



**Advocacy Guidelines
for Working with a
SMI Clinic, or Others
(How to Achieve the
Desired Result)**

Andy Arnowitz

Dr. Shar Najafi-Piper, Copa Health CEO

"This is a comprehensive and heart-felt guide in which advocates can feel hopeful and inspired as they navigate the mental health system of care. Andy, thank you for bringing such color and depth to advocates across the globe."

Charles "Chick" Arnold

(Acclaimed mental health advocate & the named Plaintiff from the lawsuit that got the benefits for those deemed Seriously Mentally Ill in Arizona, "Arnold vs. Sarn".)

"How fabulous, Andy. Your piece is poetry to the untrained advocate's ear. This should be a required event for those who work within the system, too."



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(How to Achieve the Desired Result)

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Before getting to the advocacy guidelines, I want to share the chain of command at a SMI clinic. This will be important to know.

Chain of command at the clinic:

1. Case Manager (CM)
IMPORTANT: If you go above the CM, keep your supervisor informed.
However, you do not need to inform your supervisor when contacting Mercy Care's Customer Service.
2. Clinical Coordinator (CC) - CM's direct supervisor
3. Clinical Director
4. Site Director/Site Administrator
5. If the issue is still not resolved after you have gotten to the top of the chain of command, contact Andy.

ADVOCACY GUIDELINES:

(Section A -- Essentials)



1. **Contacting Andy.**

At any time, always feel free to contact Andy for suggestions, guidance, advice, brainstorming, or any other support.

2. **Guidelines are basically interchangeable for you and your member.**

Almost all of these instructions for your member, and/or you, are interchangeable. In other words, when an instruction is given here, even if it is written for how you should advocate, the same instruction can be shared with your member for them to follow and vice versa.



3. **Notebook.**

Your member should have a notebook to document interactions with their clinic. **Read more about this in #10.**

4. Advocating.

In terms of this paper, advocating at a SMI clinic, or with another provider, means communicating in a way to get your member the service they are requesting and are eligible for. Getting the service is the goal. You want to come across in the best way possible so the goal is achieved.

What words or tone will be most effective to achieve the result? That is the key question.

5. Empowering your member.

The first interest is to empower your member to advocate for them self so that they can achieve their desired result.

If it does not seem possible for your member to effectively advocate at the moment, you can take a more active role in communicating with their clinic, or wherever they are trying to get services. Even if you believe that they are not able to advocate for themselves very much, or seemingly not at all, any small action on their part can be huge for them and a tremendous start!

Also, if you take a more active role, always continue to look for opportunities to educate and empower your member to become a good advocate for themselves. Every interaction with them may be an opportunity.

You can act as a role model to them.

One way to empower them is giving your member verbal suggestions on how they can be a good advocate and also possibly having them write them down. They may benefit from them now or may refer back to them sometime in the future. Also, depending on how well they are doing, you may need to assist them in writing instructions or write them yourself.

However, if after providing them with instructions you assess that they will not be able to communicate in a way to get the desired result, you may need to be the lead person communicating with the CM, with your member present. Even with you taking the lead, this is still an opportunity to empower your member. They can learn by listening to how you communicate with the provider. Again, you will be acting as a role model.

If they are not writing down advocacy suggestions or doing much of any other advocating for themselves at the moment, this does not mean that your efforts to empower them are a waste of time. You definitely can be planting a seed about how to advocate, which they may very well utilize in the future.

Planting seeds can be very important! As you will recall, a seemingly extremely tiny step for your member might actually be a very huge accomplishment! Sometimes, a very small incremental change can actually be a great victory!

Any progress, or moving in a positive direction, is good.

(Section B -- Communicating with the clinic)

6. Working with the clinic.

The next subject concerns with communicating with a clinic. When you are working with someone at a clinic, start with your member's case manager. Since most things get initiated with your member's CM, it is advantageous to have a good relationship with the CM. However, it is also true that if it is a bad relationship, the member can request having a different case manager. They can even request a different clinic. Before requesting a new CM or clinic, it may be valuable to explore resolving the conflict.

7. When to follow up with the CM.

When a message is left for a CM, allow 48 hours for them to respond. If they do not respond in that time frame, call them back. In other words, if they did not respond in 2 days, you can call them on the 3rd day. Here is another example:

You have a conversation with the CM and they tell you they will call back in one week. If they have not called back within that week, contact them the day after the week is over.



8. Moving up the chain of command.

Referring to the first example mentioned in #7, if the CM is still not available on the third day when you called them back, leave another message. After leaving that message, you can immediately move up the chain of command at their clinic. Directly above the CM is the Clinical Coordinator, who is the immediate supervisor.

Move up the chain of command one step at a time.

In other words, do not go from the CM to the Site Director.

(IMPORTANT: If you do go above the CM, keep your supervisor informed.)

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However, you do not need to inform your supervisor when contacting Mercy Care's Customer Service.

Next, when you move up the chain and reach out to the Clinical Coordinator, and if you have to leave a message, give the CC 48 hours to respond just as you did with the CM. This process continues up the chain of command.

Always write down who was called, on what date, the conversation, and any requests or promises made. If possible, your member should do this as well. Doing this is often VERY, VERY beneficial to get your member what they want if the people at the clinic are not doing what they should be doing.

The information that is written down can be shared with supervisors as you move up the chain of command. Your member will sound very factual when they are able to state what was said (possibly sharing actual quotes from the CM) and also the date said.

When you move up the chain of command, in about 30 seconds to a minute, tell the supervisor what had been requested and when, who you previously contacted (the person they supervise) and when you had contacted that person.

That is all that you need to do when you start sharing. Supervisors do not necessarily need or want to hear the whole story, but they can ask you questions if they feel more information is needed. If they do, you can then elaborate.

How to start a conversation with a supervisor is elaborated on in #11.

9. Time sensitive emergency exceptions.

An example of a time sensitive emergency could be that your member will be out of medication in two days, or is already out of their meds and does not have any refills left. The CM should be called immediately to set a med appointment within that two day time frame if they only have two days left of meds. If you do not get hold of the CM, leave a message stating when your member will be completely out of their meds, doesn't have any refills, and needs a medication appointment promptly so that they do not run out of meds. Since this is an extremely time sensitive issue, right after leaving the message with the CM, call the direct supervisor, the Clinical Coordinator.

Remember to keep your supervisor informed as you move up above the CM. Start the message with the CC by sharing that you tried contacting the CM, but are reaching out to the CC because of the time sensitivity of the issue. Also, state what the issue is. If you do not get the CC, leave a message but continue moving up the chain of command. If you go to the top of the chain of command at the clinic and the issue is not being resolved, call Andy and your supervisor immediately. The situation needs to be resolved!

(Section C -- Tools and skills)



10. Notebook (cont. from #3).

It is important for your member to have a notebook to be a good advocate for themselves!

Even if they do not use right now, it can still be very wise for them to get one with the hope that they will use it in the future. This notebook should be used to write down and document interactions with the clinic.

Support your member to always write down the date they communicated with their CM (or someone else), what was requested, when the CM said the requested service will happen, or when the CM said they will call back. If your member left a message on the CM's voicemail, he or she should still write down what was said.

Here are a couple examples on why this is important:

If the CM says they will call back in four days and do not do so, call them back on the fifth day. When your member calls back they should start the conversation by stating the date they had originally talked, reminding the CM when they had said they would call back, and that they are now following up since it is now five days later.

Another example is if the CM says that the requested service will happen in two weeks and that does not happen, they should be called back in 15 days.

Any notes you or your member have of what gets said with the CM will be very useful at a later time if your member needs to move up the chain of command.

A CM's own words can be used to your member's benefit as you move up the chain of command and share what was said with their supervisor. If the CM says something inappropriate, or promises something that is not acceptable, or won't promise anything, all of that should be written down. If specific quotes of what the CM says are written down, that's best!

You do not necessarily need to show any annoyance if a conversation is not going well with the CM. Stay professional and document what is said. When you, or your member, later state what the CM said to their supervisor, and on what date they said it, it will make your member sound factual and more believable.

Again, quotes are terrific! This makes it hard for a supervisor to dispute what the member is saying. Avoiding a “Your member said, the CM said,” is wise.

Again, having, and using, a notebook for the purpose of documenting interactions with the clinic is extremely important for your member to be an effective advocate!

11. How to start a conversation when moving up the chain of command.

Start the conversation with a CM’s supervisor by letting them know you have already tried contacting the CM, and on what date(s) you reached out to them. Also, let the supervisor know what has not been done. If you move higher up on the chain of command, also start the conversation by letting the “higher up” person know you have tried contacting the people below them and the dates.

As mentioned in #8, it is best for you to move up the chain one person at a time, in the order of command. That is also typically appreciated by supervisors when you do so.

Supervisors VERY likely do not need to know the full story. Regularly, they just want the problem or issue resolved.

At the beginning of the conversation, share the desired outcome. You should be able to do this in approximately 30 seconds to one minute. Shorter is better.

You may need to practice before you call and possibly even write down what you will say before making the call. You can write down whatever comes to mind and then edit it down to make it 30 seconds or so long. This is written about in more detail in #12.

If the supervisor needs, or wants, to know more, they may ask questions. If they ask a question, you will then have the opportunity to elaborate.



12. Elevator speech.

Start conversations with an elevator speech. This is very important to be an effective advocate!

An elevator speech is saying what you want to say within the time it would take to share an elevator ride.

Almost every conversation should start with an elevator speech. In other words, share the bottom line of what you need in about 30 seconds to a minute.

It often takes practice to figure out how to share in that amount of time.

I regularly support members and/or their family members to write down the bottom line of what they need to say before contacting the CM. You or your member can start by writing down whatever comes to mind and continue editing it until it is about 30 seconds or so long.

This is a basic and important related question:

What is needed and/or being requested? Edit it down to state just that.

It's not unusual for someone to call me and talk for 30-45 minutes, sharing what is going on at their clinic. If, after that time, I conference call to the clinic with the member also on the phone, I initiate the conversation with the CM and sum up the previous 30-45 minute call into an elevator speech.

The first interest is to support your member in advocating and doing this (an elevator speech) themselves. Having your member write down their elevator speech before reaching out to the clinic is often a very good thing to do. Next, they can practice sharing it verbally. They can practice on their own or with you. You can support them by making suggestions on how to edit it down.

If you and your member are feeling challenged creating an elevator speech, contact Andy or your supervisor.

If it does not seem possible for the member to do that effectively at the moment, you should do the elevator speech, but with your member listening to what you say. You will be acting as an advocate and role model to them.

After you share your elevator speech with the CM, they may ask questions. If they do ask a question, you then have the opportunity to elaborate on what you mentioned in your elevator speech.

If there is more than one issue to discuss, start with the most important. Before you call, have the issues you want to mention prioritized in order of importance. Say the most important issues first. And before you contact the CM, write down bullet points with the various issues. Being brief is good!

As written in #8, when you move up the chain of command, in about 30 seconds to a minute, tell the supervisor what had been requested, when it was requested, who you previously contacted (the person/people they supervise), and when you contacted them.



13. Being professional & keeping your cool.

This is a HUGELY important point to being an effective advocate! It may sound pretty obvious. It may sound simple.

In the face of dealing with someone who is disrespectful, or not doing as they said they would, or angry with you, staying professional and keeping your cool can be EXTREMELY hard to do. If you are dealing with someone that upsets you for any reason, will you be able to keep your cool and stay professional?

Almost always, voicing anger or losing your cool is not productive. Being professional is always best. It is absolutely human and understandable to be angry at times, but that does not mean you or your member need to voice it.

What is more important, to get the desired service or voice your upset?

I would suggest that getting the desired service is what is most important.

In the face of adversity, keep your focus on the big picture, getting the desired service.

You CAN think and feel whatever comes up for you, but it may be wise to keep it in your head. You can not necessarily control your thoughts or feelings, but that does not mean that you need to air them. Again, the question is, “What’s more important, voicing your anger, or getting the service your member needs?”

It would be counterproductive if letting out anger got in the way of getting the desired result. Showing anger often backfires and stops or slows down the process of getting what is wanted. Stay respectful and professional, even in the face of someone that is upsetting you and/or is being unprofessional toward you.

If you do voice anger, it should be in a calculated way that will help get your member what they want. It is rare, but there is a chance that purposeful anger, as opposed to reacting with anger, might possibly be productive. Think before you speak.

The key question is, will your tone or words help get the desired result?

You do not want to say or do anything that will slow down or stop the process of getting your member what they are requesting. If you do act unprofessionally, it can happen that the CM will use you or your

member's angry words and tone against you and deny your member from getting what they want, or at least slow down the process. It is not professional, but it can happen.

To reiterate, you don't want the CM to focus on your anger and have that get in the way of your member getting what they want. Even though it can be hard to do, keeping angry thoughts in your head can be critical to your member getting the services they need.

You want to come across in the best way to achieve your member's desired result. That is what is most important.

Again, keep your focus on the big picture, which is getting the desired service.

14. Refer back to these guidelines.

It is normal to not recall all of these guidelines.

Please feel free to refer to this document from time to time.