

CONSUMER-OPERATED SERVICES TECHNICAL ASSISTANCE GUIDE



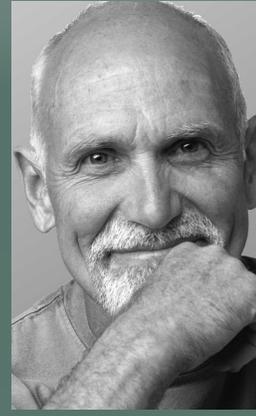
"Getting to
know you"



"Getting
started"



"Testing our
wings"



"We've arrived
and we're
staying"

Stages of development

National Consensus Conference on Mental Health Recovery: Consensus Statement on Recovery:

Mental Health Recovery is a journey of healing and transformation of a person with a mental health disability to be able to live a meaningful life in communities of his or her choice while striving to achieve full human potential or “personhood.”

Recovery is a multi-faceted concept based on these 10 fundamental elements and guiding principles:

- **Self-direction:** consumer lead, control, exercise choice over, and determine their own path of Recovery by maximizing autonomy, self-agency, and independence.
- **Individualized and Person-Centered:** there are multiple pathways to Recovery based on the individual person’s unique consumer needs, preferences, experiences – including past trauma, and cultural backgrounds in all of its diverse representations. Individuals also identify Recovery as being an on-going journey, and end result as well as an overall paradigm for achieving optimal mental health.
- **Empowerment:** consumers have the authority to exercise choices and make decisions that impact their lives and are educated and supported in so doing.
- **Holistic:** Recovery encompasses the varied aspects of an individual’s life including mind, body, spirit, and community including such factors as housing, employment, education, mental health and health care services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person.
- **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from these experiences.
- **Strengths-Based:** Recovery focuses on valuing and building on the multiple strengths, resiliency, coping abilities, inherent worth, and capabilities of individuals.
- **Peer Support:** the invaluable role of mutual support wherein consumers encourage other consumers in Recovery while providing a sense of belongingness, supportive relationships, valued roles and community is recognized and promoted.
- **Respect:** community, systems, and societal acceptance and appreciation of consumers-including the protection of consumer rights and the elimination of discrimination and stigma-are crucial in achieving Recovery. Self-acceptance and regaining ones belief in one’s self is also vital.
- **Responsibility:** consumers have personal responsibility for their own self-care and journeys of Recovery. This involves taking steps towards one’s goals that may require great courage.
- **Hope:** Recovery provides the essential and motivating message that people can and do overcome the barriers and obstacles that confront them.

“In Press”, Center for Mental Health Services, June 2005

The President's New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America Goals and Recommendations

Goal 1: Americans Understand that Mental Health Is Essential to Overall Health

Recommendations

- 1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention. [Grantees will advance and implement this campaign in their respective States, Territories, District, or Tribes.]
- 1.2 Address mental health with the same urgency as physical health.

Goal 2 - Mental Health Care Is Consumer and Family Driven

Recommendations

- 2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.
- 2.2 Involve consumers and families fully in orienting the mental health system toward Recovery.
- 2.3 Align relevant Federal programs to improve access and accountability for mental health services. [Grantees will align comparable programs at the State, Territory, District, or Tribal level.]
- 2.4 Create a Comprehensive State Mental Health Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

Goal 3: Disparities in Mental Health Services Are Eliminated

Recommendations

- 3.1 Improve access to quality care that is culturally competent.
- 3.2 Improve access to quality care in rural and geographically remote areas.

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

Recommendations

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.

Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated

Recommendations

- 5.1 Accelerate research to promote Recovery and resilience, and ultimately to cure and prevent mental illnesses.
- 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
- 5.3 Improve and expand the workforce providing evidence-based mental health services and supports.
- 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Goal 6: Technology Is Used to Access Mental Health Care and Information

Recommendations

- 6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.
- 6.2 Develop and implement integrated electronic health record and personal health information systems.

The Department and the Office of Consumer Recovery and Supports applaud the development of the Consumer Operated Services Technical Assistance Guide (COSTAG). We believe in the consumer's ability to recover and better their life by their own initiative and encourage the growth and development of self-help efforts among Ohio's consumers. Consumer Operated Services (COS) initial goal was to encourage personal contact and continuity of social relationships; and to alleviate isolation and loneliness, a persistent and recurring problem among people in the public mental health system. Additional activities include educational and employment opportunities, as well, as peer support, self-advocacy and leadership building.

This guide accounts for the normal difficulties encountered in establishing, implementing and maintaining a COS and gives common sense useful solutions and approaches to help consumer groups develop and flourish.

Partnerships and collaboration between administrators, local system providers, and consumers provide a distinct advantage for benefiting the mental health system and promoting recovery. Consumer operated services offer viable, cost-effective, and therapeutic alternatives to traditional outpatient treatment modalities. We encourage each of you to use this guide as a resource while developing and growing your organization in Ohio.

Michael F. Hogan, Ph.D., Director, Ohio Department of Mental Health
Nancy Nickerson, Chief, Office of Consumer and Recovery Supports

In the past twenty years we've seen consumer-operated services grow from a handful around the state to 70 or more in virtually every community of Ohio. These services have become viable and valuable within the traditional mental health community that support Recovery in a unique way – peer to peer.

Unfortunately, these services have all too frequently been developed without benefit of the knowledge gained by peers who have already successfully confronted and overcome the many challenges that face development of these invaluable services. This Consumer Operated Services Technical Assistance Guide (COSTAG) is a great step in assuring that as new services develop, or existing services seek to grow, the information provided in this guide will better light that path.

Doug DeVoe, Executive Director, Ohio Advocates for Mental Health



Ohio Department
of Mental Health



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How To Use This Guide

When addressing the best way for you to use this guide the committee remained focused on a simple, clear and concise approach. That approach was to use four Cycles to Consumer Operated Services (COS) or peer support development.

“Getting to Know You”

“Getting Started”

“Testing Our Wings”

“We’ve Arrived and We’re Staying”

We thought it made sense to look at the cycle of a COS as we do the cycle of life.

The first stage in development is infancy, where you’re getting acquainted with the world and new people and things – therefore, it’s entitled, “Getting to Know You”.

The second stage is the toddler stage – you are up and about, learning and exploring. It is entitled, “Getting Started”

The third stage is the teenage years – developing independence. It is entitled, “Testing Our Wings”.

The fourth stage is adulthood – you have been through a lot, and now the intent is to make life even better. It is entitled, “We’ve Arrived and We’re Staying”.

Depending on your group’s development your completion of the Cycles will vary. Before each stage you’ll find a list of categories followed by a narrative of how those categories might impact your particular concerns or questions. We have included comments from some of Ohio’s consumer leaders and comments from mental health Mental Health Boards and providers whose local systems are Recovery focused.

We looked at how consumer groups get started, usually with one or two people and then grow and sometimes develop into actually providing services to large numbers of peers. We developed this guide to help any group involved with consumer activities and programs of varying sizes. We hope this guide will assist you at any stage whether you are content where you are or wish to grow and develop.

Normally, many of the characteristics can be found in more than one stage. What we have tried to do is just acquaint you with some of the things you might be facing and give you some resources to help you with those concerns. We also wanted to help you recognize the many positive rewards of what you are doing.

Purpose Statement

Why:

To support and guide others who would like to organize a formal consumer-operated service.

Who:

For people with severe and persistent mental illness who have organized groups and would like to offer supports and guidance for others who would like to organize a consumer operated service.

What:

Development of a statewide tool/technical assistance guide to assist consumers organizing consumer operated services.

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Cycle One: "Getting together, Getting to know you"

Cycle One: Getting to Know You

<p>Socialization Being able to share feelings and experiences Establishing new relationships Developing a voice Creating an atmosphere of trust</p>	<p>Communication Creating an atmosphere of trust Beginning to develop ability to define problems or concerns Beginning to develop good communication skills</p>
<p>Peer Support Knowing you are not alone Support socialization Extended surrogate family Being able to share feelings and experiences Learning from others Creating a safe place of acceptance and belonging Instilling and promoting hope Beginning self help groups informally Participating in Peer Education</p>	<p>Recovery Facilitating positive growth Discovering and developing self worth Beginning to change or avoiding a negative life cycle Providing a reason to get up and do something Learning self advocacy</p> <p>Education Being able to share skills and experiences Learning from others Beginning self help groups informally Participating in Peer Education Attending workshops and conferences Contacting other existing COS Getting training in meeting facilitation</p>
<p>Policies/Advocacy Developing informal rules Creating an atmosphere of trust</p>	<p>Programming Volunteerism Offering group activities Membership Beginning self help groups informally Encouraging others to become involved Establish meeting place and time Planning how to reach out to other consumers who understand Recovery.</p>
<p>Linking with others/Community Involvement Educating self and others (on the local system) Attending local MH board and community meetings Engaging periodically in community events Developing community interactions Invite participation from agencies and MH boards Planning how to reach out to professionals who understand Recovery.</p>	<p>Leadership; Personnel/Officers/Board Members Emerging leadership more than one person Providing positive role models Facilitating positive growth Initiating motivation</p>
<p>Outcomes Number of people attending the meetings Number of activities held Number of phone calls received</p>	<p>Funding / Grant Writing Exploring funding possibilities for organization Identifying resources, dollars, free space, donated time from family & friends. Establish budget and/or bank account</p>

Cycle One Getting to know you



The first cycle of this guide is entitled “Getting to know you”. The symbol we use for this stage is an infant, who has so much learn and holds so many clues.

We see our relationship with consumers in the earliest stage as the most basic, yet critical phase of the assistance process. The course of treatment and strategy for recovery is often determined from the information we gather from the individual in this phase.

From family history to the person’s level of awareness, the success of their outcome is often a result of an accurate and thorough interview.

It has been demonstrated that a person is much more likely to have a successful outcome if they are involved early and often. This includes most major decisions from family involvement to medication levels and community involvement.

Continuous follow-up with the individual over the months that follow ensures that all possible resources are provided to support their recovery.

Consumer Comments:

Even at this beginning stage you need to understand and promote Recovery in everything you do. You need to learn and educate yourselves as you begin to grow. We are going to mention some of the challenges you and your group may come up against to organize and grow. We want you to understand that these challenges are very normal and your group may have these issues or they may not. We want you to know there are other resources out there and other groups may have the same or similar situations. These issues are not your fault and you are not alone. This turbulence is a normal part of an organizational development. There are four Cycles of development in any new group:

- Forming = getting acquainted
- Storming = engaging in conflict
- Norming = developing norms or rules
- Performing = doing the work

Storming happens because not everyone will have the same dreams and expectations for the group, and this leads to disappointment and conflict. It also happens because people have to learn to work together, which is not always easy. Storming does NOT happen because the people in the group have illnesses or disabilities. Storming may occur when new people enter the group or new issues surface or there are changes within the group. With the right leadership, the group will emerge from these circumstances ready to perform and grow. There are resources (page 23) to help you.

The first challenges you may have to contend with are inter-personal issues such as;

- Growing discontent
- Gossip mongers/pot stirrers
- Control issues/personalities
- Disagreements
- Negative individuals
- Popularity contest

If you are dealing with any of these issues, good communication skills are a must. The leaders needs to step back and be able to not take this personally. Respond in a calm manner and with accurate information. Use your peer support skills, and use your Recovery knowledge. If you find that you are not equipped to handle these challenges look to someone in your group who may have more developed skills in this area. Realize that these conflicts may happen in your group because many people have never had a voice before and realize that many people have never had an opportunity to be heard.

Some of the concerns that you may need to address as a group are:

- Too many bosses not enough workers

- Lack of participation
- Losing supporters
- Disagreements about what the group is and is not about
- Consensus about progress

Through honest discussion, negotiation, support for the designated leaders, and respect for each other, your group will have to develop a plan to address these concerns. You may want to contact other peer organizations for examples and ideas that they use for similar circumstances. It may help if an outside facilitator helps the group to work these issues out. You may contact Ohio Advocates for Mental Health with these issues.

Before you look for funding to expand or support the activities of the group, make sure you have agreement about your group goals. Group goals change over time. Consumer groups may begin with the goal of reaching out to other recovering people in the community to establish a support network and down the line establish the goal of system advocacy. Regardless of the goal, it is crucial for groups at all Cycles to get consensus and clarity on their current goals.

When you’re looking for funding or how to expand your group you may encounter the following:

- Wanting to move ahead before ready
- Lack of knowledge on how and where to go
- Lack of community and/or agency/Mental Health Board support
- Bureaucracy – Red Tape
- Hoop jumping/juggling

Addressing the lack of knowledge may begin by contacting your local Mental Health Board or agency for possible next steps. Lack of community agency or Mental Health Board support needs to be addressed through communication and educating them about Recovery and what you’re trying to do to help yourself and others. Be aware that when working with the system there is bureaucracy and red tape; again ask for assistance to get through these obstacles. You will feel like you are jumping through hoops and juggling too many things to handle, that is a very normal feeling.

Issues that will be ongoing concerns regardless of the stage your organization is in will be:

- Burnout/organizational and individual
- Lack of funds
- Lack of transportation
- Stigma in community against mental illness

- Local Mental Health Board decides what and who regarding supports and funding

You and your group need to be aware that burnout is inevitable if you do not share responsibilities. Take care of yourselves as individuals and take care of each other. **Lack of funds** and **transportation** are two of the biggest issues for Consumer Operated Services around the state. Again, network with other peer organizations for suggestions and resources. You will want to look at funding from a variety of sources and other peer organizations may be able to give you ideas.

Stigma against people with mental illness is still common and is a part of our journey. Personally, you may have experienced stigma but now you will attempt to deal with it through an organization. Your organization will be addressing stigma publicly. You will be addressing stigma through Recovery. You will be participating in community activities and modeling Recovery through your behavior. You may be able to do some education about mental illness in your community by speaking to local groups and educating them about Recovery.

Peer Support groups that receive funds from local Mental Health Boards must be certified by the Ohio Department of Mental Health as a Consumer Operated Service. To find out about this process you can contact your local Mental Health Board, Ohio Advocates for Mental Health, another peer group, or the Ohio Department of Mental Health Office of Licensure and Certification.

Mental Health Board/Provider Comments:

Consumer Group:

The first stage is the concept development stage. The most important task in the early Cycles of the creation of a consumer operated program is to identify a core group of individuals who are totally committed to seeing the process through to the end. There will be bumps in the road! If there are already grass root consumer meetings taking place in your community, enlist their support.

Gossip mongering, infighting are of the result of a lack of focus or lack of a shared goal to tie the group together. Remember your local need.

After you have established the services, your organization should request technical assistance and financial support. Early financial support can be in the form of modest grants to help offset the cost of travel to other existing consumer sites in Ohio. Visit other sites to gather ideas and learn practices that work elsewhere.

Community:

A visit to your local small business development organization could also be helpful as they are sources of valuable business “start up” materials and documents.

As an additional resource, you can seek out a mentoring organization or individual(s) who may be helpful to overcome some of the challenges you face or as an added resource as well.

Invite leaders in the community such as your Mental Health Board director, your State Representatives, and your County Commissioners to speak to your group and develop a relationship.

In this “meet and get to know each other” phase of development, make an effort to educate. Invite your Mental Health Board director, or designee, to one of your get-togethers to speak to your group about the funding, Mental Health Board, and its role in the local system. Invite people who can teach you about advocacy, Mental Health Board membership and your activity options as a group.

Advocacy should be one major thrust of what your consumer operated services does. Claim your role in the system by identifying your needs and then working to obtain them through whatever resources are necessary and available.

Mental Health System:

Get to know your Mental Health Board. Contact the executive director and let him/her know that you are gathering and getting to know each other. Inform the executive director that your group wants to be a productive force in the local system. Get his/her ideas about how best to learn more about the inner workings of your local system. Consider attending Mental Health Board meetings to get to know Mental Health Board members and to learn how your Mental Health Board operates. If there is a consumer representative on your Mental Health Board, get to know that person. Ask for guidance on how best to work with your Mental Health Board. If your local Mental Health Board has a Mental Health Board seat vacant, offer to recruit a consumer for this seat. Ask if your local Mental Health Board has a community plan for services. If so, ask to review it – ask to meet with relevant Mental Health Board staff to go over the community plan and discuss it.

Schedule a meeting with the local Mental Health Board Director or designee to learn about Mental Health Board mission and practices and to discuss how the Mental Health Board can be supportive of your efforts. It is a great idea to attend Mental Health Board meetings, but having a meeting with the Executive Director or designee is important, too. It helps to foster relationships and also gives you the opportunity to ask questions about

what goes on at Mental Health Board meetings, etc. Push for ongoing dialogue and ask to get together once a quarter or so.

Arrange early meetings with the ADAMHS Mental Health Board and other community stakeholders to present your vision of Recovery and how a consumer centered organization can add value to the present system of care. Identify what types of services will be added to the system. Holding focus groups with potential members and stakeholders is a great way to get valuable feedback.

Many of these early steps are critical in formulating a formal proposal for funding. The information you collect will be valuable whether requesting funding from the local Mental Health Board or writing a grant.

Request a Mental Health Board liaison be assigned, and assign one or more leaders/spokespeople from your group to meet with that person quarterly.

The purpose of these meetings is to inform them of your progress, ask for any specific assistance you think you need. Solicit needs assessment information from the Mental Health Board that will help you in your planning. Many of the above noted challenges are the result of groups not having a well-developed vision of their identity and purpose.

Having a Mental Health Board liaison assigned to you, and meeting regularly with that person, conveys a sense of professionalism and seriousness – and puts pressure on community. Establishing working relationships with Mental Health Board staff will help to establish your credibility as a serious group who wants to meet the needs of the community. The Mental Health Board may be able to help fund your planning efforts, and this is more likely to happen if they have a working relationship with you.

List the things that need to be done to present needs of the group to the Mental Health Board. Figure out what you want to achieve, and what is needed to assist in achieving it, then ask for the Mental Health Board’s financial support to meet those needs.

At this stage, to solicit support from provider agencies the question must be asked if there are particular therapists, psychiatrists, case managers, working within your system who understand and support Recovery. Ask these agencies for suggestions on how best to “get the word out” to other consumers who may want to be part of what you are doing. Ask for space to meet and ask them for suggestion about how to get the word out through the agency. If they offer temporary space at the agency, keep in mind that brushing elbows in the hall helps to forge informal contacts between provider staff and consumer leaders. As you become more organized, you will probably want to branch out on your own.

<p>Socialization Working together Develop "inclusion" Build group with positive affirmation Defuse conflicts</p>	<p>Communication Define purpose Building relationships with providers/families Review of community plan for services at your local Mental Health Board. Continuing to develop strong communication skills.</p>
<p>Peer Support Motivating each other Building relationships Emphasizing strengths Taking care of self and nurturing others</p>	<p>Recovery Self Awareness Volunteerism Emphasizing strengths Taking care of self and nurturing others</p>
<p>Education Develop and learn skills to gain your independence Skills needed to develop:</p> <ul style="list-style-type: none"> • Grant writing • Sound financial budgets • Fiscal policies • Supervision of staff/volunteers • Conflict resolution • Access to resources • Identifying and addressing stigma • Continuing Self Help/Recovery Activities • Visiting other existing COS for ideas and ask for copies of documents, ask for copies of corresponding technical and legal documents, such as; by laws, employee manuals, procedures, budgets, personnel policies, safety policies • Mental Health Board training/development • Facilitation of meetings 	<p>Policies/Advocacy Set priorities for activities based on mission Consumer representatives on Mental Health Boards, workgroups, committees within local and/or state systems. Investigate non profit status, seek consultation Move certification Group is contributing to improvement and change in the local system Consider to developing a strategic plan Establish mission, vision, and values By-laws/policies and procedures</p>
<p>Linking with others/Community Involvement Developing relationships with systems to get consumer representation Establish relationships and exchange information/resources with community organizations Tied into the community community re: stigma Volunteerism Linking resources for members needs Building relationships with providers/families Working together</p>	<p>Programming Establish scheduled activities Volunteerism Providing nutritional meals Recruitment Self Help Activities</p>
<p>Outcomes Documentation of members and activities Setting goals and checking status</p>	<p>Leadership; Personnel/Officers/Board Members Learning to work effectively with a group Recruitment of Mental Health Board members Establishing problem solving skills/conflict resolution Building cohesiveness Working together Orientation training for Mental Health Board members</p> <p>Funding / Grant Writing Insurance and operating costs Fundraising Establish and maintain budget and fiscal policies Management of grant funds Finding a person to help you with grant writing, your ADAMHS Mental Health Board may be helpful. Establish group bank account Seek financial consultation if needed</p>

Cycle Two Getting Started



The second cycle of this guide is entitled “Getting Started”. The symbol of a toddler, who has seemingly boundless energy and curiosity, is a wonderful analogy for the progress possible in this stage.

The person is often still a sponge at this cycle, soaking up new ideas and trying out new ways of thinking and problem-solving.

And just like a toddler, they will be interested in some ideas and completely indifferent with others. Expect the person to develop somewhat at their own pace and often on their own terms.

Just like little kids, they may be stubborn with some new ideas and regressive with others.

The individual at this stage is often very transparent, letting you know when things are working and sometimes throwing tantrums when things don't.

The key to success with this cycle is plenty of energy and a large support network of volunteers to assist in achieving the goals.

Consumer Comments:

At this stage you're probably a little more organized than you were when you started. People are probably stepping up to the plate to be leaders and the roles you are filling are probably becoming a little more comfortable and defined, but there will always be challenges.

- Storming interpersonal relationships
- Lack of interest
- Behavioral concerns
- Members stop coming
- Participation in activities
- Filling roles of responsibility

At this point you may be seeing identified leaders who have skills and who are willing to take on more responsibility. These are the people that may be able to share some of the day-to-day tasks to ensure the smooth running of the organization. Lack of communication or lack of participation by leaders and inconsistent programming may lead to loss of interest and members that stop coming and participating in activities. This can be countered by group discussion on preferred activities, outreach to other consumers, peer support, educational classes and a sense of community. Everyone should feel welcomed.

Behavioral concerns and storming interpersonal behavior may be occurring at this point. You may start getting referrals from agencies that have heard about your group. You may be having people come in who seem disruptive and are not quite sure how to behave and act in a group setting. It will be a challenge to keep everybody motivated but it can be done. The leaders need to make it clear that part of Recovery is taking responsibility for your own actions and behavior and that people will be held accountable to that standard. At this point your group should probably have some basic guidelines as to what behavior is acceptable and will not be tolerated. This should be covered in your well written policy and procedure manual. The leaders need to consistently and fairly enforce the policy and procedure manual that applies to everyone. The leaders should also have discussions about stigma and discrimination with the group. Everybody needs to be open, non-judgmental and accepting of others and should not discriminate against each other. We need to practice Recovery and use peer support to help others work toward their sense of belonging and Recovery.

Also at this stage you may feel like your group is completely dependent on providers and agencies. You may have worries about funding and sustainability, being unable to pay for your workers or feel a lack of valued recognition by the system and others in the community. This is where your group needs to come together and decide if this is okay or if you want this to change. If you are content with being here, continue to keep the lines of communication open with your providers and your

Mental Health Board and your members. If you have questions concerning your daily operations contact one of the resources in the back of this booklet. If you decide that you are not content with where you are, talk to a peer organization or Ohio Advocates for Mental Health, your local Mental Health Board with your plans for growth and talk to others about funding resources.

Transportation will probably always be a concern for Consumer Operated Services. You may also be able to contact churches, or other community groups, who have vehicles that sit empty and unused during the week. You may be able to contract with a transportation service, senior citizen centers, and/or other groups to fill this need. Again, contact a peer organization for ideas.

- Dependent on providers and agencies
- Limited funds
- Sustainability concerns
- Lack of funds for workers
- Lack of recognition

Mental Health Board/Provider Comments:

Consumer group:

Cycle two is a formalization stage in which the concepts and vision of the core group must be reduced to writing. This is when the following documents should begin development;

- Mission statements
- By-laws
- Budgets,
- *501©3 applications
- Business plans
- Definition of services to be offered
- Grant applications
- Personnel policies
- Business documents

*If your income exceeds \$25,000 you must file an IRS 990 tax return. This will require accurate, complete records of income and expenses. If your organization has paid staff it must withhold appropriate federal, state and local taxes and file these forms with the correct funds payable. If unsure please check with a financial specialist to verify what your financial requirements are.

Be aware that your dreams are not going to be reached overnight it will take a lot of small steps to get to where you ultimately want to be.

Don't become discouraged. Realize that good things take planning and time.

Establish a mission, vision, and values statement for your group and share it with key Mental Health Board and provider staff. Promoting your group as an important new partner in the SHARED endeavor of promoting Recovery could be CRITICAL to your success in soliciting Mental Health Board and provider support. You want to avoid being perceived as "another newly formed group that is going to want money we don't have" or "an organized group that just wants to complain about our system." You want to be perceived as a group that will CONTRIBUTE to improving the system. Ask yourselves what is needed in your system that your group could do better than any other established group. Once you figure this out, devote at least some of your time and effort to this goal.

Replicating an existing program or model can provide the details for much of the beginning work. Working with something in existence that everyone likes can also provide tools, structure, etc., even possibly outcome instruments. Make sure you are not reinventing the wheel.

Make sure you have a clear idea of what exactly you are going to start and where you are headed. What are your specific goals as an organization? You should expect some drop off in participation if the goals you set are not important to some of the people who have been members and that's fine. The Mental Health Board can help you decide "what you want to be when you grow up" by giving you information concerning community needs. If you agree to meet a need that no other organization is meeting, your local Mental Health Board will be interested in working with you.

This is the stage where many groups are challenged because it can be a daunting task to create so many technical and legal documents. The development of these documents is time consuming; however, you may be able to save time and effort by asking for copies of corresponding documents from other not-for-profits in your community. You can then customize the documents to fit your organization's mission and vision.

Develop an organizational plan with the expectation that you will get the funding. Make sure you have or get the expertise you need to figure out costs. This is one area where your local Mental Health Board may be very willing to help. If you want to attract public funding, your plan should include estimated numbers of people who will participate in your supports and services, and what results you expect for these people. How specifically will their lives be enhanced

as a result of participating in your supports and services? There is a growing pressure to document outcomes to obtain funding. You may not get all the funding you want or need but funders are impressed with well thought out plans. If you have your plan done, if additional funding becomes available, you are ready.

Don't be shy about asking people outside of your consumer group to facilitate this planning process. You may well have recovering people in your group who have expertise in planning and organizational development, but if you don't, ask for help. This is also something your local Mental Health Board may be willing to help pay for. You may also ask your local Mental Health Board if they can provide training and development resources for leaders of your group in the areas of Mental Health Board development, leadership development, etc.

Before you can file your formal documents keep in mind you must have your mission, vision, statement goals, and objectives in place. You must select your President, Secretary, Fiduciary Agent and Treasurer to complete the application. You will then be positioned to seek funding, locate a site, and implement the service array.

Community:

Host a series of informal "brown bag" lunch get togethers that include key leaders from your group, the Mental Health Board, and the major providers. Talk about what role your group may play in improving the lives of consumers in your community.

Technical assistance for these activities can be requested locally from the Small Business Development office, a college or university, a chamber of commerce, other not-for-profits, an attorney, OAMH and the Mental Health Board (reference resource pages). Some of this assistance may be free, some may come with a cost. Do not be shy about asking for volunteer help from others in the community.

Consider a wide range of potential funding sources. Local Mental Health Boards vary widely on the amount of potential funding that may be available, so this should not be your only funding source. Local foundations, the United Way, state and federal funding sources should be explored. Funding sources will vary from area to area. Find an individual who is willing to assist with grant writing. Ask your local Mental Health Board to assist you in this area.

Having a mentor or a partner can help with establishing links to others in the community, as well as offer guidance in grant writing. Identify support figures, through ODMH, local Mental Health Boards, providers,

people with a financial background and others. Consider and examine what can help and what they can and cannot do.

Mental Health System:

It is critical that you make every attempt to establish good lines of communication with both your funding Mental Health Board and major providers at this stage. Consider how your group can contribute to and improve your local system. In order to minimize a "threat" to the Mental Health Board and Providers – solicit input from both the Mental Health Board and the providers by asking how they think your group can contribute to improving Recovery potential for consumers in your area. Of course your group will have ideas about what you want to work on, but invite ideas from the Mental Health Board and providers, too.

If your Mental Health Board does not have a consumer member, now is the time to really push for this. Ohio requires a consumer member on every ADAMHS/MH Mental Health Board.

You may want to avoid bringing in outside experts with the intention of influencing the Mental Health Board and providers to get "more with it" regarding Recovery or the development of a COS. Be aware we have a very territorial state and each area wants to do its own thing and outside "experts" are not really listened to unless they are wanted. Once the Mental Health Board, provider and your group decide together that you could use outside expertise, then that's fine, but wait until everyone requests it.

Cycle Three: “Testing our Wings”

Cycle Three: Testing our Wings

<p>Socialization Annual meeting Regularly scheduled activities “Inclusion” positive affirmation Conflict resolution practiced</p>	<p>Communication Keep clear lines of communication open with partners, community, membership, and employees. Information in writing (documentation)</p>
<p>Peer Support Building and putting up own supports Role modeling Shared responsibilities Outreach to members and potential members</p>	<p>Recovery “Yes I Can” attitude Individuals modeling Recovery Recovery, Peer Support and Leadership taking on new roles. Employment and peer positions Testing rules</p>
<p>Education Learning to write grants, business plans, etc. Leadership training Skill building (supervision, management and leadership)</p>	<p>Policies/Advocacy Establish internal standard operating procedures Personnel policies Safety policies and procedures Problem solving Political involvement</p>
<p>Programming Expanding existing activities to meet needs Formal membership drive</p>	<p>Linking with others/Community Involvement Starting to move, not just survive Finding new community resources Political involvement Moving to state levels Development of brochure and place appropriately Requesting to attend mental health center staff in service training and community workshops to promote consumer-operated service.</p>
<p>Leadership; Personnel/Officers/Board Members Role modeling Identify and develop emerging leaders Develop multiple leaders Delegate activities Working Mental Health Board Problem solving Orientation/training for all Mental Health Board members</p>	
<p>Outcomes Accountability Evaluating or measuring effectiveness Political involvement</p>	<p>Funding / Grant Writing Finding new financial resources Some paid positions Fund raising Well managed budget tied to program goals</p>

Cycle Three Testing our Wings



The third cycle of this guide is entitled “Testing our Wings”. The teenager is the symbol for this stage, since there is more independent thinking and problem-solving that is done by the individual.

And just like a teenager learning to drive, you can expect fender-benders and setbacks from the inexperience of the more adult responsibilities.

The setbacks are normal and often necessary to learn new parameters of behavior. Many individuals want to be on their own at this cycle, but perhaps are not emotionally capable. The ambivalence of wanting to be independent, mixed with the fear of the unknown is to be expected at this cycle.

Much individual growth at this phase will signal a shift of decisions to the individual. Their successful choices will emotionally strengthen them, just like the bad choices will hold them more accountable.

This could be considered the midterm exam to show how far the individual has grown so far and where improvements still need to be made.

Consumer Comments:

At this stage, you’re probably more independent. You may be well-known as a COS and, hopefully, you are a valued part of your local mental health system. With independence, you may be trying to obtain funding from resources outside of mental health. Adequate funding is almost always a continuous challenge. Some of the concerns around budgets may include paying staff and having limited hours for staff with more work to be done. If funding is tight, you need to adjust spending. You may have to compete with other organizations for scarce resources (funding included). This is a point where you really need to communicate your needs to your peer organizations for suggestions and supports. Your staff may be stressed, they might be feeling that they don’t have the training to do the job. You might be outgrowing your space; these are all valid concerns. The key is to keep communication lines open. Resolve problems as they arise. You can overcome challenges by working together. Remember how important accountability is at this time. Additional funding is often tied to how you can account for past expenditures. Make sure you have a reasonable budget for spending your funds on valid programs and expenses. You should have a professional audit your books annually. Remember to continuously keep your board up to date on happenings and issues and make sure members of your consumer board receive training on financial matters including how to read a financial statement.

Prior attitudes about consumer’s abilities may not have been positive. We want to hold ourselves and our organizations to higher standards to show our competence and value. We can change attitudes, and eliminate discrimination and stigma, by doing so. You need to make sure that you and your peers are taking care of yourselves and practicing what we preach about Recovery. Use your personal and organizational supports – you are doing a great job!

Mental Health Board/Provider Comments:

Consumer Group:

A continued forward thinking perspective includes focusing more on others. Becoming a peer, a mentor or partner to another beginning group will assist in this process.

Market services to consumers directly. Use newsletters, fliers, newspaper and advertisements...be creative. Have a structured schedule of events and programs to share. Consistency in programming is a must!

Build in internal methods of recognition within the process of growing the organization. Take time to recognize and celebrate achievements and participation.

Marketing and outreach are the key activities in this stage. The concept of a consumer operated service adding value to the service array should be promoted. Target Community Mental Health Centers and other stakeholders on service availability and referral methods. Ask to attend staff meetings and promote, promote, promote!

Community:

Consumers should be the faces and the voices of Recovery in the community. Volunteer to make presentations to the County Commissioners and other groups.

Create opportunities for fundraising linked with activities of Recovery, such as:

- Working at conferences
- Concessions at sports events
- Levy campaign

Participate in local activities like your county fair (your Mental Health Board probably has a booth) and any mental health levy campaign. Consumers need to participate and be accepted as part of the team.

Mental Health System:

The key here is making sure that you communicate, on a regular basis, with your Mental Health Board and Provider leadership. What does your group want to accomplish over the next year? Communicate these goals to the Mental Health Board and Provider. Ask for specific help from them. Example: Let's say your group decides to do training for other consumers on clients' rights. Tell the Mental Health Board and Provider specifically how they can assist you with this. THANK THEM if they prove to be helpful with your endeavors, including thank you notes or awards and verbal thanks. These simple steps are often overlooked and they can be very powerful. Just as important, keep them informed of your progress.

The Board of Directors must work hard to keep the new organization on task and in line with its mission. Staff will need to be trained and oriented to the organization's policies. This is also a good time to continue the search for additional funding sources. Keep in mind that adequate funding is a concern throughout the entire mental health system. All agencies struggle to keep funding adequate all the time, not just consumer operated organizations.

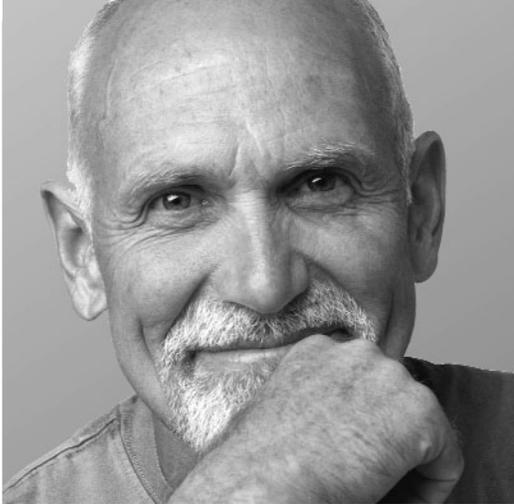
Ask to do an orientation/training for the Mental Health Board and provider Board to familiarize them with your group and its goals.

Cycle Four: “We’ve Arrived and We’re Staying”

Cycle Four: We’ve Arrived and We’re Staying

<p>Socialization Community integration</p>	<p>Communication Respected in community and by your local Mental Health Board and agency. Good public relations Documentation Maintain clear lines of communication with partners, community members and staff</p>
<p>Peer Support LOTS of Peer Support Comfortable and secure in environment Outreach to members and potential members</p>	<p>Recovery Community integration Peer role models Recovery in action</p>
<p>Education Community education Advocacy/Education Training opportunities</p>	<p>Policies/Advocacy Group knows the system and how to maneuver it Seek and maintain certification Mediation built into program structure Conflict resolution Documentation Involvement in state/national issues – political forums. Active advocacy in own community</p>
<p>Programming Program has more structured activities Membership Drive WRAP/BRIDGES/Peer Support offered/used Expanding activities Explores new services/activities in response to feedback from other stakeholders and membership. May become certified consumer operated service</p>	<p>Leadership; Personnel/Officers/Board Members Mental Health Board is policy focused Mental Health Board is functional and accepts direction Director has to be knowledgeable to assist Mental Health Board in strategic planning. Director has to be able to step in/coordinate Flexibility – roll with punches Good reputation Handles crisis Involvement in state/national issues – political forums. Orientation/training for all Mental Health Board members</p>
<p>Linking with others/Community Involvement Group has been around and is known outside mental health organizations Community integration Community education Respected in community and by others Good public relations</p>	<p>Funding / Grant Writing Rent versus Purchase site Capital grants Multiple funding sources Efforts continue at diversifying funding based and exploration of possible serviced that could bring in revenues. Budget managed well by peer</p>
<p>Outcomes More independence/inter-dependent/501c3 Financially accountable Mission adhered to Increased opportunities for employment, better housing, and community activities for all consumers outside mental health system.</p>	

Cycle Four
We've arrived and
we're staying



The fourth and final cycle of this guide is entitled “We’ve Arrived and We’re Staying”. The adult as a symbol for this stage signals a level of maturity and independence that is the pinnacle of progress.

Not that the job is over or that there will be setbacks, but there is a sense of accomplishment and completion.

The key to continued success is in follow up and accessibility for the individual. Many folks will now be battling more external issues (including social stigmas and lack of understanding from a somewhat ignorant public).

Although the individual is much stronger and more resilient, they will still need moral support that they receive from their network. Just as we all need encouragement at times, these individuals want to just be like everyone else and lead “normal lives”.

Don’t hesitate to ask these individuals to become a spokesperson for how a Mental Health system can work. It’s a healthy reminder for everyone involved how far we all have come!

Consumer Comments:

At this stage, you are probably pretty well developed. You are well known by your peers and advocacy organizations. You have paid staff, regular programming, your 501c3 status, certification and possibly national accreditation. Fantastic! You will still grow and there will still be issues. You have many of the same challenges that you have had at the other Cycles, they just seem larger and more stressful at times. You may feel like you are less of a Consumer Operated Service and more like a business and you may actually be a Consumer Operated Business. When needed, ask for technical assistance from peer organizations, Ohio Advocates, your Mental Health Board or other business associates. Make sure you use every opportunity to get positive PR (use free Public Service Announcements, Newspapers, etc.) Make sure you have representatives from your organization on other community boards and Civic Groups. These may be connections to help you, as you are becoming known and respected. Some suggestions are:

- Outreach to consumers
- Outreach to the business community
- Give talks to civic groups (Kiwanis, Rotary Club, church groups, etc.)
- Budget some of your funding for staff training

This is where you are balancing your good reputation with problems you may be experiencing. Do not wait to ask for help, letting things ride will just cause you stress.

Mental Health Board/Provider Comments:

Consumer Group:

In order to “stay” and “thrive” you have to offer something of value to your peers through programs and peer support. If you need funding from your Mental Health Board, you will have to offer something of value to the system. For example, the value of your supports and services may not be well known or understood by your Mental Health Board. It is important to continue your regular communication with them and with the key providers. This means communicating what you’ve done and continuing to listen to both of them to determine how you can lend a hand and meet local needs.

Community:

Organization participants should be involved in system planning and activities. Continue to market and outreach to the community. Explore new services in response to feedback from other stakeholders and membership. As your board becomes more experienced, board members will mature in

their leadership process and become more strategic in nature. Staff will become more connected to the surrounding system and their roles will expand.

Efforts need to continue at diversifying the funding base and the exploration of possible services that could bring in revenues. Your organization should be connected to state organizations, such as the Ohio Advocates, NAMI, Ohio Advocates Affiliated Self Help Network, etc. Utilize their expertise to study emerging consumer focused services.

Mental Health System:

Consumers are most qualified to educate systems in Recovery via their individual stories. An example is how consumers may solicit support is forming a speaker’s bureau to assist the Mental Health Board with its community education role. Individual consumers can also educate the Mental Health Board members on Recovery by sharing their stories.

Establish desired outcomes and results for your services and track them. Outcome driven planning is impressive to Mental Health Boards.

Take the time to learn about the system and how it’s financed and put together. The more educated and informed you are, the better position you operate from to solicit support. Mental Health Boards appreciate informed constituents.

Ohio Resources

ADA OHIO

Mary Lynn Vaughan, Executive Director
 700 Morse Road
 Columbus, OH 43214
 (800) ADA-OHIO FAX: (614) 844-5868
<http://www.ada-ohio.org>

Ohio Developmental Disabilities Council

David Zwyer, Director
 8 E. Long St., 12th Floor
 Columbus, OH 43215
 (614) 466-5205 FAX: (614) 466-0298

Ohio Department of Alcohol and

Drug Addiction Services
 Gary Tester, Director
 280 N. High Street, 12th Floor
 Columbus, Ohio 43215-2537
 (614) 752-8359 FAX: (614) 752-8645

**AXIS Center for Public Awareness for
 People with Disabilities**

Sue Willis, Director
 4550 Indianola Ave.
 Columbus, OH 43214
 (800) 231-AXIS FAX: (614) 267-4550

Ohio Legal Rights Service

Carolyn Knight, Director
 8 E. Long St., 5th Floor
 Columbus, OH 43215
 (800) 282-9181 FAX: 644-1888

Ohio Rehabilitation Services Commission

John Connelly, Executive Director
 400 E. Campus View Blvd.
 Columbus, OH 43235
 (800) 282-4536 FAX: (614) 438-1274

Statewide Mental Health Resources

NAMI Ohio

Terry Russell, Executive Director
 747 East Broad St.
 Columbus, Ohio 43205
 (614) 224-2700 FAX: 614-224-5400
 1-800-686-AMIO (toll-free)
 E-mail: amiohio@amiohio.org
www.namiohio.org

Ohio Department of Mental Health

Michael F. Hogan, Ph.D., Director
 30 E. Broad St., 8th Floor
 Columbus, OH 43266-0414
 (614) 466-2337 FAX: (614) 752-9453

Ohio Federation for Children's Mental Health

Terri Garner, Director
 c/o OAMH
 1110 Chambers Rd.
 Columbus, OH 43212-1702
 (513) 851-9045

ODMH Office of Consumer and Recovery Supports

Nancy Nickerson, Chief
 30 E. Broad St., 8th Floor
 (614) 466-0236 FAX: (614) 466-1571
 (877) ASK-ODMH (275-6364)

Statewide Mental Health Resources (continued)

Adult Recovery Network

Fred Frese, Executive Director
 405 Tallmadge Road
 Cuyahoga Falls, Ohio 44221
 Lisa Oswald, Coordinator
 (330) 923-0688
 (330)923-7573 Fax
 loswald@mhasc.net

Depression and Bipolar Support Alliance of Ohio & Statewide WRAP Coordinator

Dorene Sherman, Executive Director
 2423 Reynolds Road
 Toledo, OH 43615
 (419) 535-1461
 (800) 581-6365 (toll-free) Fax: (419) 535-6144
 E-Mail: dbsaohio@amplex.net
 www.dbsaohio.org

Ohio Advocates for Mental Health

Doug DeVoe, Executive Director
 1110 Chambers Rd.
 Columbus, OH 43212-1702
 (614) 340-OAMH (6264) FAX: (614) 340-6272
 (800) 589-2603 (toll-free in Ohio)
 (800) 860-0118 (toll-free nationwide)
 E-mail: oamh@ohioadvocates.org
 www.ohioadvocates.org

CSD Ohio (Mental Health & Deafness/ Hard of Hearing)

5050 Blazer Parkway, Suite 100
 Dublin, Ohio 43017
 (614) 889-5815 voice
 (614) 889-6914 TTY
 (614) 889-8157 Fax
 (877) 781-6670 (toll-free)
 www.c-s-d.org
 ohiomessages@c-s-d.org

Multiethnic Advocates for Cultural Competence (MAAC)

691 High Street, Suite 304
 Columbus, Ohio 43215
 (614) 221-7841
 (614) 221-7852
 maccii@sbcglobal.net
 Scholarships & Technical Assistance Funds
 Mental Health Association of Franklin County
 Laura Moskow Sigal, Executive Director
 538 E. Town Street, Suite D
 Columbus, Ohio 43215
 (614) 221-1441
 (614) 221-1491 (fax)
 info@mhafc.org

State of Ohio Toll-Free Numbers

AGING, DEPT. OF	
• Golden Buckeye Cards	1-800-422-1976
• Nursing home, adult day-care, Mental Health Boarding complaints	1-800-282-1206
ATTORNEY GENERAL	
• Consumer Protection	1-800-282-0515
• Environmental Enforcement	1-800-348-3248
• Crime Victims Assistance	1-800-582-2877
• Marijuana Eradication	1-800-282-3784
• Missing Children's Clearinghouse	1-800-325-5604
• National Center for Missing and Exploited Children	1-800-843-5678
• Patient Abuse	1-800-642-2873
• Peace Officer Training Academy	1-800-346-7682
• Unsolved Homicides/General Law Enforcement	1-800-282-3784
AUDITOR OF STATE	1-800-282-0370
CIVIL RIGHTS COMMISSION	1-888-278-7101
CONSUMERS' COUNSEL	1-877-742-5622 1-877-PICKOCC
COURT OF CLAIMS OF OHIO	
• Toll Free Victims Hotline	1-800-824-8263
EDUCATION, DEPT. OF	1-877-644-6338
JOB AND FAMILY SERVICES, DEPT. OF	
• Medicaid Information Voice Response System	1-800-686-1518
• Medicaid Consumer Hotline and CHIP Information	1-800-324-8680
• Fraud Control	1-800-686-1595
• Putative Fathers Hotline	1-888-313-3100
• Help Me Grow Hotline	1-800-755-4769
• Child Support Consumer Hotline	1-800-686-1556
• Health Care Facility Complaint Hotline	1-800-669-3534
• Help Me Grow	1-800-755-GROW
• Lead Poisoning Prevention Hotline	1-800-554-7447
• Long-Term Care Facility Complaint Hotline	1-800-342-0553
• Medicare Balance Billing Complaint Hotline	1-800-899-7127
• National S.T.D. Hotline	1-800-227-8922
• Ohio AIDS/HIV/STD Hotline (Confidential)	1-800-332-AIDS
• Ohio Employee Assistance Program	1-800-221-6327
• Physicians Who Care (for complaints against H.M.O.s)	1-800-800-5154
• Rabies Information	1-888-722-4371
• Radon Hotline	1-800-523-4439
• Second Chance Trust Fund and Organ Donation	1-888-745-1511
• Workforce Development	1-800-000-0000

State of Ohio Toll-Free Numbers (continued)	
LEGAL RIGHTS SERVICE	1-800-282-9181
LEGISLATIVE INFORMATION	1-800-282-0253
MENTAL HEALTH, DEPT. OF	1-877-ASK-ODMH (275-6364)
MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, DEPT. OF	
• Hotline for MR/DD Client Abuse Calls	1-800-231-5872
PUBLIC SAFETY, DEPT. OF	
• Food Stamp Hotline	1-800-686-1595
• Construction, Road & Weather Information	1-888-264-7623
• Under Age Drinking	1-877-4-MINORS
PUBLIC UTILITIES COMMISSION	
• Utility Concerns	1-800-686-PUCO
• Truck, Bus and Rail Safety Concerns 1-800-686-8277	
REGENTS, OHIO MENTAL HEALTH BOARD OF	
• State Grants and Scholarships	1-888-833-1133
REHABILITATION AND CORRECTION, DEPT. OF	
• Victims Services	1-888-842-8464
REHABILITATION SERVICES COMMISSION	1-800-282-4536
SECRETARY OF STATE	
• General Information	1-877-767-6446
• Corporations Services - Customer Services/Forms	1-877-767-3453
TREASURER OF STATE	1-800-228-1102
VETERANS HOME	
• Admissions Office	1-800-572-7934
WORKER'S COMPENSATION	1-800-OHIO BWC

National Toll-Free Numbers	
American Institute of Stress	1-800 24-RELAX
Autism Society of America	1-800-3-AUTISM
Alcohol and Drug Helpline	1-800-821-4357
Cocaine Anonymous	1-800-347-8998
Department of Justice	
• ADA Information Line	1-800-514-0301
Equal Employment Opportunity Commission	1-800-669-4000
Families Anonymous	1-800-736-9805
NAMI	1-800-000-0000
National Institute of Mental Health Panic Disorder Line	1-800-64-PANIC

National Toll-Free Numbers (continued)

National Mental Health Association Information Center	1-800-969-6642
National Resource Center on Homelessness and Mental Illness	1-800-444-7415
Social Security Administration	
• Apply for Benefits	1-800-772-1213
• Medicare Questions	1-800-Medicare
• Questions about Medicare billings	1-800-282-0530
• Medicaid questions – See Ohio Department of Job and Family Services	
Veterans Affairs	1-800-827-1000

Web Sites

America's Job Bank	http://www.ajb.dni.us/
ADA-OHIO	http://www.ada-ohio.org/
Bazelon Center for Mental Health Law	http://www.bazelon.org/
Center for Psychiatric Rehabilitation Boston University	http://www.bu.edu/sarpsych/
Consumer Organization and Networking Technical Assistance Center (CONTAC)	http://www.contac.org
Equal Employment Opportunity Commission	http://www.eeoc.gov
Health and Human Services Healthfinder	http://www.healthfinder.gov/
Housing and Urban Development (HUD)	http://www.hud.gov/
Governor of Ohio	http://www.state.oh.us/gov/
Knowledge Exchange Network (KEN)	http://www.mentalhealth.org/
MadNation	http://www.madnation.cc/
Medicaid Consumer Information	http://jfs.ohio.gov/ohp/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Association for Protection and Advocacy Systems (NAPAS)	http://www.protectionandadvocacy.com/
National Association for Rights, Protection and Advocacy (NARPA)	http://www.narpa.org/
National Association of State Mental Health Program Directors	http://www.nasmhpd.org/
National Committee for Quality Assurance (NCQA)	http://www.ncqa.org/
National Empowerment Center	http://www.power2u.org/
National Mental Health Association	http://www.nmha.org/
National Resource Center on Homelessness and Mental Illness	http://www.nrchmi.samhsa.gov/
National Technical Assistance Center on Children's Mental Health	http://www.georgetown.edu/research/gucdc/cassp.html
Ohio Advocates for Mental Health	http://www.ohioadvocates.org

Web Sites (continued)

Ohio Association of County Behavioral Healthcare Authorities	http://www.oacbha.org/
Ohio Council of Behavioral Healthcare Providers	http://www.ohiocouncil-bhp.org/
Ohio Department of Mental Health	http://www.mh.state.oh.us/
Ohio General Assembly Bills on-line/find your legislator, etc.	http://www.legislature.state.oh.us/
Ohio House of Representatives	http://www.house.state.oh.us/
Ohio Senate	http://www.senate.state.oh.us/
Ohio Government Home Page	http://www.state.oh.us/
Social Security Administration	http://www.ssa.gov/
Support Coalition International	http://www.mindfreedom.org/
Veterans Affairs	http://www.va.gov/
The White House	http://www.whitehouse.gov/

Consumer-Operated Services Technical Assistance Guide Glossary of Terms

ACUTE - Severe but of short duration; not chronic.

ADVOCACY - Activities in support of individuals with mental illness, including rights protection, legal services assistance, and system or policy changes.

"ASSOCIATION" - Short term frequently used to refer to the Ohio Association of County Behavioral Healthcare Authorities, a trade association representing the 57 county mental health (CMH), alcohol and drug addiction and addiction services (ADAS), and combined alcohol, drug addiction and mental health services (ADAMHS) Boards.

BEHAVIORAL HEALTH - The term used to describe the combination of mental health and chemical dependency services.

BLOCK GRANT - Block grants include a broad range of related activities with less precise purposes, are subject to relatively few regulations and are provided in a lump sum with some approval required for expenditure (see ADMS).

"BOARDS" - Boards of mental health, alcohol drug addiction services or combined boards are appointed, public entity responsible for over-seeing the local alcohol, drug addiction and mental health services system.

BRIDGES – Building Recovery of Individual Dreams and Goals through Education and Support – a consumer-to-consumer education program about mental illnesses offered throughout Ohio.

CAP – Upper limit established on a specific category of expenditures.

CCO – Chief Clinical Officer

CEO – Chief Executive Officer

CARF – Commission on Accreditation of Rehabilitation Facilities

COA – Council on Accreditation

CMHB – Community Mental Health Board.

CMHC – community mental health center.

CMHS – Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

Consumer-Operated Services Technical Assistance Guide Glossary of Terms

COB – consumer operated business.

CONTINUUM OF CARE OR SERVICES – a range of services, including medical, psychological, pre-vocational, vocational, educational, recreational, social and residential, that enable a person to progress and maintain the highest possible level of functioning.

COS – Consumer Operated Service

CONSUMER – Any individual who does or could receive healthcare or services. Includes other more specialized terms, such as; beneficiary, client, customer, eligible member, recipient, or patient.

FIDUCIARY AGENT – A person who occupies a position of such power and confidence with regard to the property of another that the law requires him to act solely in the interest of the person whom he represents. Examples of fiduciaries are agents, executors and administrators, trustees, guardians, and officers of corporations.

HIPPA – Health Insurance Privacy and Portability Act – Federal legislation that governs privacy of medical information, as well as transfer of insurance from one company to another.

LIAISON – The state of having shared interests or efforts (as in social or business matters).

NIMH – National Institute for Mental Health (now Center for Mental Health Services, National Institutes for Health).

OAMH – Ohio Advocates for Mental Health (W.E. C.A.R.E. Network, Inc.), statewide advocacy organization or and for consumers of mental health services in Ohio.

ODADAS – Ohio Department of Alcohol and Drug Addiction Services

ODMH – Ohio Department of Mental Health

OLRS – Ohio Legal Rights Services

PAIMI – protection and Advocacy for Individuals Labeled as Mentally Ill – advisory council to Ohio Legal Rights Service (OLRS).

PEER SUPPORT – services offered by mental health consumers, persons with addictions or others to provide support to one another. Peer support services can include drop-in centers, warm lines, peer respite care or support groups (also see "SELF-HELP").

PROVIDER – Provider is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services. A person or organization that manages and delivers clinical and/or support services.

PSYCHOSOCIAL REHABILITATION – traditional mental health services, as well as a variety of social learning, vocational and community living programs.

QA – Quality Assurance

SELF-HELP – the means through which mental health an alcohol and other drug addicted consumers, their families or friends contact each other to share their experiences and suggest strategies for coping or for change.

SMD – severely mentally disabled (applied to adults).