

## MANAGING KEY CONSTITUENCIES

*“You take people as far as they will go, not as far as you would like them to go.”*

*-Jeanette Rankin (1880 – 1973)*

This chapter outlines some of the priority stakeholder constituency groups that are vital to work closely with for community education purposes.

### **Consumer and Family Relations**

#### **Introduction**

The following sections of the Ohio Revised Code (ORC) address the role and function of consumer and family involvement at a Board:

- §340.011      “(A)(8) Promote the participation of consumers of mental health services and alcohol and drug addiction services in the planning, delivery and evaluation of these services.”
- §340.02      “The director of mental health [ODMH] shall ensure that at least one member of the board is a person who has received or is receiving mental health services paid for by public funds and at least one member is a parent or other relative of such a person. The director of alcohol and drug addiction services [ODADAS] shall ensure that at least one member of the board...shall be a person who has received or is receiving services for alcohol or drug addiction and at least one member shall be a parent or other relative of such a person.”
- §340.03      “(A)(15) Subject to rules issued by the director of mental health after consultation with relevant constituencies as required by division (A) (11) of Section 5119.06 of the Revised Code, with regard to mental health services, the board of alcohol, drug addiction, and mental health services shall: Establish a mechanism for involvement of consumer recommendation and advice on matters pertaining to mental health services in the alcohol, drug addiction, and mental health services district;”
- §340.033      “(A)(11) In accordance with procedures and guidelines established by the department of alcohol and drug addiction services, the [ADAS/ADAMH] board shall: Establish a mechanism for the involvement of persons receiving services in, and obtaining their advice on, matters pertaining to alcohol and drug addiction services.”

Additionally, the *President’s New Freedom Commission on Mental Health*, published in July 2003, strongly recommends the involvement of consumers and family members in planning and evaluating the quality of mental health care and in conducting research to effect system reform

and “Involve consumers and families in orienting the mental health system toward recovery.” (Recommendation 2.2, p. 37)

## **Relevant Stakeholders**

### **✓ Mental Health Advocates**

#### ***NAMI (National Alliance for the Mentally Ill) - Ohio*** (<http://www.nami.org/>)

Mission: NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

Description: NAMI is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families and friends of people with severe mental illnesses, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, and other severe and persistent mental illnesses that affect the brain.

Local Ohio affiliates in: Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Brown, Butler, Clark, Clermont, Columbiana, Cuyahoga, Darke, Defiance/Fulton, Delaware, Fairfield, Franklin, Gallia, Geauga, Greene, Hamilton, Hancock, Huron, Knox, Lake, Lancaster, Licking, Logan/Champaign, Lorain, Lucas, Madison, Mahoning, Marion/Crawford, Medina, Miami, Montgomery, Muskingham, Portage, Preble, Richland, Ross, Seneca/ Sandusky, Shelby, Stark, Canton, Summit, Trumbull, Union, Van Wert, Warren/Clinton, Washington, Wayne/Holmes, and Wood counties.

#### ***National Mental Health Association*** (<http://www.nmha.org/>)

Mission: The National Mental Health Association is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service.

Description: The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service. Local Ohio affiliates exist in Franklin, Hamilton, Knox, Licking, Lucas/Ottawa, Miami, Summit and Union counties.

#### ***Ohio Advocates for Mental Health*** (<http://www.ohioadvocates.org/>)

Mission: To educate public officials and the community at large about mental health and recovery.

Description: Through collaboration and outreach, Ohio Advocates for Mental Health (OAMH) offers those in the mental health community the opportunity to belong to a strong leadership and

advocacy network, which brings about necessary legislative change, assures linkages with needed resources and promotes the power of self-advocacy through peer education.

***Ohio Legal Rights Service*** (<http://olrs.ohio.gov/ASP/HomePage.asp>)

Mission: To protect and guarantee the human, civil, and legal rights of Ohioans with disabilities.

Description: The Ohio Legal Rights Service (OLRS) is an independent state agency and the federally and state designated Protection and Advocacy system and Client Assistance Program for people with disabilities in the State of Ohio.

***Ohio Federation for Children's Mental Health*** (<http://www.ohfederation.org>)

Mission: Ohio Federation focuses on children's mental health. It strives to help parents become equal partners in the planning, implementation and evaluation of services available to them. Looking holistically at the child and family encourages innovative programming, which increases options and promotes the best chance for positive outcomes.

Description: Ohio Federation for Children's Mental Health is statewide parent-run organization that focuses on the needs of children and youth with mental health issues and their families

✓ **Alcohol and/or Other Drug Advocates**

***Ohio Citizen Advocates for Chemical Dependency, Prevention and Treatment***  
(<http://www.charityadvantage.com/oca/Home.asp>)

Mission: To eliminate the stigma and discrimination associated with alcohol and other drug addiction by:

- Educating the public that alcohol and other drug addiction is a preventable, treatable medical illness,
- Reducing barriers to treatment, and
- Advocating for a system of care that supports a continuum of effective alcohol and other drug services.

**Outreach Strategies**

Consider the following strategies when attempting to engage consumers and family members in the work of the Board:

- Establish a link on the Board's Web site to a consumer/family button that shares information of interest to consumers, family members and advocates such as an introduction to the Board, Consumer and Family Advocate and System Client Rights Officers, Understanding Client Rights, and links to other recovery-oriented Web sites.

- Maintain a database of consumers and family members and advocates for the purpose of inviting them to relevant Board- sponsored events such as the Board Annual Meeting or educational workshops.
- Establish a scholarship fund to assist consumers and family members to attend recovery-based conferences and workshops.
- Establish consumer/family focus groups to solicit input as the Board makes major decisions such as hiring a new CEO or major changes in the services to consumers.

### **Additional Considerations**

Consider the following potential policy directions as a way to include the input of consumers and family members in the work of the Board:

- Form a Consumer and Family Advisory Council to provide the Board staff advice in its planning, funding and evaluation functions. The Board needs to be very clear on its functional responsibilities – advisory function is very different from policy making or operational functions, but advice is a critical component in creating consumer centered policies and procedures.
- Encourage an organizational culture at the Board that is “consumer centered” always asking the questions, “How is this decision going to impact consumers’ recovery?”, “How can you demonstrate that consumer input was valued and used?”, “Is this decision going to benefit consumers?” and further, “How do you know this decision will benefit consumers?” Vehicles to help move this agenda along could be a revision of the Board’s mission/vision, determining who the customer is in strategic planning sessions, developing Board policies/procedures that encourage the involvement of consumer/family input and incorporating the mantra of “How will this affect consumer care?” in discussing decision points among every level of Board staff.

### **Client Rights and Grievances**

#### **Relevant Stakeholders**

**Family Member:** If the consumer has a close relationship with family members, they can be of enormous value to both the agency and the consumer. In many respects, the family members offer a unique perspective to treating staff because they know the consumer in ways that staff does not due to their history together and familiarity with the consumer’s personality.

**Agency Client Rights Officer:** The Client Rights Officer (CRO) is a position created at all ODMH- and ODADAS- certified treatment agencies to assist consumers with complaints or grievances. The use of backup client rights officers is also recommended for both agencies and Boards, as the main client rights officer may be away from the office or need assistance due to workload.

**Ombudsman:** If your county has an Ombudsman, she or he can advocate on behalf of a consumer.

**HIPAA Privacy Officer:** According to federal HIPAA regulations, an individual must be designated as the Privacy Officer, responsible for the development and implementation of agency-wide policies and procedures relating to the safeguarding of Protected Health Information (PHI).

**Board Client Rights Officer:** Each area Board is mandated to have a Client Rights Officer (CRO) to ensure the health of the client rights process at provider agencies.

**State Client Rights Officer:** Ohio Department of Mental Health (ODMH) and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) have identified personnel involved with consumer complaints and grievances. ODMH has just developed a toll-free number to assist consumers with questions, complaints and grievances.

**Ohio Legal Rights Service:** Ohio Legal Rights Service also serves as a very powerful advocate on behalf of the consumer. Beyond working hard to ensure that the rights of the consumer are not violated, staff from Ohio Legal Rights will actively advocate for the wishes of the consumer.

**Ohio Advocates for Mental Health:** Staff from Ohio Advocates are ready to coach and advocate for consumers.

**NAMI county affiliates:** Staff and volunteers from NAMI county affiliates routinely advocate for consumers and family members alike.

**Mental Health Association County affiliates:** Staff and volunteers from this organization also routinely advocate for consumers.

**Ohio Citizen Advocates:** Established to be the voice of people in alcohol and drug recovery, Ohio Citizen Advocates will assist and provide useful information in helping consumers advocate for what they need.

**Ohio Federation for Children's Mental Health:** Focuses on children's mental health and strives to help parent's become equal partners in the planning, implementation and evaluation of services available to them. Looking holistically at the child and family, Ohio Federation for Children's Mental Health encourages innovative programming, which increases options and promotes the best chance towards positive outcomes.

**Other Stakeholders:** Advocates for the consumer may come in many forms. An advocate may be a friend, spouse, minister, employer or anyone who sympathizes with the challenges the consumer faces and wants to help.

### **Administrative Strategies**

ODADAS Client Rights and Grievances Policies and Procedures are found in the Ohio Administrative Code 3793:2-1-07. Under ODADAS Client Rights and Grievance Procedures:

1. Alcohol and drug (AOD) outpatient treatment programs, residential treatment programs, and methadone programs are required to:
  - List all 20 ODADAS client rights.
  - Have a client grievance procedure.
  - Keep record of client grievances for a minimum of two years from resolution date.
2. These programs are required to post client grievance procedures in a place accessible by clients, and these procedures must be given to each client at admission.
3. All program staff is required to be familiar with the program's client rights policy and grievance procedure and agree to abide by them.
4. The client grievance procedure must include:
  - A statement that the written grievance must be dated and signed by the client or an individual filing on behalf of the client.
  - A statement that the written grievance includes the date, approximate time, description of the incident, and names of individuals involved.
  - A statement to whom the client is to give the grievance.
  - A statement that the program will make a resolution decision on the grievance within 21 calendar days of the receipt of the grievance.
  - Designation of staff that will be available to assist a client in filing a grievance.
  - A statement that the client has the option to file a grievance with outside organizations such as ADAS or ADAMH Boards, ODADAS, Ohio Legal Rights Service, or the U.S. Department of Health and Human Services, Civil Rights Regional Office in Chicago.
  - A requirement that a written acknowledgment of receipt of the grievance is provided to each grievant within three working days from the receipt of the grievance.

ODMH Client Rights and Grievance Procedures are found in the Ohio Administrative Code 5122:2-1-02. Under ODMH Client Rights and Grievance Procedures:

1. Every agency certified to provide mental health services must have written client rights policy which contains:
  - The 22 mental health client rights.
  - The Client Rights Officer's (CRO) contact information along with a statement of the CRO's responsibility to accept and oversee the grievance process.
  - Assurance that staff will explain any aspect of client rights and grievance procedure when asked.
2. A copy of the Client Rights policy must be distributed to each applicant or client at intake or next subsequent appointment.
3. Provision that client may have a copy of the Client Rights policy and have the policy explained upon request.
4. Client Rights policy is posted in a conspicuous location in agency office.
5. Each mental health agency must have a written grievance procedure which includes:

- Assistance in filing a grievance if needed by the griever. Investigation of the grievance on behalf of the griever. Agency representation for the griever at the agency hearing of the grievance if requested by the griever. The procedure needs to clearly specify contact information of the person(s) designated to provide these activities.
- A reasonable opportunity for the griever and/or designated representative to be heard by an impartial decision maker.
- Timelines for resolving grievance, not to exceed 20 working days from filing date.
- Provisions for providing written notification and explanation of the resolution to the client, or griever, if other than the client.
- A “reasonable period of time” for filing a grievance from the date the grievance occurred.
- A current list of outside entities to grieve to.
- Provision to provide, upon request, information about the grievance to one or more outside entities.

Each agency shall make provisions for:

1. Copies of grievance procedures to be distributed upon request.
2. Prompt accessibility to CRO.
3. Filing a grievance against/or involving CRO or if the CRO is unavailable for any reason.
4. Ensuring that the agency CRO keeps records of grievances.
5. Ensuring agency records are available for review by the Board or ODMH upon request.
6. Ensuring that the agency submits annual summary report to the Board including number of grievances received, type of grievances and resolution status of grievances.

Each CMH or ADAMH Board must have procedures for:

1. Ensuring that each contract agency has a grievance procedure in place, which meets the requirement of Administrative Rule 5122:2-1-02.
2. Establishing a procedure for addressing client rights complaints including a:
  - Provision for accessing agency information relevant to the complaint.
  - Provision of the Board’s grievance procedure available upon request.
  - Specification of timelines for resolution of the grievance not to exceed 20 working days from the date the grievance is filed.
  - Provision for written notification and explanation of resolution to the client or griever with the client’s permission.
  - Statement regarding the option to grieve to outside entities and a current listing of these entities with contact information.
  - Provision for providing, upon request, relevant information about the grievance to other organizations to which the griever has initiated a complaint.
3. Completing annual review of the implementation of client rights policy and procedures for each contract agency.

4. Receiving an annual agency CRO's summary of the number of grievances received, type of grievances and resolution status of grievances.

ODMH shall receive each Board's annual summary as well as annual summaries provided to the Board by each of its agencies. ODMH shall in turn prepare and distribute an annual report of grievance summaries.

Although not mandated by ODADAS or ODMH to offer CRO training to provider agencies, Boards that invest in training agency CROs can ultimately save lives because effective CROs become part of the checks and balances system at the provider level.

Additionally, the Board CRO can play a major role in helping to establish an environment of trust and mutual support among agency CROs. This can be accomplished by offering case review meetings where CROs can bring cases (minus personally identifying information) and issues they experience at the agency to be discussed in a safe and supportive environment. CROs can share expertise and network as they grapple with the challenges of working with their colleagues to provide the highest quality behavioral health services.

Role of system ombudsman (where applicable): Some counties have decided to invest in an ombudsman. An ombudsman may be involved with activities such as educating consumers about their rights and responsibilities in recovery, providing assistance to consumers who have difficulty navigating the behavioral healthcare system or other systems that may impact the consumer's recovery, or collecting/analyzing data to do systems advocacy with provider groups.

The value of an ombudsman is the consumer's perception that this position is not directly "part of the system" and hence increases the belief in loyalty to the consumer's needs, rather than the needs of the provider agency. Several Board areas have had successful outcomes in assisting consumers using this approach.

### **Additional Considerations**

By the time a consumer approaches a client rights officer to file a client rights grievance, the consumer-staff negotiation process has usually broken down. It is common for the consumer to perceive that the line of communication with the staff has completely fallen apart. One strategy that has been strongly endorsed by consumer and family groups is to use mediation for resolving conflicts between providers and consumers. A skilled mediator is able to transform a "win-lose" scenario into a "win-win" scenario. The benefits can be enormous, including saving time and money in a long and drawn out grievance battle, consumer's recovery is sustained by avoiding negative emotions associated with the grievance process, and all parties walking away from the mediation feeling positive about the outcome of the conflict. The cost of conducting mediation however is upfront time spent by staff and a requirement that staff be willing to negotiate on an equal footing with the consumer.

### **Provider Relations**

#### **Introduction**

The relationship between county Boards and contract service agencies is shaped by various legal requirements including the Board's responsibility to:

- Monitor and evaluate services of contract agencies to assure compliance with the standards and requirements of the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services;
- Monitor contract performance standards and requirements to assure the appropriate use of public funds; and
- Fulfill community commitments.

The Board's relationship with contract service agencies is further defined by its legal requirement to:

- Establish "a unified system of treatment" for persons who are mentally ill. Ohio Revised Code Section 340.011 (A)(1)
- Provide mental health services in the least restrictive environment. Ohio Revised Code Section 340.011 (A)(3)
- Accept court commitments of probated mentally ill clients for treatment. Ohio Revised Code Section 5122.20
- Not control the daily operations of contract agencies, except in specific emergency cases for a temporary period of time. Ohio Revised Code Section 340.03 (A)(8)

### **Relevant Stakeholders**

Provider Executive Directors, as the leaders of independent non-profit organizations that report to their Boards of Trustees; Provider Board of Trustees.

### **Outreach Strategies**

Because of the interdependence of the Board and contract service providers in creating and managing a system of care that meets the needs of citizens for mental health and alcohol and drug addiction services, it is helpful to develop outreach strategies in partnership. In some communities' contract agencies are members of a provider association that may facilitate collaborative work.

### **Additional Considerations**

Other considerations regarding policy relations include:

- Board policies and procedures that clearly articulate contractual and statutorily mandated expectations.
- Technical assistance and training on priority issues to aid the contract agency in delivering the highest quality services possible.
- Establishment of 'red flag triggers' that warn the Board when a contract agency may be heading toward problematic business operations (e.g., failure in audit, failure to deliver programmatic services, expenses exceed revenues for extended period, etc).
- Establishment of specific next steps via plans of correction that are monitored and evaluated closely. Discernment of the next steps required for failure to meet established plans of correction.
- Targeted training to help contract agencies with maintaining credentialed professionals, which is vital to sustaining a solid workforce.

## Provider Relations Best Practices

- Boards should be clear, concise and consistent in all of their communication and interaction with providers.
- Boards should have a policy committing to timely responses to provider concerns and questions that is published and known to all parties.
- Boards should treat all of their providers consistently and fairly, based on contract guidelines. Playing favorites does not result in a productive outcome.
- Boards should develop a relationship with their providers built on mutual respect, not domination.
- Boards should recognize the role the providers play in the provision of services to the system's consumers and respect that role.
- Although the Boards have a formal contractual relationship with their providers, a partnership with providers, utilizing the contract as the backbone in terms of consistent, mutually agreed upon expectations results in better outcomes for consumers when both parties are working in tandem.

## **Community and Media Relations**

### **Introduction**

As the local government entity responsible for planning and funding the behavioral health care in the community, the Board has the opportunity to be a key spokesperson and therefore community resource to educate citizens on mental illness and/ or alcohol and drug addiction. At a minimum, the Board should be viewed as an expert by community organizations and members of the media, giving Board staff the opportunity to serve as a resource, on the record. Optimally, the Board should have proactive community relations and media relations (communications) plan to educate the community and tell their story to citizens and opinion leaders. If a Board relies on a local property tax levy, a proactive community/media relations program is crucial to maintaining ongoing support.

As publicly funded organizations, Boards are required to comply with Ohio's Sunshine Law (Ohio Revised Code Sections 121.22 and 149.43) with regard to access to information about the business operations of the Board. For further information on Ohio's Sunshine Law, refer to the Legal Considerations Chapter of this handbook. In addition to the legal requirements of notice of meetings, a Board should develop a method of handling all public information calls to insure that they are handled in a consistent, timely and professional manner.

### **Relevant Stakeholders**

- Elected Officials – County Commissioners; Courts; Mayor; City Council members (suburbs as well as county seat); Congressional delegation; State Legislative delegation;
- Community Opinion Leaders – the people who persuade and/or influence public opinion and whose support is crucial to secure access to a community levy. Civic associations; neighborhood commissions; community grassroots advocates; sister human service agencies (local Dept. of Job & Family Services, Children's Services Dept. etc); public

school districts; Rotary; Chambers of Commerce; Superintendent of Public Schools; labor unions (county chapters of the following: AFL-CIO; UAW; Teamsters; Education Association; AFSCME; OCSEA; SEIU; Building Trades; Steelworkers; FOP; Firefighters; African American Police Officers Assn.); Clergy/Religious Community (African American pastors; Catholic Diocese; other significant community churches).

- TV – Network affiliates: Assignment Desk staff; reporters with special interest (i.e. health, prevention; director of public service). Also, cable systems and community/public access stations.
- Print – Including major daily newspaper; weekly newspaper; minority newspaper; human services beat reporter; editor and editorial board (including editor of the editorial page).
- Radio – News Directors, Public Affairs Directors, morning radio hosts.

## **Outreach Strategies**

### 1. Elected Officials:

- Utilize the OACBHA Legislative Toolkit to communicate effectively with elected officials and advocate for behavioral healthcare needs in your community.
- Add elected officials, and their key staffs, to newsletter and other outreach mailing lists.
- Schedule annual meetings to brief elected officials on key accomplishments and present/future challenges that may require their attention.

### 2. Community Relations:

- Schedule one-on-one meetings; make presentations to groups; share newsletters (electronic and/or hard copies); targeted mailings from Board President and/or CEO; attend key thematic community events [e.g., Chamber Annual Meeting; United Way event; MLK celebration; etc].
- Utilize the one-page fact sheets, “Behavioral Health: Developing a Better Understanding” (this edition of the Association’s one-pager series can be accessed by contacting the Association directly) as a tool in community education and in making your case with elected officials and community groups.

### 3. Media Relations:

- Develop a proactive media plan that broadens the topics for which the Board can serve as a resource. Expand subjects to include feature stories on stress (i.e., wedding stress, handling divorces, holiday stress, etc), grief (widowhood, dealing with the loss of a pet, etc) and families (empty nester syndrome, sibling rivalry, etc).
- When possible, provide reporters with a story package, including a potential interview subject and video suggestions (b-roll) to go with story angle.
- Create Tip Sheets – story ideas with suggested individuals to interview for real life perspective.
- Utilize the one page-fact sheets, “Behavioral Health: Developing a Better Understanding” as a tool in educating reporters and editorial board members.
- Send weekly newspapers photos with cut lines.
- Set annual meetings with editors and/or editorial boards.
- Write letters to the editor.

- Do Public Service Announcements (radio and TV).
- Participate as mental health and/or addiction community expert on radio-call in or TV interviews around a timely local issue.
- Consider paid advertising, if your budget permits.

### **Additional Considerations**

- Establish a speaker's bureau to train ambassadors to speak on behalf of the entire organization.
- Decide who the primary and secondary spokesperson(s) are to handle media relations.
- Identify and train two key spokesperson: one representing the administration/Board policy (ideally the CEO) and one key clinician (ideally the SCCO) to speak on behalf of the Board on specific clinical issues.
- Develop policies and procedures that clearly articulate who is responsible for communicating to members of the media, citizens, elected officials and advocates.
- Develop a crisis communications plan and make sure that key senior staff is aware of their role in the event of an emergency or crisis. Suggest that one copy be kept at home and one at the office.
- Develop tips for talking to members of the media, which can be shared with other ambassadors and spokespeople.
- Develop a "fact sheet" with basic information such as the number of consumers served annually, the annual revenues and expenditures, how the Board is funded, treatment investment vs. prevention investment, etc. Also, potentially include general anti-stigma information about mental illness and substance abuse issues. Make sure all pertinent staff and Board members have the same information.

## **State Departments**

### **Introduction**

State Departments pass through federal and state funds designated by the Ohio General Assembly for community mental health, addiction treatment and prevention services. Additionally, they provide the leadership on future policy direction on behavioral healthcare issues as the main contacts for Boards to the executive branch of state government.

### **The Ohio Department of Mental Health**

**Vision:** Ohio will be a community of mentally healthy people who lead fulfilling and productive lives. It will be a caring community with strong compassion for and a determination to respond effectively and respectfully to the needs of all citizens with mental illness and behavioral disorders.

**Mission:** The mission of the Ohio Department of Mental Health is to establish mental health and recovery from mental illness as a cornerstone of health in Ohio, assuring access to quality mental health services for Ohioans at all levels of need and life stages.

**Clinical Mission:** The Ohio Department of Mental Health pursues clinical excellence through progressive treatment, education, research, and advocacy. We promote the recovery of people

with mental illness and the support of their families. We work in partnership to respect the rights of people and the safety of the community while honoring unique local, cultural, and special population needs.

Values: Ohio's mental health system is committed to these values: respect, integrity, dedication, quality and teamwork.

### **The Ohio Department of Alcohol and Drug Addiction Services**

Mission: The mission of the Ohio Department of Alcohol and Drug Addiction Services is to provide statewide leadership for alcohol and other drug addiction prevention and treatment services for the health, safety and productivity of all Ohioans.

Vision: "To provide nationally recognized leadership in establishing, brokering and marketing quality alcohol and other drug addiction prevention and treatment services accessible to all Ohioans within a system that promotes innovation, accountability and value."

### **Relevant Stakeholders**

Director of the Ohio Department of Mental Health; ODMH Deputy Director for Program and Policy Development; ODMH Area Directors, who are the liaisons with the 50 mental health boards; ODMH Medical Director, who oversees clinical services in Department hospitals, and develops and implements clinical evaluation.

Director of the Ohio Department of Alcohol, Drug and Addiction Services; ODADAS Regional liaisons for Treatment/Recovery and for Prevention.

### **Administrative Strategies**

There are many ways that State Departments interface with County Boards. The following is a list of some of the most frequent administrative activities. Please refer to the referenced handbook chapters for further information:

- MACSIS – Fiscal Responsibilities Chapter
- Data Mart – An ODMH web-based business tool designed to provide better information to assist in decision-making.
- Community Plan – Clinical Chapter
- Medicaid Members Eligibility – Fiscal Responsibilities Chapter
- Outcomes Initiatives – Quality Improvement Chapter
- Other data flow (Pharmacy and Hospital)
- Medicaid Compliance Review and Reporting – Quality Improvement Chapter
- Unusual Incidence Reporting and investigation – Clinical Chapter
- Independent Peer Review Oversight (AOD Federal treatment funds only)
- ODMH Medical Necessity Reviews – Clinical Chapter
- Reports and Compliance with ODADAS Level of Care Protocols – Clinical Chapter
- Residential (apartments) Fire and Life Safety Reviews – Quality Improvement Chapter

### **Citizen Participation**

## **Introduction**

Regardless of the size of the community, creating awareness and appreciation of the behavioral health care services in your community is important, both from a public policy perspective as well as an anti-stigma strategy. Creating an awareness of behavioral healthcare issues and the role of the Board is the first step. Often, in the absence of a personal experience with a mental health or addiction issue, individuals do not understand the work of the Board and how it differs from the work of other important human service organizations (e.g., Mental Retardation Board, Children's Services Board, etc). After creating basic awareness, the next step is to develop strategies to engage or solicit citizen participation in the work of the Board.

## **Relevant Stakeholders**

County residents [taxpayers]

## **Outreach Strategies**

- Provide public testimony at Board meetings – Requires notification of meeting location and times, speakers slip, and standing agenda item on public board meetings for testimony.
- Public information inquiries – Requires a policy and procedure for handling all inquiries, whether they come via phone, letter, website or in person.
- Participate in community health fair (community events that focus on health and wellness).
- Make speaking engagements (via community and professional events).
- Partner on large community events that help bring attention to the issues of mental health and recovery.
- Do Public Service Announcements on local radio and TV.
- Track the number of unique visitors to the web site to gauge interest.
- Media Coverage
- Gauge community opinions (qualitative research) on specific policy issues.
- Use polling surveys on a regular basis to gauge public perception and awareness.

## **Additional Considerations**

- Create and/or participate in grassroots support of levy – If the community has a community levy, engage citizens in the grass roots campaign.