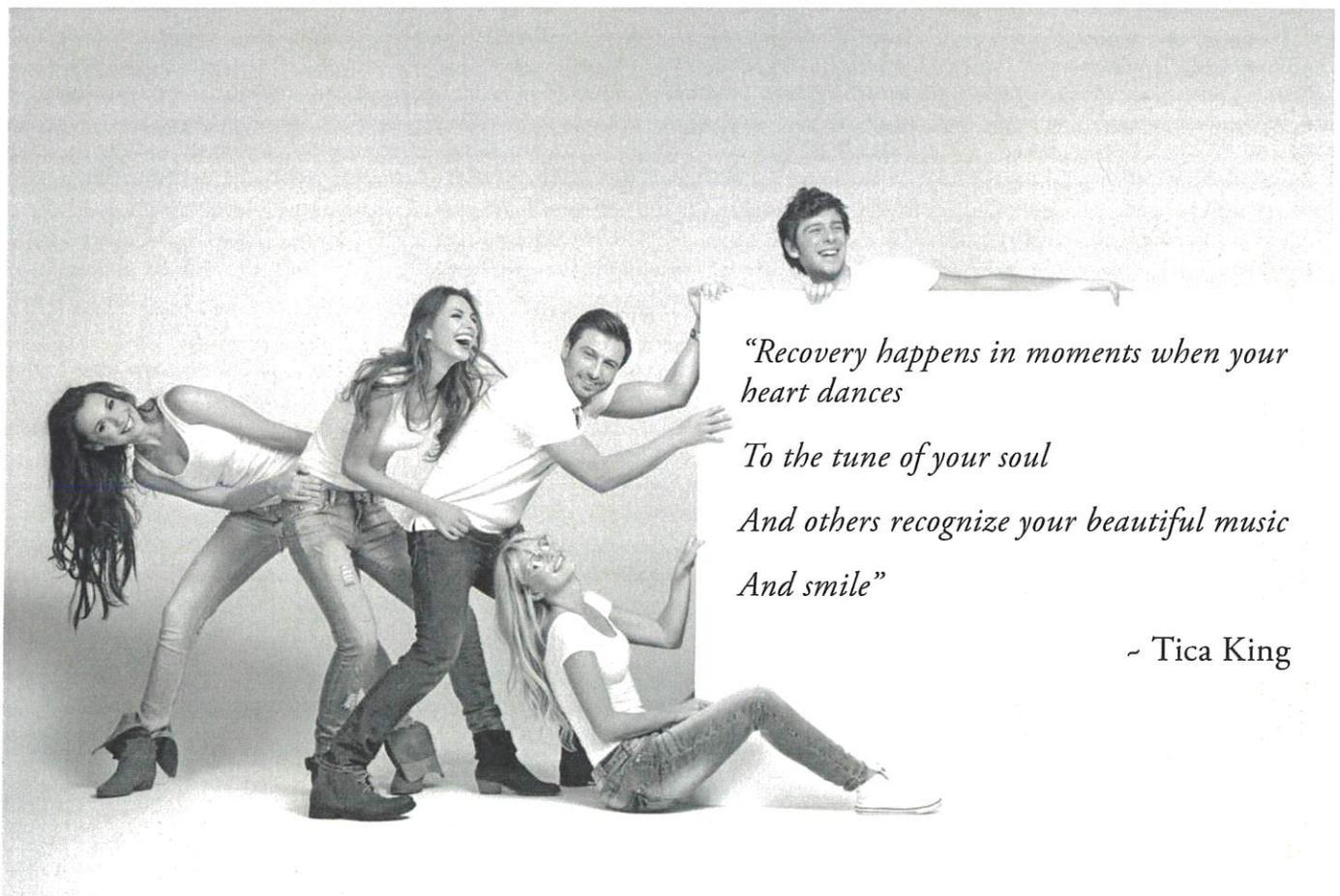
Co-Occurring Mental Health and Substance Use Conditions

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.

- As many as 50% of people with mental illnesses develop substance use problems at some point in their lives
- Approximately 7.9 million adults experience both a mental health and substance use disorder

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

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



TRAUMA-INFORMED RECOVERY

Trauma is an individual experience. Trauma is defined more by a person's reaction or to an event than by the event itself. When the person's ability to cope is challenged during or after a single event or long-term distressing experiences, the individual may be experiencing a trauma response. When an individual experiences a threat to their life, well-being, or that of a caregiver or family member, this may be experienced as a trauma. This threat may be an actual threat or what the person believes is a threat. As with mental health recovery, trauma recovery will be and look different for everyone.

Key principles of Trauma-Informed Recovery:

- **Empowerment:** Recognize and validate strengths
- **Voice and Choice:** Hear diverse experiences; honor choices
- **Resilience:** Believe in the ability to heal and recover from trauma
- **Change Process:** Embrace recovery as intentional and ongoing
- **Peer Support:** Give and receive support from others with similar experiences
- **Collaboration and Mutuality:** Pursue healthy relationships that share decision-making
- **Inclusiveness and Shared Purpose:** Recognize that everyone has a role to play in recovery; one does not have to be a therapist to be therapeutic
- **Safety:** Identify people and places that promote a sense of safety
- **Trustworthiness and Transparency:** Build and maintain trust with others; share challenges; and ask for accountability when needed
- **Cultural, Historical, and Gender Issues:** Move past stereotypes, find gender based services, and honor the healing value of cultural traditions

Key elements of Trauma-Informed Recovery Services:

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

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

- National Center for Trauma Informed Care, <http://mentalhealth.samhsa.gov/nctic/>
- National Center for Posttraumatic Stress Disorder, www.ptsd.va.gov

“Be hopeful, not hopeless.”

~ Timothy Wilson

EDUCATION, SUPPORT, AND ADVOCACY

In order to communicate needs effectively and make good decisions, individuals benefit from seeking information and support from organizations that specialize in education, support, and advocacy.

Bursting Bubbles

Bursting Bubbles provides recovery education for individuals with mental illnesses, celebrating their strengths, and unlocking their potential. Their vision is to inspire and empower the people they serve as they elevate the quality of their lives through an increasing sense of purpose, dignity, and inclusion in their work and community. They offer a variety of programs. For more information:

- Call: (217) 335-2961
- Visit: www.burstingbubbles.org

Depression and Bipolar Support Alliance (DBSA)

DBSA provides hope, help, support, and education to improve the lives of people who have mood disorders. DBSA envisions wellness for people who live with depression and bipolar disorder. Because DBSA was created for and is led by individuals living with mood disorders, their vision, mission, and programming are always informed by personal lived experience. For more information:

- Call: (800) 826-3632
- Visit: www.dbsalliance.org

Gift of Voice

Gift of Voice leadership consists of individuals with personal and professional experience in mental health and related fields. They embrace Christian values and strive to interact with one another in a manner which reflects the attributes of a Holy God. Their mission is to train, empower, and advocate for mental health of individuals, communities, and churches. For more information:

- Visit: www.giftofvoice.com

GROW

GROW's mission is to promote mental health recovery, personal growth, and prevention within their weekly mutual help support groups and throughout their supportive community. Members strive first to take personal responsibility for changing themselves, and ultimately as leaders they become gentle builders of a free and whole community by contributing to the recovery of others. To visit a GROW group, you don't need an invitation or introduction. To find a group near you:

- Call: (217) 352-6989
- Visit: www.growinamerica.org

Mental Health America (MHA)

MHA a community-based nonprofit dedicated to helping Americans achieve wellness by living mentally healthier lives. Their work is driven by their commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and others services for those who need them, and recovery as a goal. For more information:

- Call: (312) 368-9070
- Visit: www.mhai.org

National Alliance on Mental Illness (NAMI)

NAMI is a not-for-profit membership organization created to improve the lives of individuals and families challenged by mental illnesses. In collaboration with NAMI National, Illinois affiliates, and other like-minded organizations, they influence public policies, provide up to date education and support program, and increase public awareness and understanding of mental illnesses. For more information:

- Call: (800) 346-4572
- Visit: www.namiillinois.org

Next Steps, NFP

Next Steps is a statewide, membership-based organization comprised of individuals with lived experience related to mental illnesses, substance use challenges, and homelessness. For more information:

- Visit: www.facebook.com/nextstepsnfp

The Alliance

The Alliance aims to provide parents and families with a voice around the way children and youth receive mental health services by providing resources, a support network of parents, caregivers, youth, and young adults. The Alliance's programs and services target families of youth ages 10 to 21 who are experiencing mental, emotional, or behavioral health problems. For more information:

- Call: (217) 282-9852
- Visit: www.ilalliance.org

“Recovery to me means getting my life back... an opportunity to help those that are still struggling... conquer my fears and take a stand to what I believe, standing up for those that aren't able to stand up for themselves, never giving up, FIGHT, FIGHT, FIGHT FOR CHANGE...”

~ Christine Overton



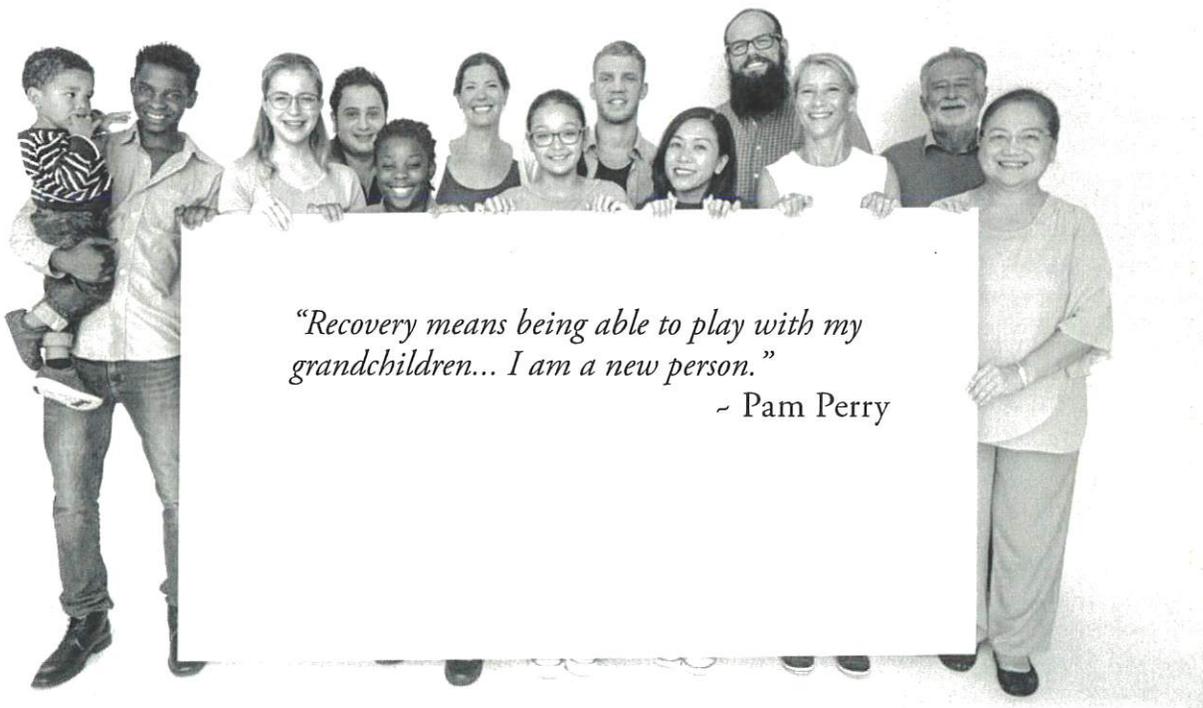
Illinois Department of Human Services (IDHS) Office Locator

IDHS can help you find programs, services, and information designed to meet basic needs, cope with illnesses, emergencies, or other challenges. For more information:

- Call: (800) 843-6154
- Visit: www.dhs.state.il.us
 - o Scroll down the page to access the office locator

Examples of Office Types:

- **Comprehensive Community-Based Youth Services:** Provides crisis assistance to youth, 11 to 17 years of age, who have run away from home or have been kicked out of their homes
- **Domestic Violence Victim Services:** Provide free and confidential services to help domestic violence victims attain safety and self-sufficiency, and to promote violence prevention through education and outreach
- **Family Community Resource Center (Family & Community Services):** “One-stop” centers for cash and medical assistance, food stamps, and job services
- **Partner Abuse Intervention Services:** IDHS protocol-approved programs for individuals who perpetrate intimate partner violence



“Recovery means being able to play with my grandchildren... I am a new person.”

- Pam Perry

CHILDREN, YOUTH AND FAMILIES

As with individuals of any age, children and youth experience wellness on a continuum. It may be easy for parents to identify their child's physical needs: nutritious food, warm clothes when it's cold, bedtime at a reasonable hour. However, a child's mental and emotional needs may not be as obvious. According to Mental Health America, good mental health allows children to think clearly, develop socially and learn new skills. Additionally, good friends and encouraging words from adults are all important for helping children develop self-confidence, healthy self-esteem, and a healthy emotional outlook on life.

- Mental Health America

Basics for a child's good mental health:

- Unconditional love from family
- Self-confidence and high self-esteem
- The opportunity to play with other children
- Encouraging teachers and supportive caretakers
- Safe and secure surroundings
- Appropriate guidance and discipline

Nurture children's confidence and self-esteem:

- **Praise Them** - Encouraging children's first steps or their ability to learn a new game helps them develop a desire to explore and learn about their surroundings. Allow children to explore and play in a safe area where they cannot get hurt. Assure them by smiling and talking to them often. Be an active participant in their activities. Your attention helps build their self-confidence and self-esteem.
- **Set Realistic Goals** - Young children need realistic goals that match their ambitions with their abilities. With your help, older children can choose activities that test their abilities and increase their self-confidence.
- **Be Honest** - Do not hide your failures from your children. It is important for them to know that we all make mistakes. It can be very reassuring to know that adults are not perfect.
- **Avoid Sarcastic Remarks** - If a child loses a game or fails a test, find out how he or she feels about the situation. Children may get discouraged and need a pep talk. Later, when they are ready, talk and offer assurance.
- **Encourage Children** - To not only strive to do their best, but also to enjoy the process. Trying new activities teaches children about teamwork, self-esteem and new skills.

Risk and Protective Factors:

Every child, youth and family experiences a combination of risk and protective factors in life. According to the Child Welfare Information Gateway, risk factors refer to the stressful conditions, events, or circumstances that reduce a family's chances for good outcomes and may include:

- Child abuse and neglect
- Family disharmony, instability or breakup
- Harsh or inconsistent discipline

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that lessen risk, promote healthy development and wellbeing and increase a family's chances for good outcomes. Put simply, protective factors are the strengths that help to buffer and support families at risk and may include:

- Family harmony and stability
- Supportive parenting
- Involvement with a caring adult

- Child Welfare Information Gateway

When to seek help

Parents and family members are usually the first to notice if a child has problems with emotions or behavior. Your observations along with those of teachers and other caregivers may lead you to seek help for your child. If you suspect a problem or have questions, consult your pediatrician or contact a mental health professional.



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
- Evidence-based, data-driven and outcome oriented
- Trauma-informed

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



Family Run Organizations

The foundation of a family-run organization consists of four essential elements:

- **Mission:** Dedicated to supporting families caring for a child or youth with mental, emotional, behavioral or substance abuse needs
- **Governance:** Board of the organization is comprised of at least 50% family members with “lived experience”
- **Personnel:** Executive Director and all staff members providing support are family members
- **Family voice:** Promotes family voice at all levels of the organization and system

Families with “lived experience” are defined as parents, relatives, or foster families who are or have been the primary caregiver for a child with mental health, emotional, behavioral or substance abuse needs.

- Family Run Executive Director Leadership Association (FREDLA)

For more information on Illinois Family Run Organizations, contact The Alliance (p. 28)

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



“...Recovery means hope for the future, kids, and adults...”

- Kiana Beler

Measuring Outcomes

How do we know children and adolescents are doing better and getting their clinical needs met? There are currently five different clinical measures being utilized to identify if the interventions being provided are resulting in positive outcomes and progress towards goals. Progress is currently measured 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
- Goal Attainment Scale

Both parents and youth should expect to see the scores from the quarterly assessment and be informed as to how the scores impact the family's progress toward their treatment goals.

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. 12).



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 IDHS/DMH Services

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

- Call: The Warm Line 866-359-7953
- Visit: www.illinoismentalhealthcollaborative.com
 - o Select “Individuals and Families”
 - o Select “Find a Mental Health Provider”

IDHS/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 may be more or less services available than those described on the following chart. These are descriptions of some key services.

Key IDHS/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 39-43.
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 is knowing it’s never too late!”

- Mark Freeman

Mental Health Services for the Deaf, Hard of Hearing, Late-Deafened, and DeafBlind Communities

The IDHS/DMH requires their funded community agencies to provide reasonable accommodations to individuals with hearing loss, including communication access.

Reasonable accommodations can include American Sign Language (ASL) and/or deaf interpreters, tactile signing, printed materials in large-print, FM system or personal amplifier, Communication Access RealTime Translation (CART), and/or other accommodations.

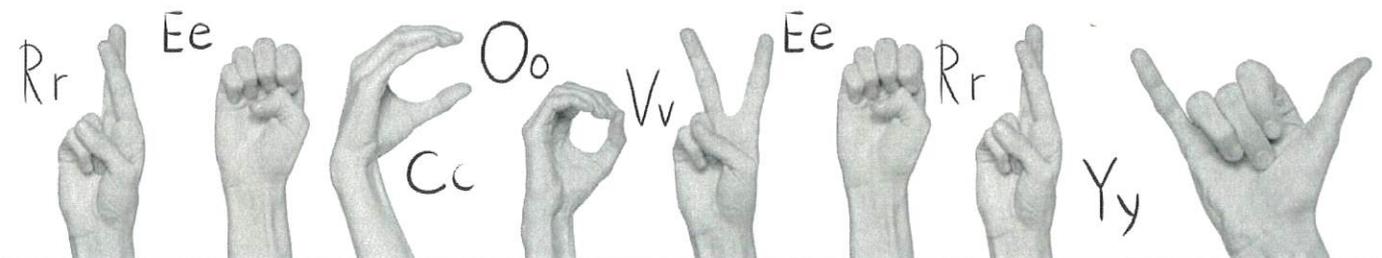
Several community mental health centers are certified to operate specialized residential programs, Assertive Community Treatment (ACT) teams, Psychosocial Rehabilitation (PSR), Wellness Recovery Action Plan (WRAP®), Individual Placement and Support (IPS), and psychiatric outpatient services for persons with hearing loss.

One of IDHS/DMH's inpatient psychiatric hospitals, Chicago Read Mental Health Center, operates a specialized inpatient psychiatric unit that is fully accessible to persons with hearing loss.

As with all mental health services, an individualized approach is best. IDHS/DMH has a Statewide Coordinator for Deaf and Hard of Hearing who can assist with accessing mental health services. Additionally, the Coordinator can provide training, technical assistance, and education related to mental health and persons with hearing loss.

For more information:

- Voice/TTY: [\(217\) 786-0023](tel:2177860023)
- Video Phone: [\(217\) 303-5807](tel:2173035807)
- Visit: www.dhs.state.il.us



Service Authorization

Some Medicaid-covered services must be authorized. This means that your mental health center needs to get approval 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 authorizing entity that it wants to provide the chosen service to you.
- 3) The authorizing entity confirms 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 authorizing entity authorizes the services to be provided. Additional re-authorization may be required later.
- 5) In other cases, the authorizing entity 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.

With limited state funding, the IDHS/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 IDHS/DMH, your personal health information is shared with the IDHS/DMH. This helps to make sure that the IDHS/DMH is paying for services based on real needs in the community.



CHOICES IN 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.

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, life 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.

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

- Call the Warm Line at **(866) 359-7953** to talk with a Wellness 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. 12). A crisis plan is also not the same as a Psychiatric Advance Directive. A Psychiatric Advance Directive is a legal document (p. 45).

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: _____

What I Would Like To Happen If I Am Experiencing A Crisis

Suggestions: Use separate sheets for *various types* of crisis situations and your plans to resolve them. A sample format is available below 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 as 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
- TTY: (800) 610-2779
- Visit: www.EquipForEquality.org

Illinois Guardianship and Advocacy Commission

- Call: (866) 274-8023
- TTY: (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: (217) 782-4977

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 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 Care

After you have been in treatment, it is a good idea to rate your experience. You may work better with some staff persons than you do with others. Having a good relationship with your treatment team 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 staff can help them to better meet your needs. You may ask your treatment team about opportunities for you to evaluate your care, such as satisfaction surveys. Your feedback helps them to provide better care.



INPUT IS VALUED BY THE IDHS/DMH

The IDHS/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:

- IDHS/DMH regional forums or advisory councils (Contact your Region Recovery Support Specialist, p. 10)
- Recovery and Empowerment Statewide Calls (p. 17)
- Annual IDHS/DMH regional recovery conferences and conference planning committees (p. 17)

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 IDHS/DMH. A complaint about a violation of rights is also known as a grievance. You can call or write the IDHS/DMH to discuss the concerns you have about your mental health services.

Call: **(800) 843-6154**

Illinois DHS/DMH
600 E. Ash, Building 500, 3rd FL
Springfield, IL 62703

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



RIGHTS, RESPONSIBILITIES AND CONFIDENTIALITY

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] is 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 provider make a reasonable effort to find an interpreter for you if you do not speak English;
- Be told if your provider 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).

Responsibilities

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

- Tell your treatment team if you do not understand or if you disagree with your service plan.
- Give your treatment team the information they need to give you good care.
- Come to your appointments on time. Call the office if you can not keep your appointment.
- Let your providers know if you change your phone number, mailing address, or move.

Confidentiality: Protected Health Information

The IDHS/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 IDHS/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 IDHS/DMH may share your PHI with law enforcement or other persons who might prevent or reduce the threat of harm.

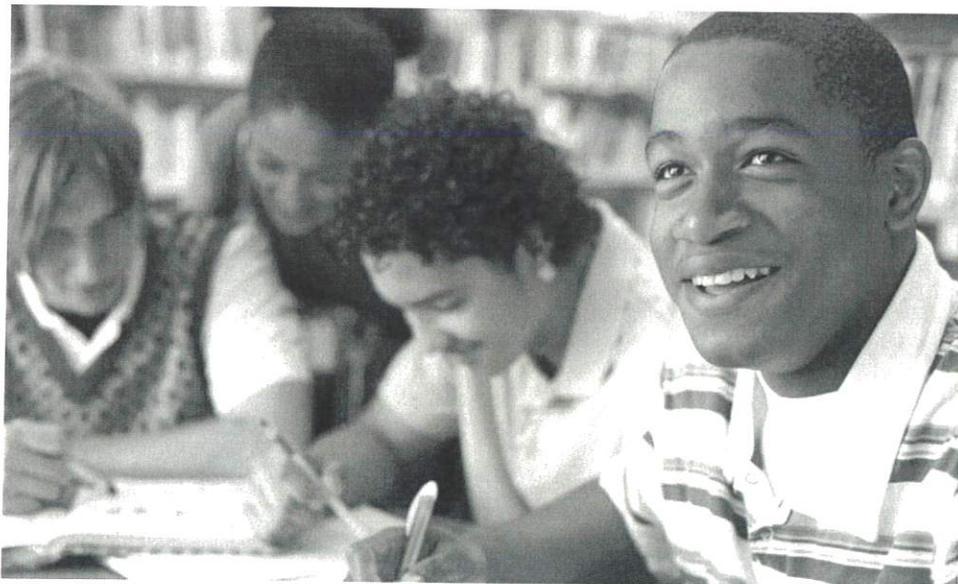
Confidentiality: Access to Your Own Mental Health Records

- Individuals 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 may dispute information contained in their own record by submitting a written correction of information for 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 mental health professional 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 mental health professional 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 mental health professional, 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 IDHS/DMH is here to serve you.

Science has shown that having hope plays an important 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.



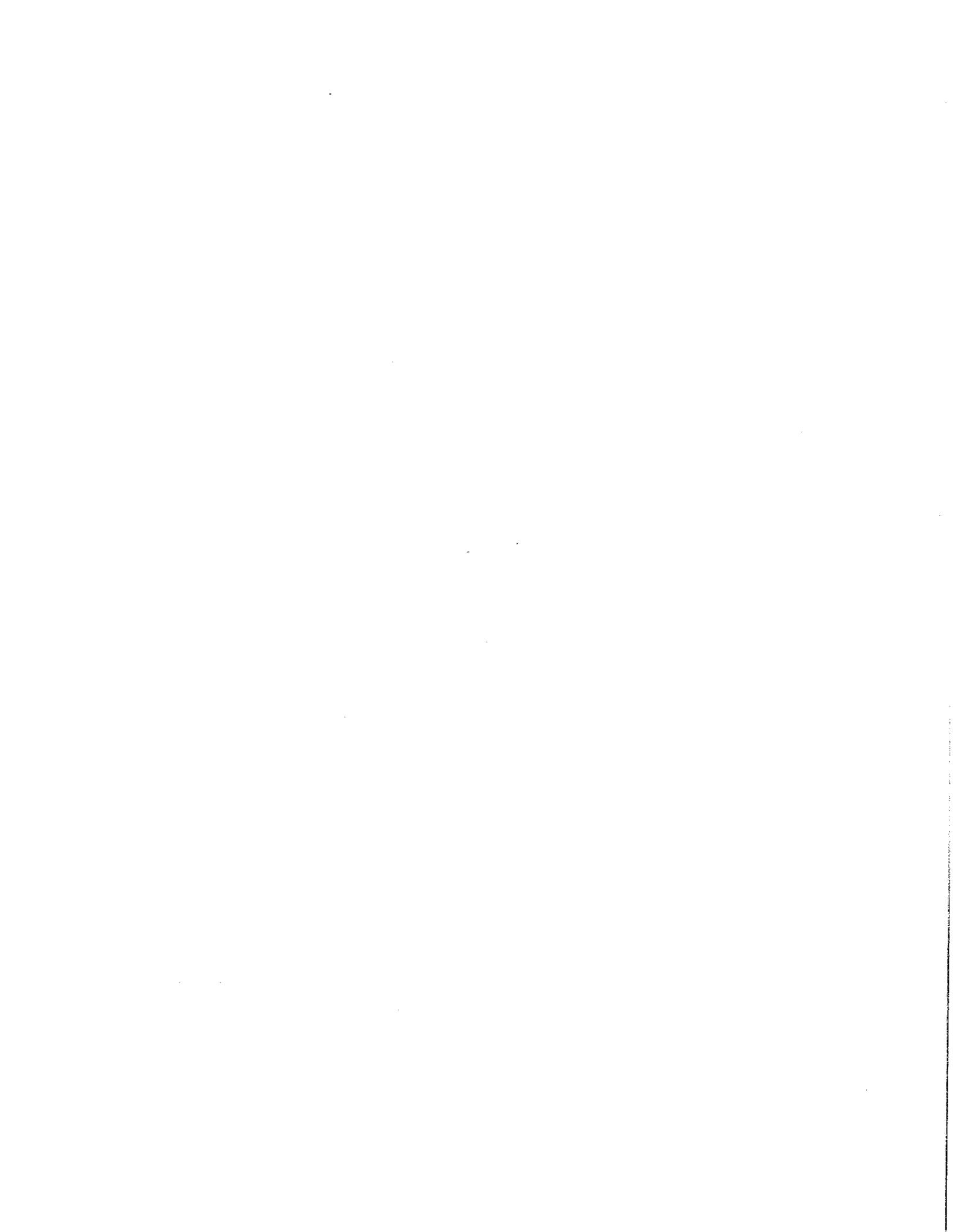
“Recovery to me means returning to a desired state of health and knowing this is possible even during difficult circumstances”

- AJ French





“The Expectation is Recovery!”





Produced by the:

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

Toll Free: (866) 359-7953

TTY: (866) 880-4459

www.IllinoisMentalHealthCollaborative.com

This is your Wellness and Recovery Quick Reference Card

Tear off at the dotted line.
Carry one with you.
Share one with a friend.

**Illinois
Warm Line
(866) 359-7953**

My mental health center phone number or crisis line:

My support persons in case of a crisis:

**Illinois
Warm Line
(866) 359-7953**

My mental health center phone number or crisis line:

My support persons in case of a crisis:

Other Support People:

Name:

Number:

Other Support People:

Name:

Number:
