



Advocacy Visioning:

Developing a Shared Vision for Behavioral Health Advocacy in Ohio

Promoting Wellness and Recovery

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BACKGROUND

The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide state-wide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans. To achieve its mission, OhioMHAS continues to build on a commitment to community engagement and empowerment of persons with behavioral health disorders. As a result, the Office of Treatment and Recovery has established advocacy as one of its focal areas. To assist Ohio's behavioral health advocates and support advocacy efforts statewide, a comprehensive and inclusive visioning process was completed. The visioning process provided a positive setting to methodically and strategically determine where behavioral health advocacy in Ohio is headed over the next several years. The visioning process contributes to existing efforts in OhioMHAS to incorporate consumer voice and engagement into various department initiatives.

In February 2016, a core group of behavioral health advocates in Ohio was convened that brings a deeply informed and critical perspective to the visioning process. These advocates were selected based on their experience with and commitment to supporting advocacy efforts in both mental health and substance abuse services in Ohio as well as existing collaborations. The work of the group, as outlined in this document consisted of a day-long retreat on February 24, 2016, at the Twin Valley Behavioral Health Hospital north conference room. Participants engaged in a facilitated dialogue around a common vision for Ohio's behavioral health advocacy community, as well as identifying priorities for the future. This report provides a summary and analysis of the ideas that emerged during the Visioning retreat.

BEHAVIORAL HEALTH ADVOCACY VISIONING MEETING

Thirteen Ohio behavioral health advocates were divided into four groups to develop a shared vision and priorities for behavioral health advocacy in Ohio. To assist in developing the vision and priorities, the groups were guided through an exercise called "Cover Story." The purpose of the exercise was to identify a vision for the future of advocacy in Ohio. To do this, participants were asked to create a cover story for a magazine that might be written about their advocacy efforts 15 years in the future. Participants were asked to imagine that it's the year 2031. As they are at the checkout line at the grocery store, they see a copy of one of their favorite magazines. Then, on the cover of one, they notice a headline about behavioral health and advocacy in Ohio. It was then their job, as a group, to create that cover story along with elements including the featured articles, side bars, quotes, and in some cases, photos. The results of this exercise served as the basis for the vision statements. The notes presented below are the unedited thoughts and views as recorded by the facilitator on flip chart paper.

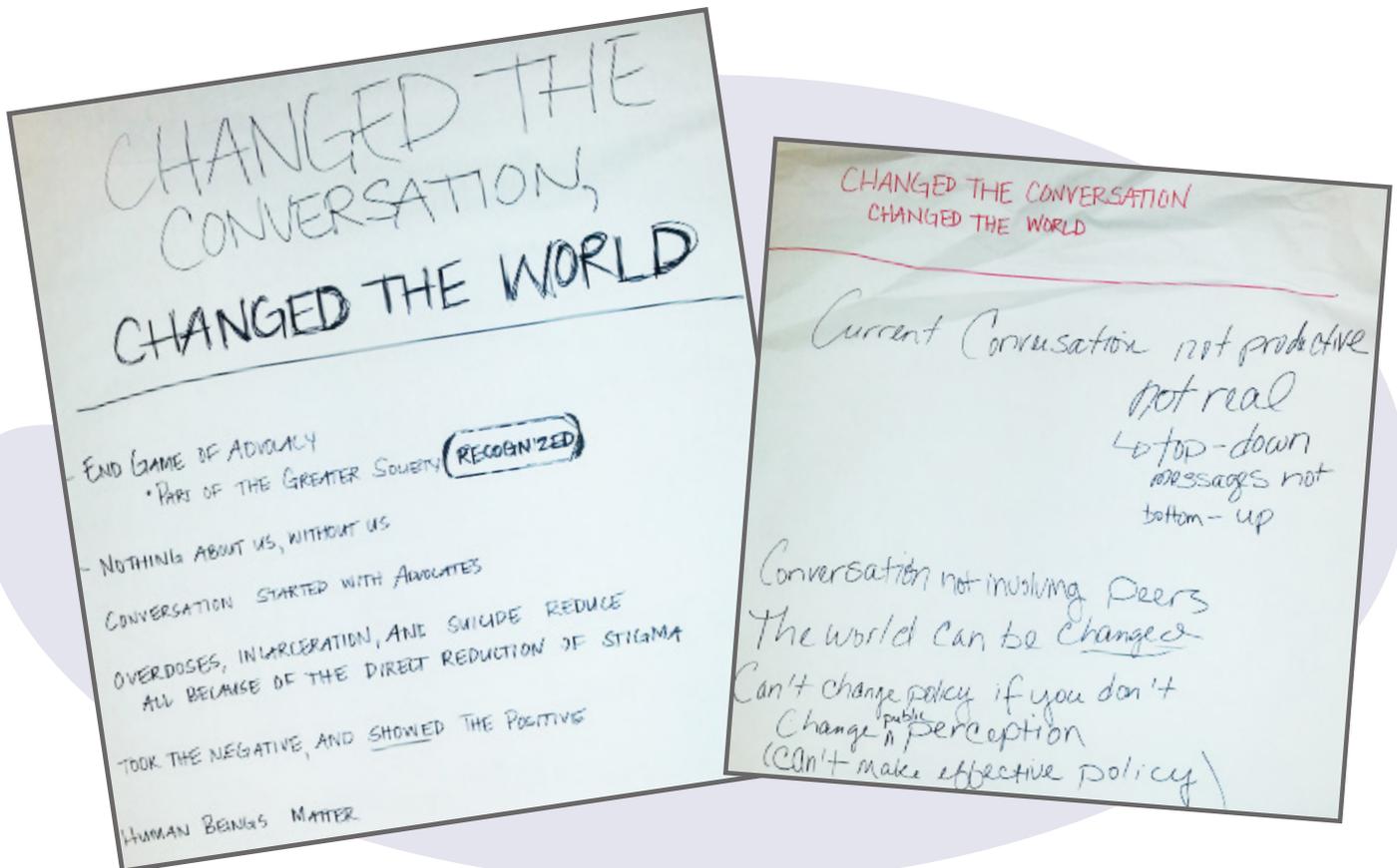
Table 1 shows the initial results of the cover story exercise. The participants suggested that the vision for advocacy should focus on a positive message about mental illness and substance abuse disorders, eliminating stigma, inclusiveness, normalization and creation of opportunities.

Table 1. Visioning Statements

Changing Lives, Creating Futures
 Stigma... What is that?
 A Place for Everyone
 Changed the conversation, changed the world

Group I

HEADLINE:	Changed the Conversation, CHANGED THE WORLD
Featured Articles:	The End Game of Advocacy—Part of the Greater Society--RECOGNIZED Nothing About Us, Without Us The Conversation Started with Advocates Overdoses, Incarceration, and Suicide Reduce Because of the Reduction in Stigma Took the Negative, and SHOWED the Positive Human Beings Matter



Group 2

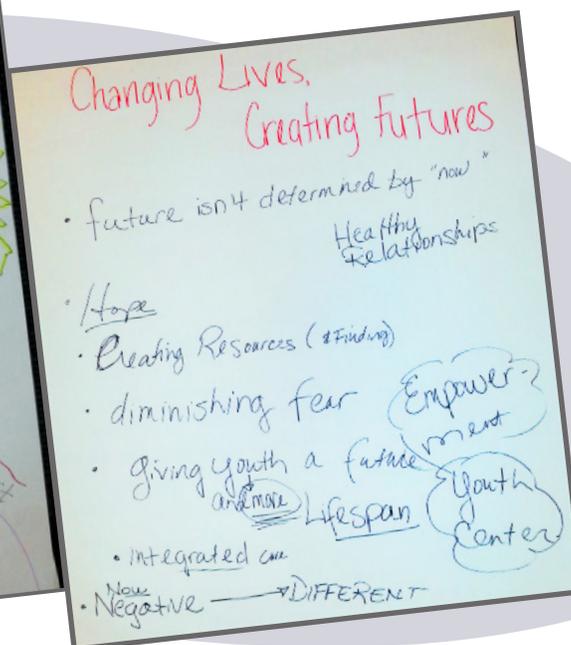
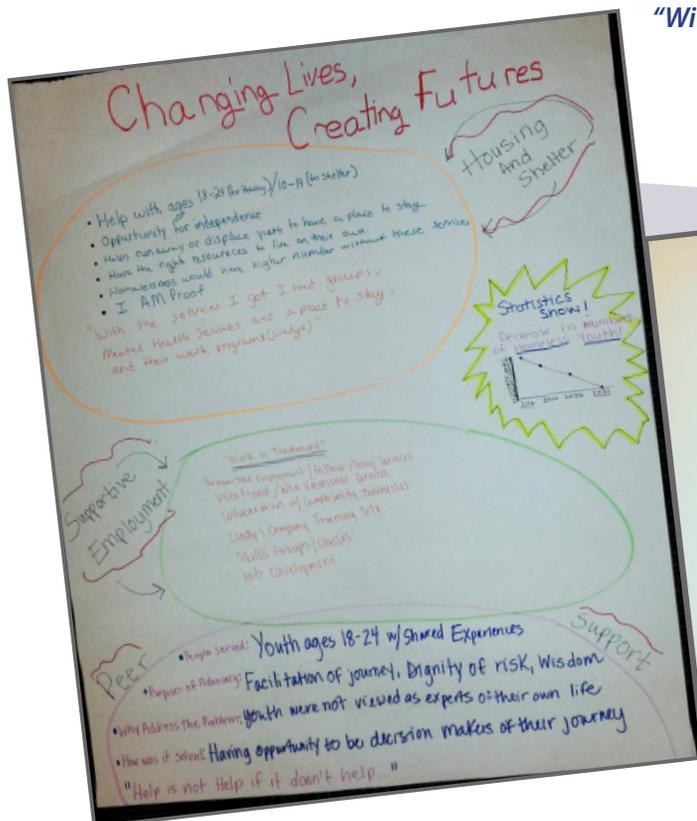
HEADLINE:	Changing Lives, Creating Futures
Featured Articles:	<p>Special Section on Housing:</p> <ul style="list-style-type: none"> • Help with the Ages 18-24 for housing and 10-19 for shelter • Opportunity for Independence • Helps Runaway or Displaced Youth to Have a Place to Stay • Have the Right Resources to Live on their Own • Homelessness Would Have Higher Number of Without Services • I AM PROOF <p>Special Section on Employment:</p> <ul style="list-style-type: none"> • Work IS Treatment • Supported Employment/Follow Along Services • Collaboration with Community Businesses • Skills Groups/Classes • Job Development <p>Special Section on Peer Support:</p> <ul style="list-style-type: none"> • Youth Ages 18-24 Share Experiences • Facilitation of Journey, Dignity of Risk, Wisdom • Youth were not viewed as experts of their own life • Having opportunity to be decision makers of their journey

Quotes:

"With the services I got I had groups, mental health services, a place to stay, and their work programs."

"Help is not Help if it doesn't Help."

"Statistics show! Decrease in numbers of homeless Youth!"



Group 3

HEADLINE:	A Place for Everyone: Peer Support for the UNDIAGNOSED
Featured Articles:	<ul style="list-style-type: none"> • Somewhere to be SAFE, WELCOMED, NON-JUDGEMENTAL • Money Follows the PERSON • Teach Vital RECOVERY INFORMATION & SKILLS • Participatory Governance, "Everyone Counts" <p>MENTORS</p> <ul style="list-style-type: none"> • Art, Music, Technology • Recovery Oriented Systems of Care Supported Top to Bottom • Ways to Educate about Peer Support

A PLACE FOR EVERYONE

PEER SUPPORT FOR THE UNDIAGNOSED
NOT BEING DRIVEN BY THEIR DIAGNOSES
 NON CLINICAL SERVICES

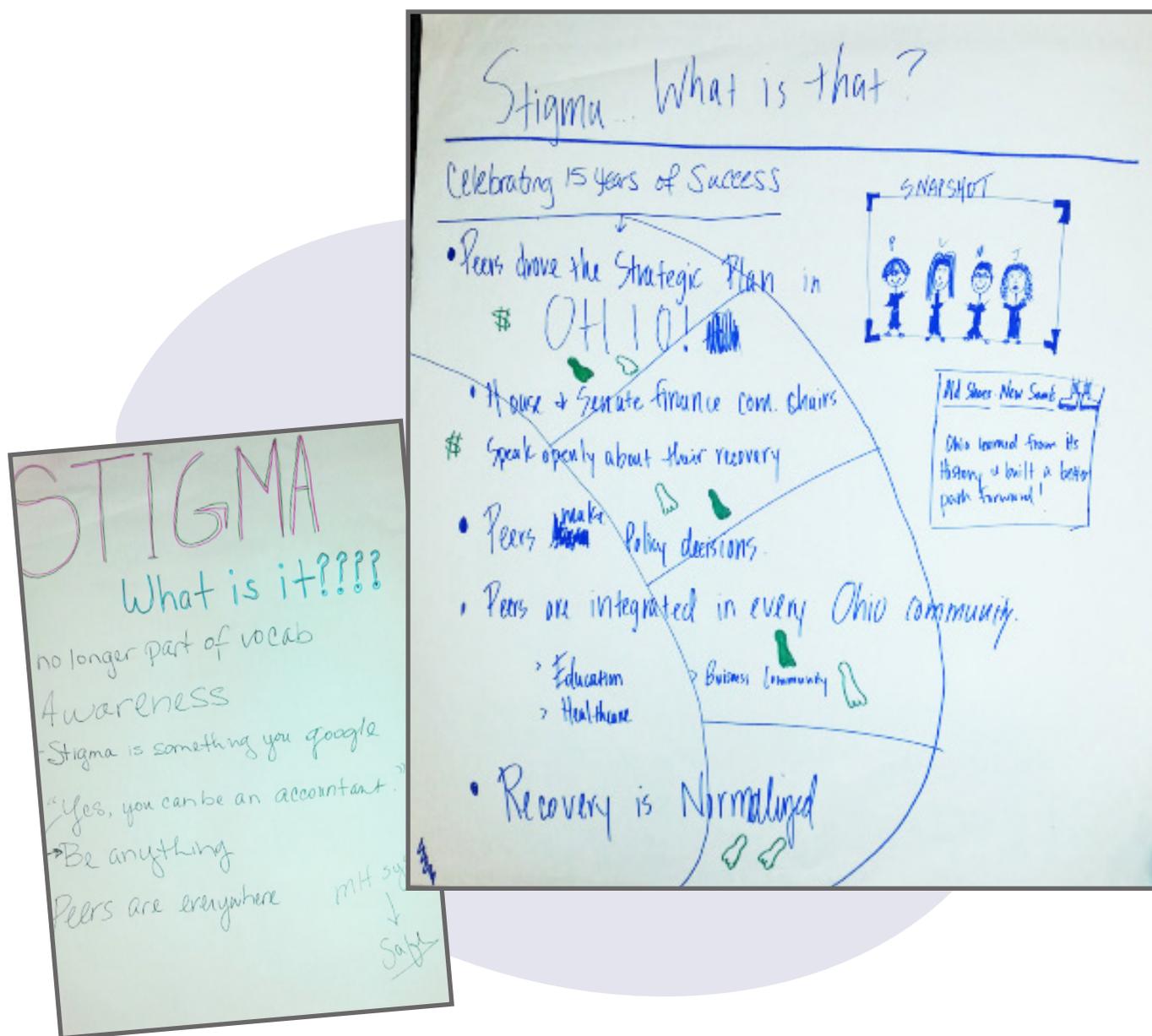
- - Somewhere TO BE SAFE WELCOMED, NON-JUDGEMENTAL
- - MONEY FOLLOWS THE PERSON
 - - TEACH VITAL RECOVERY INFORMATION + SKILLS
 - STRENGTH BASED
 - BASIC LITERACY
 - SUPPORTIVE ADAPTIVE TECHNOLOGY
 - PARTICIPATORY GOVERNANCE "EVERYONE COUNTS"
 - MENTORS
 - ARTS, MUSIC, TECHNOLOGY
 - RECOVERY ORIENTED SYSTEM OF CARE TOP TO BOTTOM.
 - WAYS TO EDUCATE ABOUT PEER SUPPORT

A PLACE FOR EVERYONE

Inclusion - Zero Exclusion
 Human beings having extraordinary experience
 No Dx is necessary

Group 4

HEADLINE:	STIGMA... What is that?
Featured Articles:	<ul style="list-style-type: none"> • Celebrating 15 years of Success • Peers drove the strategic plan in OHIO! • House and senate finance committee chairs speak openly about their recovery • Peers make policy decisions • Peers are integrated in every Ohio community: Education, Healthcare, Business • Recovery is Normalized • Old Shoes-New Souls: Ohio Learned from its History and Built a Better Path Forward!



GENERATED PRIORITY THEMES

“Something given or meriting attention before competing alternatives”— Definition of priority

The participants also developed themes and priorities based on their chosen vision. The unedited list of priorities can be found in Table 2. Overall, suggested priorities for the future were broad, but generally included a focus on creating competitive employment opportunities for persons in recovery (outside of behavioral health: “you can be anything”), genuine inclusion of persons with lived experience in policy decision-making, moving away from the diagnostic culture in behavioral health (i.e. medical model), a sincere buy-in from the “top” about recovery (as opposed to bottom-up), recovery models that are holistic and self-driven, and making the mental health system a place where people feel safe and welcomed.

Table 2. Theme/Priority

• Stigma-no longer part of the vocabulary
• Increase awareness
• Stigma is something you have to Google
• “Yes, you can be an accountant”, you can be anything
• Peers are everywhere
• Mental health system is “safe”—no one wants to go to a mental health center
• Current conversation is not productive or real (currently bottom-up approach, not top-bottom)
• Conversation not involving peers
• The world can be changed
• Can’t change policy if you don’t change public perception
• Currently not making effective policy (not recovery oriented policies—policies that engender fear and promote stigma)
• Inclusion-zero exclusion
• Human beings have extraordinary experiences (strength based as opposed to deficit model)
• No diagnosis is necessary
• Future isn’t determined by “now”—be more proactive
• Hope
• Healthy relationships
• Creating and finding resources
• Diminishing fear
• Empowerment
• Giving youth a future
• Focus across the lifespan, not just on specific periods in a person’s life (large parts of the population are neglected policy- and program-wise when this happens)

VALUES AND PRINCIPLES

“A fundamental truth or proposition that serves as the foundation for a system of belief or behavior or for a chain of reasoning.”— Definition of principle

As a part of the visioning process, participants were asked to develop a list of values and principles related to advocacy. The unedited list of priorities can be found in table 3 (bold items were mentioned more than once). Overarching values and principles included: communication (our voices are heard), enriched opportunities, access to basic needs, normalizing the recovery experience, alternative approaches to recovery (more than one way to recovery), being treated as an individual, and changing the language from deficits to strengths.

Table 3. Value/Principle

• Opportunities for growth	• Shaping and creating policy by lived experience
• Healthy conflict-respectful communication	• Dignity of Risk-taking a risk on persons with lived experience, giving them an opportunity
• Access to healthcare	• Advocacy
• Normalizing peer support-removing stigma	• Mental health system seen as a safe place to go to get help
• Effective training	• Learning from the past, not repeating it
• Giving credit to peers for policies that are based on their ideas	• Collaboration with community and businesses
• Peer Voice	• Nothing about us without us-not at the table
• Opportunities	• Teach vital recovery information
• Do not put peer support in a bubble	• Person centered change that changes what needs to be changed
• Medicaid model-giving up what peer agencies are	• Recovery norm
• Continuum of peer support with a continuum of funding	• Youth as experts
• Empowering voice	• Employment as treatment
• Changing language	• Respect for all people
• Recovery-dreams	• Caring-heals and empowers
• Focus on positive outcomes	• Eliminate stigma
• Do not want to be “normal”	• Peers make policy decisions
• Peer professionalism	• Peers advise research and evaluation
• Non-compliant vs. compromise	• Peers are decision makers and experts
• End labeling	• Money follows the person
• Part of community	• Strength based
• Youth opportunities	• Peer services not driven by diagnosis
• Recovery is individually defined-not cookie cutter	• Top to bottom Recovery Oriented Systems of Care
• Listen	• Based needs first-housing, jobs, food, clothing
• Not talked at	• Help must help
• Non-clinical services	

A “TAKE HOME” MESSAGE

For the final exercise, participants were asked to fill out an index card to inform OhioMHAS leadership of the most salient foci that will make behavioral health advocacy a success in Ohio. Overall, participants suggested:

- Training in advocacy and leadership for persons with lived experience
- Structured feedback loops for persons with lived experience with department leadership
- Speakers Bureau for consumers and families statewide about behavioral health and related topics
- Strategic planning process for peer-related activities in the department
- Developing a unified voice for advocates (currently not unified)
- An explanation of the peer Medicaid billable service and what is required (contracting, billing, mission drift, sustainability)
- Alternative resources to Medicaid billing
- Having a seat at the table for important matters that affect their lives
- Increased funding on housing, basic needs, and life skills training

NEXT STEPS

The group is providing this vision to OhioMHAS leadership for comment. It is noted that there are limitations to this document, including limited time and resources, priority areas that are primarily the opinions of the participants, and the need for broad input from other advocates across Ohio. However, the group envisions this vision as a living document that will evolve and change as more stakeholders come to the table and new knowledge is gained.

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