

ISP Meeting Tips

Before the ISP meeting:

- Think broadly about your goals.
- Write notes to remember your key points.
- If you are proposing a specific service, be ready to say how it will help you.
- If you want, ask a friend, family member, peer or advocate to attend with you.

During the ISP meeting:

- Take your own notes.
- Ask for a copy of anything you sign.
- Let the others know if they are going too fast or you need a break. The meeting does not need to be completed in one day or session.
- Ask questions. If other members of the team are making a recommendation they should be able to explain why. If they are saying a service you want is not a good fit, they should be able to explain this too.
- Keep an open mind. Others on your team may be aware of something you are not.
- You need to make sure all of your current services are listed in the ISP. And remember, while “seeing the psychiatrist” is a service you might want, there is generally no reason for your ISP to say you will take your medications.
- Remember you can accept part(s) of the plan and reject other parts.

After the ISP meeting:

- If you do not accept or reject your ISP within 30 days, it will be considered as if you signed and agreed to it.
- You can file an appeal if your team does not agree to include in the ISP a service you believe you need.
- Remind your team if a service written into the ISP has not been provided.
- If polite reminders do not get a service in place, you have the right to file an appeal.
- Your ISP needs to be updated as your needs change. At a minimum, your team must update the ISP at least every 6 months. You can request a meeting any time to update your ISP if your needs or

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The Office of Human Rights (OHR) is part of the AHCCCS Division of Health Care Advocacy and Advancement. OHR provides advocacy to individuals determined to have a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the publicly funded behavioral health system in Arizona.



Division of Health Care Advocacy and Advancement

The Individual Service Planning Process for Individuals with a Serious Mental Illness (SMI) in Arizona’s Public Behavioral Health System

The Office of Human Rights also publishes a more detailed Self Advocacy Guide on the Individual Service Planning process. You can request one by calling our office or download one from our website.

The intent of this guide is to provide general information to individuals determined to have a Serious Mental Illness in Arizona’s public behavioral health system regarding their rights in the Individual Service Planning process. It is not intended as a substitute for individual guidance or advice. Additionally, the AHCCCS/DHCAA, Office of Human Rights is not a law firm.

The Individual Service Plan

- Individuals determined to have a Serious Mental Illness (SMI) in Arizona have many rights under the law. Many of these rights are listed in administrative rules commonly referred to as the “SMI Rules.” You can find the rules in the Arizona Administrative Code, Title 9, Chapter 21 (www.azsos.gov/public_services/Title_09/9-21.htm).
- The SMI Rules provide individuals in Arizona with a Serious Mental Illness the right to an assessment and an Individual Service Plan (ISP). Although it may seem strange to think of an assessment and an ISP as rights, they are. These documents are supposed to form the basis of the services you receive. They require your Tribal or Regional Behavioral Health Authority (T/RBHA), contractors and providers to take steps to meet your unique needs. When done correctly, with your full participation, assessments and ISPs list specific things that help you with your recovery. They can also be used by you to make sure you get the services you need and want.
- The main goal of this brochure is to make individuals who receive treatment for a Serious Mental Illness aware that the ISP is much more than paperwork. When done properly, the ISP can be used to make sure you get the services you need to aid in your recovery.
- Assessment is the first step in making an ISP. By talking with you and with others who know you (if you wish), your treatment team will identify areas in life you need help with and strengths you have. The assessment will also identify how much help an individual needs to achieve a goal. For example, a person who is unable to read or write will usually need more help completing an application for public housing than an individual with a college degree.

- Your team must review and update the ISP at least every six months or when your services, needs or goals change. You can request a meeting to update your ISP any time.

Food for Thought

Many different things can be written into an ISP to support a person’s recovery goal(s). Some examples are

- Attend class at community college or university.
 - Work with peer support to increase community involvement.
 - Exercise at the gym three days per week.
 - Visit a drop-in center or clubhouse once a week.
 - Get more involved in church or other spiritual activities.
 - Attend groups and/or one-to-one counseling to address substance abuse.
 - Volunteer at local senior center (or other setting, based on individual preference).
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- In Arizona, the ISP is built on a team approach. You—the individual who receives services—are the most important team member. In addition to your case manager and psychiatrist, team members can include family members, a friend, a social worker from another service system, or anyone else you want to include. The team should hold a meeting to develop the ISP.

- Working with the rest of your team, you will identify one or more Long Term Goals. These goals focus on the big picture. Examples include, “I want to work with children as a nurse” and “I want to maintain my independent living apartment.” There can be different goals for different parts of life (housing, work, school, social, etc.)
- The Long Term Goals are broken down into measurable Objectives. As an example, the person who wants to be a nurse might have the following objective, “Juan will enter the nursing program at Northern Arizona University by September of 2017.”
- The Goals and Objectives come to life with individual Interventions. These are the “To Do” part of the ISP, and there should usually be things to do for both the individual and other team members. For the future nurse, an example might include, “Juan and Rehab Specialist will explore scholarship opportunities by May of 2017.”
- Some interventions—like medication, peer support, counseling, and others—are directly paid for by your T/RBHA, contractors or provider. Others—such as Social Security Disability, a community college, or a public housing program—are not directly provided by the T/RBHA, contractors or provider. However, when written into the ISP the clinical team—especially the case manager—must make reasonable efforts to help an individual access these types of interventions. How much help someone needs is determined the assessment and the team.
- One of the most important rights an individual has is the right to appeal assessments or ISPs. The SMI Rules allow an individual to appeal a team’s refusal to list a specific goal, objective, or intervention in an ISP. Also, if something is listed in the ISP but not provided in a reasonable time, an individual can appeal that as well.
- Your right to accept part of the ISP and reject other parts is another important protection. For example, if the team has proposed counseling in the ISP, but you do not feel you need it, you have the right to refuse counseling but still receive the other services listed in your ISP.