

# Advocacy for Behavioral Health: Making Friends and Influencing Policy

Ohio Association of  
COUNTY  
BEHAVIORAL  
HEALTH  
AUTHORITIES

JULY 2010

OF  MIND

## Speak Up! As an Advocate for Behavioral Health

If you stood up at a PTA meeting, at the Lions Club, a Book Club meeting, or a baseball game and asked, “Who knows what behavioral health is?” How many affirmative answers would you hear? Those who called out, “I know what behavioral health is,” would likely be few.

All too often people are confused and believe “behavioral health” means that people with an addiction and/or mental illness are acting badly or misbehaving; many people don’t understand that addiction and mental illness are diseases, just like cancer or diabetes. While cancer and diabetes are diseases of the body, mental illness and addiction are diseases of the brain, often caused by imbalances in brain chemistry and a genetic component for some. These diseases often affect how individuals think and behave, disrupt their day-to-day lives, and in extreme instances individuals with untreated mental illness and/or addiction can harm themselves or others. While “behavioral health” may not be the best term, as it implies that these are behaviors rather than diseases, this has been the accepted terminology for years.

This lack of common knowledge is why advocacy for behavioral health is crucial to the individuals who must live with these diseases and to the families, communities, and state that must work and plan to ensure that Ohioans with mental illness and/or addiction have a continuum of care that leads to lasting recovery. Advocates for behavioral health care services can be found in children’s services, health care, faith-based organizations, criminal justice, and other inter-related service areas that are impacted daily by the consequences of unmet needs from behavioral health.

So what is behavioral health care? It is the treatment of addiction and mental illness. Health care is the treatment of the body, and since the brain is an essential part of the body, we all need to recognize and educate others that: **BEHAVIORAL HEALTH CARE IS HEALTH CARE!**



## CLPI ROAD MAP FOR ENGAGEMENT IN LEGISLATIVE ADVOCACY

ORGANIZATIONAL CAPACITY		STRATEGY		
DOES YOUR ORGANIZATION...		GOALS/OUTCOMES	PUBLIC POLICY	ORGANIZATIONAL
<b>WILL</b>	1) Understand <b>why</b> legislative advocacy is important to meeting your mission? 2) Have a <b>commitment</b> to advocacy?	Long-term Intermediate Short-term		
<b>KNOWLEDGE/SKILLS</b>	3) Understand the <b>rules</b> governing nonprofit advocacy? 4) Understand <b>legislative processes</b> ? 5) Understand rules for <b>funding</b> advocacy? 6) Understand key <b>policy issues</b> related to your mission? 7) Understand <b>strategy</b> options?	<b>DECISION-MAKERS</b>		<b>OPPONENT(S)</b>
<b>INFRASTRUCTURE</b>	8) Have a <b>policy</b> on advocacy activities/or public policy engagement? 9) Have a <b>governance</b> structure for advocacy? 10) Have a <b>decision-making</b> process for advocacy? 11) Have a <b>policy agenda</b> ? 12) Have <b>communications &amp; tracking</b> systems?	Who are the Decisions-Maker(s)?  Message(s) to Decision-Maker(s):  Messengers: -Who -Internal Message(s) to engage them  Tactics/Activities: Direct Lobbying      Grassroots Lobbying Admin. Advocacy      Grassroots Organizing Coalitions/Alliances      Voter Education Media      Other		Who are your Opponent(s)?  Message(s) of Opponent(s)  Messenger(s)  Tactics/Activities
<b>RESOURCES</b>	13) Have <b>financial resources</b> devoted to advocacy? 14) Have dedicated/designated <b>staff</b> for advocacy? 15) Have <b>relationships</b> with:	<b>EVALUATION</b>	<b>PUBLIC POLICY</b>	<b>ORGANIZATIONAL</b>
	Policymakers      Public Government Agencies      Other Nonprofits Base Constituencies      Coalitions/Alliances Media      Other	Indicators  Tools		

## Advocacy for Nonprofit Organizations

Advocacy does not involve lobbying for a specific piece of legislation, but lobbying always involves advocacy. Charitable nonprofit organizations may advocate and educate for their causes, and *should* do so according to the popular book *Forces for Good: The Six Practices of High-Impact Nonprofits*. Authors Leslie Crutchfield and Heather McLeod Grant identify advocacy as one of the six practices associated with high-impact nonprofits. They include a full chapter on how all of the high-impact nonprofits they identified in the field combine service and advocacy to make a difference for their causes.

## Executive Council

Joseph L. Szoke  
Montgomery ADAMHS  
*President*

William M. Denihan  
Cuyahoga ADAMH  
*President-Elect  
Secretary*

Precia Shenk Stuby  
Hancock ADAMH  
*Past-President  
Treasurer*

John R. Aller  
Stark MHRS

Rod Hollingsworth  
Muskingum Area ADAMH

Michael T. Jenks  
Medina ADAMH

Linda Pickenpaugh  
Belmont-Harrison-Monroe ADAMH

Karen J. Scherra  
Clermont ADAMH

Michael A. Schoenhofer  
Allen-Auglaize-Hardin ADAMH

Joseph Trolan  
Richland MHRS

Kent Youngman  
Clark-Greene-Madison MH&R

## Association Staff

Cheri L. Walter  
Chief Executive Officer

Suzanne Dulaney  
Associate CEO

Fonda Dawkins  
Chief of Program and Information Services

Stacey Frohnafel-Hasson  
Director of Communication and Outreach

Liz Henrich  
Administrator of Behavioral Health Initiatives

Todd Hollett  
Administrator of Operations

Kurtis Kiesel  
MIS Administrator



## The Importance of Advocacy

Cheri L. Walter, CEO  
Ohio Association of County Behavioral Health Authorities

**“Never doubt that a small group of thoughtful, committed citizens can change the world.**

**Indeed, it is the only thing that ever has.”**

*~ Margaret Mead*

I love this quote; in fact it’s probably my all time favorite. Why? Because I believe it to be so true; individuals when they band together to fight a common cause can do great things! Advocacy gives you the *power to influence people*, and now more than ever we are all going to need to educate and advocate with decision makers at all levels that, **TREATMENT WORKS, PEOPLE RECOVER**, and that **Behavioral Health Care IS Health Care**.

### WHY NOW?

- ▶ Health care reform has leveled the field for behavioral health care and physical health care.
- ▶ The integration of behavioral health care and health care is imperative.
- ▶ The upcoming biennial budget may be the most difficult budget Ohio’s lawmakers have ever had to craft, and we need to keep mental health and addiction funding a priority.

### WHY SHOULD YOU ADVOCATE & EDUCATE?

- ▶ Constituents are listened to; your ideas are supported and respected.
- ▶ You have personal knowledge and passion about behavioral health issues.
- ▶ You speak on behalf of the local citizens, representing their unique needs.
- ▶ Your locally elected officials will have an impact on addressing behavioral health issues.
- ▶ It turns opinions into action.

### WHAT SHOULD YOU ADVOCATE & EDUCATE ON?

- ▶ Behavioral Health Care **IS** Health Care.
- ▶ That people are dying due to lack of access to services; give examples from your life or community.
- ▶ Educate Legislators that Treatment Works and People Recover!
- ▶ Talk about the fact that funding treatment is the **wise fiscal choice**, as funding treatment is far cheaper than funding the outcome of untreated mental illness and addiction.

### HOW SHOULD YOU ADVOCATE & EDUCATE?

- ▶ Visit, call, and send letters to elected officials.
- ▶ Write Letters to the Editor of your local paper.
- ▶ Get local partners to advocate on your behalf:

School Superintendents, Sheriffs, local police Chiefs, and Judges, Emergency Room Doctors, Children’s Services workers, Consumers and Family members.

*This publication has been sponsored by the Ohio Empowerment Coalition.*





## Advocate Now to Fight the Culture of Indifference

Jack Cameron, Executive Director  
Ohio Empowerment Coalition

I am just a few weeks into my new position as Executive Director of the Ohio Empowerment Coalition, the new statewide consumer advocacy organization. Looking at the past couple of years, there is clearly a need for advocacy during these difficult economic times.

Budget cuts have compromised or eliminated many valuable services, especially consumer-operated services run by dedicated peers. There are fewer treatment options, longer waiting lists, fewer available shelter beds, less community support, fewer available jobs and less public transportation. But consumers are resilient, and these tough times have united us in many ways to overcome the new challenges.

Even in better economic times, persons with mental health problems have been victims of prejudice, discrimination, and social stigma, but public apathy is the biggest challenge. More disturbing than a lack of services has been the core problem for mental health consumers in America – “a culture of indifference.”

*“It seems to me that advocacy is about uniting us to educate the public about this culture of indifference that allows these awful things to happen without outrage.”*

The treatment of persons with a mental illness has improved significantly over the past 50 years from a public policy perspective. We have more rights for sure. Yet in some ways, the divide between consumers and the general population has never been wider.

It is the culture of indifference that results in events that we later find shocking. July 1st was the two year anniversary of the tragic death of Esmine Green. If you remember, she laid on the floor of a hospital psychiatric ER unit for over 24 hours. Video footage showed that she was ignored like some stray dog, and left untreated, she died from neglect. Six hospital workers were fired after it was revealed that a cover-up was attempted.

Why was she treated so callously by the very people who were there to protect and help her? If not for the video cameras, we would never have even heard of Esmine Green.

We would like to think that this could only happen in New York City, not in our town. But right here in Ohio, we have our own culture of indifference. We have clients in their 20’s living in nursing homes because there are no appropriate housing options. We have other clients, homeless and floundering because their case was closed due to “non-compliance.” The prisons are full of our clients, being punished for behaviors as a result of their disease that demand treatment, not cells.

It seems to me that advocacy is about uniting us to educate the public about this culture of indifference that allows these awful things to happen without outrage. More than being a voice for others, I hope that we will help others find their own voice. It is certainly better for people to find their own voice than to just be advocated for. We should all be advocates, not just those with the biggest words or the loudest voice.

People are far more likely to recover when they feel connected to their community and have supports, people, programs, and services that help them in their quest for wellness.

The Ohio Empowerment Coalition is committed to building community capacity to address these issues. But we cannot do it alone. Please help us in this endeavor to include and empower consumers. For more information about ways you can help, call our office at 614-310-8054, toll free at 1-877-643-6701 or email us at [ohioempowermentcoalition@gmail.org](mailto:ohioempowermentcoalition@gmail.org).

*Register to Vote*  
Your vote can influence public policy.  
Make it count!





Ohio’s Community Behavioral Health System exists to serve citizens in need of alcohol, drug addiction and/or mental health services in the community, where individual needs are best met. While the Patient Protection and Affordable Care Act will make certain medical treatments accessible to most Ohioans in three years, two facts should be understood: 1) there will still be a small percentage of the working poor who will not be able to afford health insurance coverage, and 2) federal health care reform will not pay for supportive services to live in the community, services like housing and education or a drop-in center for peer support.

If we don’t heal this fractured system of care, Ohioans will continue to die untimely deaths:

- ⇒ Based on the most recent statistics, suicides in Ohio are at a 10 year high. Most suicides (43%) occur in men between the ages of 36 and 65.
- ⇒ In Ohio, the annual deaths related to unintentional drug/medication overdoses are higher than the annual deaths due to vehicular accidents.
- ⇒ People with serious mental illness die, on average, 25 years earlier than the general population.

### Why Should People Care?

Mental illness and addiction are much more common than most people know. In a recent Ohio survey, 2 of every 3 respondents had a friend or family member with a behavioral health illness, and many referenced a person who had passed away. Mental illness and addiction touch us all - through the illness of a loved one or through the costs to society of untreated disease. Speak up! Tell your story so that policymakers will take notice.

Based on the status of behavioral health care in Ohio, many advocates have chosen to rally around the bandaid image and message. This damaged system of care must be healed for all Ohioans’ benefit. If you’d like *Behavioral Health Care IS Health Care* bandaid labels, call 614-224-1111 or email [sfrohnafel@oacbha.org](mailto:sfrohnafel@oacbha.org).

<p><b>Tell Personal Stories</b></p> <p>A personal story is a basic tool you should use to promote resources for behavioral health. Your story should be “selling” the community behavioral health system as you reach out to new partners, stakeholders, funders, and participants. Real life stories are effective ways to move beyond the numbers and connect to the listener or reader - a cause they can relate to and want to join. People living and working with mental illness and/or addiction can gain attention for their cause by being honest and forthcoming about how these illnesses have impacted their lives.</p>	<p><b>Reach Out to Public Officials</b></p> <ul style="list-style-type: none"> <li>⇒ Call, visit in person, write a letter, or send an email.</li> <li>⇒ Invite him/her to a special event at your local agency or drop-in center -  <ul style="list-style-type: none"> <li>Ribboncuttings, Groundbreakings,</li> <li>Open Houses, Health Fairs, Youth Poster Contests, Client Art Shows,...</li> </ul> </li> <li>⇒ Always include an opportunity for visitors to talk to clients and family members.</li> </ul>
---	--

SOURCES:  
 Ohio Suicide Prevention Foundation  
 National Institute of Mental Health  
 Centers for Disease Control and Prevention- Impact and Value: Telling Your Program’s Story  
 Center for Lobbying in the Public Interest  
 Ohio Department of Health  
 Faces and Voices of Recovery

## Treatment Works...People Recover