

CRISIS AND TREATMENT PLANS

ADDITIONAL FORMS TO REQUEST AUTHORIZATION

In addition to the Request for Authorization Form, the provider shall submit the current treatment plan and crisis plan for the consumer.

TREATMENT PLAN

The consumer's treatment plan (ITP) is required to be submitted as a part of the authorization process to assure clinical congruence between the goals / interventions listed in the individual treatment plan and the service definition criteria and the LOCUS score. For example if a consumer scores a "4" on the risk of harm scale as a result of a recent increase in substance abuse that result in harmful behaviors, the Collaborative will look for that issue to be addressed in the ITP. The treatment plan submitted to the Collaborative as a part of the treatment request should comply with Rule 132, and be driven by the documented assessment.

ELEMENTS OF A CRISIS PLAN

As recovery and choice are hallmarks of the Illinois Mental Health Collaborative for Access and Choice, a consumer-driven crisis plan will be required as a part of the authorization process for ACT and CST. In the case of youth, a youth/family crisis plan is required. This is a step the Collaborative is taking to assure that the consumer has had an opportunity to express his or her wishes for how s/he wants to be cared for in case of a crisis. The crisis plan is a dynamic process and not a static experience. These plans are voluntary at their core, but should be used as a point for engagement into care. Thus, a consumer's initial crisis plan may only have one item such as, "this is how I know when I need help" or "this is who to call when I need help". Even if the individual is in a crisis at the time of intake, the crisis plan can be used as a part of the crisis resolution process, to assure next steps are appropriate for the consumer's progress towards his or her goals. The crisis plan can be an effective tool in engagement, and sets the stage for consumer choice and recovery focus. When consumer engagement is an issue, the crisis plan can be used as an effective tool for dialogue between the clinician and the consumer. Crisis plans are typically updated during the annual review process or when the consumer chooses to change a previous plan based on current life circumstances.

There are three types of consumer plans to prepare for or prevent a crisis. They include:

1. Crisis plans
2. Wellness Recovery Action Plan (WRAP)
3. Advanced directives

Crisis Plans

Providers are free to develop a consumer crisis plan document that is easily integrated into their system or a part of their electronic medical record (EMR). The basic elements of the Crisis plan can include:

1. What I am like when I am not feeling well:
2. Signs that I need help from others:
3. Who to call when I need help (My support team):
4. Who to not call when I need help:
5. My medications are:
6. I take medication to:
7. My doctor or provider is:
8. This is what usually works when I need help:
9. Please make sure someone on my support team takes care of:

For a youth/family crisis plan, basic elements can include:

1. We need help with daily monitoring when:
2. We need help to show our youth how to ask for help when:
3. Who can we call at night or on the weekends when we are stressed:
4. How do we help our child manage the side effects of their medication:
5. How do other parents cope:

Wellness Recovery Action Plans (WRAP)

WRAP is a self management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives.

WRAP is a structured system to monitor uncomfortable and distressing symptoms that can help reduce, modify or eliminate symptoms by using planned responses. The goal of WRAP is to teach people recovery, self management skills and strategies to deal with mental illness.

By definition the recovery process must be self directed. The individual designs and directs their own WRAP plan. This is more than a one time occurrence. The WRAP plan is ever changing and always is based on personal choice.

(as defined by the Copeland Center www.mentalhealthrecovery.com)

Advanced Directives

The Advance Directive serves a similar purpose to a Crisis Plan, but is a *legal document* created when a person is well. It describes what kind of mental health treatment the consumer would allow and what person can make decisions about the consumer's care if they consumer becomes unable to due to illness. *Only the consumer can decide to create an Advance Directive and what it contains.* There are two types of advanced directives

one is specific for mental health care and the other is a general directive for all health care needs including mental health.

A Declaration for Mental Health Treatment includes consumer preferences about:

- Medication
- Hospitalization
- Electroconvulsive Therapy (ECT)
- “Attorney in Fact,” who can view the consumer’s mental health records and make decisions about care, on behalf of the consumer.

A Power of Attorney for Health Care:

- Can direct both mental health treatment and other medical care.

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

Equip for Equality: Main Office

20 North Michigan Avenue, Suite 300

Chicago, IL 60602

(800) 537-2632 (Voice)

(800) 610-2779 (TTY)

www.equipforequality.org

Illinois Guardianship and Advocacy Commission: Legal Advocacy Service

1-866-274-8023

<http://www.gac.state.il.us/mhnp.html>