



SMI Advocacy Guidelines

(How to Achieve the
Desired Result)

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by Andy Arnowitz

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Health Home = Clinic

Person designated as SMI = Member



1. **Advocating**

In terms of this paper, “advocating” at an SMI Health Home/Clinic means communicating in a way to get the service the person designated as SMI (the member) is eligible for and is requesting.

The SMI system offers a variety of services. However, that does not mean that everything that you need or want is being offered. Although, if there is a service that is being offered and you are eligible for it, the guidance in this paper will assist you in getting it.

Getting one’s desired or needed service(s) or support(s), and that are available in the system, can be instrumental or vital for one’s recovery. However, not everything always goes perfectly, and a requested service or support might not have happened within the time that it should have. If that happens, knowing how to effectively advocate is key to making it happen.

Getting the desired result is the goal.

The purpose of this paper is to give you the tools, and empower you, to achieve your desired result.

A key question for effective advocating is, what words or tone will be most effective to achieve the desired result?



EMPOWER

2. Empowering the member (The person designated as SMI)

The first interest is to empower the member to advocate for themselves so that they can achieve their desired result!!!

However, there may be times when the member could benefit from having an advocate to assist them in achieving their desired result.

Guidelines / INTERCHANGEABLE

for ANYONE !!!

3. Guidelines are interchangeable for anyone advocating in the SMI system

These guidelines are for the person designated as SMI (the member), or whoever is advocating with them, and are interchangeable. In other words, when an instruction is given here, even if it is stating how the member should advocate, the same instruction can be used by their advocate, and vice versa.

A person advocating in the SMI system can be the member, their family, friend, staff, or someone else of the member's choosing.

For the rest of this paper, I will write "the member" when I am referring to "the person designated as "SMI".

“Health Home” is a new name for a “Clinic”

★ Health Home = Clinic ★

The chain of command at an SMI Health Home/Clinic can be critical to know to achieve your desired result.

Moving up the chain of command one step at a time is beneficial and very effective to get the desired result.



Chain of command at an SMI Health Home/Clinic

1. Case Manager – The case manager is the 1st person to contact at the Health Home/Clinic.
 - Additionally, if an individual’s assigned Case Manager is out, a person identified as the Blue Dot is a Case Manager level staff member who can provide assistance in the absence of the assigned Case Manager
2. Clinical Coordinator = Case Manager’s direct supervisor
3. Clinical Director = Clinical Coordinator’s direct supervisor
4. Program Manager/Program Director/Site Director/Site Administrator = Clinical Director’s direct supervisor (The SMI Health Homes’ staff at the top of the chain of command may have any of those 4 titles.)

-- If an issue is still not resolved after you have gotten to the top of the chain of command, feel free to contact me. (My contact information is at the very end of this paper.) There can be additional people to contact, if needed, to assist in resolving a situation.



4. Achieving the desired result is the goal and can be accomplished, if needed, with assistance from the member's advocate

If it does not seem possible for the member to effectively advocate at the moment to achieve their desired result, their advocate can take a more active role in communicating with the Health Home/Clinic or wherever they are trying to get services. Even if the member's advocate believes that the member currently is not able to advocate for themselves, any small action on the member's part can be huge and a tremendous start! However, an extremely important first step before communicating with the Health Home is for the advocate to be clear about the desired result that the member wants.

Next, if the member's advocate takes a more active role, they should always continue to look for opportunities to educate and empower the member to become a good advocate for themselves. Every interaction with the member can be an opportunity to empower them.



A member's advocate can act as a role model to the member

One way to empower the member is to give them verbal and/or written suggestions on how they can be a good advocate. They may benefit from these suggestions now or may refer to them in the future. Also, depending on how effectively the member can advocate right now, the member's advocate may need to assist the member in writing down instructions on how to advocate or write them down for the member.

However, if after providing them with instructions the member's advocate assesses that the member will not be able to communicate in a way to get the desired result, the advocate may need to be the lead person communicating with the Case Manager (or other staff), but do so with the member

present. Even with the member's advocate taking the lead, this is still an opportunity to empower the member. They can learn by listening to how their advocate communicates with the Case Manager. Again, the member's advocate will be acting as a role model.



Planting seeds can be very important

If the member is not writing down advocacy suggestions or doing much advocating for themselves at the moment, this does not mean that their advocate's efforts to empower them are a waste of time. The member's advocate can be planting a seed about how to advocate, which the member may very well utilize in the future.

A seemingly extremely tiny step for the member might be a very huge accomplishment! Sometimes, a very small incremental step can actually be a great victory!

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



5. Notebook

It is important to have a notebook to be a good advocate!

That is true for anyone advocating in the SMI system. You should have a notebook to document interactions with staff at the Health Home/Clinic.

Even if the member does not use a notebook right now, it can still be very wise for them to get one with the hope that they will use it in the future. Again, this notebook should be used to write down and document interactions with the Health Home. If the member has an advocate, the advocate should also have a notebook to record all interactions.

Always write down the date you communicated with the Case Manager (or other staff), what was requested, when the Case Manager said the requested service will happen, and/or when the Case Manager said they will call back. If you leave a message on the Case Manager's voicemail, you should still write down what was said in the message you left.

Here are a couple examples:

If the Case Manager says they will call back in 4 days and don't do so, call them back on the 5th day. When you call back you should start the conversation by stating the date you had originally talked (which you have documented in your notebook), remind the Case Manager when they had said they would call back, and that you are now following up since it is now 5 days later.

Another example is if the Case Manager says that the requested service will happen in 2 weeks and that doesn't happen, call them back in 2 weeks plus 1 day.

Any notes you have of what gets said with the Case Manager will be **VERY** useful later if you need to move up the chain of command.

A Case Manager's own words can be used to the member's benefit when moving up the chain of command and sharing those words with the Case Manager's supervisor. If the Case Manager 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 Case Manager says are written down, that's best!

You should not show any annoyance if a conversation is not going well with the Case Manager. Do your best to stay calm, professional, and document what was said. When you later state what the Case Manager said to their supervisor, and on what date and time they said it, it will make you sound factual and more believable.

Again, quotes are terrific! This makes it hard for a supervisor to dispute what you are telling them. It's great to be able to show specific documentation of what was said, and when you did, rather than just go by your memory. This is very wise.

Again, having and using a notebook for the purpose of documenting interactions with staff at the Health Home is extremely important for you to be an effective advocate!



6. Being professional & keeping your cool

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

In the face of dealing with someone who is disrespectful, or not doing what they said they would, or is angry with you, staying professional and keeping your cool can be EXTREMELY hard to do. If you are dealing with someone who 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 human and understandable to be angry at times, but that does not mean you should voice it.

Which is more important, to get the desired service or express your anger?

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



Focus on the big picture

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

You can think and feel whatever comes up for you, but it may be very wise to keep that in your head.

You can not necessarily prevent angry thoughts or feelings, but that does not mean that you need to air them.

Again, the question is, **“Which is more important, voicing your anger or getting the needed service?”**

It would be counterproductive and most unfortunate if letting out your 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 who is upsetting you and/or is being unprofessional toward you. Stay professional and document in your notebook what they said and the date. More about this in #10.

If you do voice anger, it should be in a calculated way that will help get you get what you want. It is rare, but there is a chance that purposeful and targeted anger, as opposed to reacting with anger, might possibly be productive. Use this tactic rarely and as a last resort. Try to think before you speak.

Another key question is, “Will your tone or words help get your desired result?”

You do not want to say or do anything that will slow down or stop the process of getting what you are requesting. If you do act unprofessionally, the Case Manager might use your angry words and tone against you, claim that you are the problem, and deny you from getting what you want, or at least slow down the process. It is not professional on their part, but it can and sometimes does happen.

It is important to remember that you don’t want the Case Manager to focus on your anger and have that get in the way of achieving your desired result or the requested service. Even though it can be hard to do, keeping angry thoughts in your head can be critical to getting the service.

Again, you want to come across the best way to achieve your desired result. That is what is most important.

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



7. Elevator speech

Virtually 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.

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

This is **VERY** important to be an effective advocate! It can be critical to do so that you can achieve your desired result.

The staff you are contacting might be pressed for time and an elevator speech might be all they have time for. You don't want to start the conversation by attempting a longer than a minute share because they may not have time to listen to it all and need to hang up before you let them know the most important aspects of why you were calling them. The goal is to plant a seed of curiosity during the elevator speech so that the staff want to hear more.

The elevator speech needs to be succinct, while conveying the most important information. Important questions are, what do you need or what are you requesting?

As soon staff answers and says "hello", ask them if they have a minute to talk. If they say yes, proceed with your elevator speech. After you share your elevator speech with the Case Manager or other staff, they may ask questions. If they do ask a question, you then have the opportunity to elaborate on what you mentioned in the elevator speech. But it is important to remember that this may not be the time to share everything. If they do ask a question, listen closely to what they are asking and succinctly reply to their question.

Write down the bottom line of what you need to say before contacting staff. You can start by writing down whatever comes to mind and then edit it down until it is about 30 seconds to a minute long, perhaps jotting down bullet points of what you want to say. Have the issues you want to mention prioritized in order of importance. Try to cut out anything that absolutely doesn't need to be there. Again, being brief is good!

It can take lots of practice to figure out how to share in that amount of time, but it is very important to do so. A good elevator speech is short and to the point. Like anything else, practice makes perfect.

If you call staff and get their voicemail, leave your elevator speech on their voicemail. If you send an Email, write your elevator speech to the staff. Make sure to document all of that in your notebook, which is written about in more detail in #5.

The first interest is that the member does the elevator speech themselves. However, if it does not seem possible for the member to share effectively at the moment, their advocate should do the elevator speech, but with the member listening to what is said. The advocate will be acting as a role model to the member and be leading by example.

COMMUNICATING WITH STAFF



8. Working with the SMI Health Home/Clinic

The next subject concerns communicating with staff at the Health Home/Clinic. When working with staff at a Health Home, you typically start with the Case Manager. Since most interactions begin with the Case Manager, it is advantageous to have a good relationship with them. However, it is also true that if it is a bad relationship, the member can request a different Case Manager. They can even request a different Health Home. However, before requesting a new Case Manager or Health Home, it can be very valuable to explore resolving the conflict. Sometimes help to resolve a conflict can come from a supervisor.



9. When to follow up with the Case Manager

When you leave a message for a Case Manager (or other staff), allow them 48 hours to respond. (Time sensitive urgent issues are addressed on #12) Right after leaving the message, document in your notebook who you left a message with, the date and time, and what you said in the message. Then 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 Case Manager, and they tell you they will call back in one week. Document in your notebook who you talked with, the date & time, and when they said they would call you back. If they have not called back within that week, contact them in a week plus 1 day later.



10. Moving up the chain of command

(The chain of command is on page 4)

Referring to the first example mentioned in #9, if the Case Manager is still not available on the third day when you called them back, leave another message. However, after leaving that message, you can immediately move up the chain of command at the Health Home/Clinic. Directly above the Case Manager is the Clinical Coordinator, who is their immediate supervisor.

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

In other words, do not go from the Case Manager to the Program Manager/Program Director/Site Director/Site Administrator.

Next, when you move up the chain of command and reach out to the Clinical Coordinator, and if you must leave a message, give the Clinical Coordinator 48 hours to respond just as you did with the Case Manager. You should leave a message if you don't get them and then write down that you did that. This same one step at a time process should continue up the chain of command.

Always take notes and write down who was called, on what date, critical elements of the conversation, (or the message you left them), and any requests or promises made. If possible, the member should do this. Doing this is often **VERY, VERY** beneficial to get what is wanted if the staff are not doing what they should be doing or not doing what they said they would do.

Your notes that are written down can be shared with the Case Manager's supervisor if there is an issue. Or, if needed, those notes can later be shared with the Case Managers' supervisor's supervisor, as you move up the chain of command one step at a time. You will sound very factual and credible when you are able to state what was said (possibly sharing actual quotes from the Case Manager or others) and the date and time the conversation(s) took place.

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

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 as necessary. And you will be doing so at their request.



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

Start the conversation with the Case Manager's supervisor by letting them know you have already tried contacting the Case Manager and on what date(s) you reached out to them. Also, let the supervisor know what has not been done. If you later 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 on what dates you did that.

As mentioned in #10, it is best to move up the chain one person at a time, in the order of the chain of command. That is typically appreciated by the supervisor(s). And a good relationship with the supervisor can definitely be to your advantage & help you to achieve the desired result.

Supervisors VERY likely do not need or want to know the full story. Regularly, they just want the problem or issue resolved. Sharing more than what they are asking about can work against you in achieving your desired result.

Therefore, at the beginning of the conversation share the desired outcome in approximately 30 seconds to a minute. Being short is good.

You may need to practice what you want to say before you call or possibly even write down the core elements of what you want to say before making the call. You can start by writing down whatever comes to mind and then edit it down to 30 seconds to a minute long.

This 30 seconds to a minute share was written about in more detail in #8 (Elevator speech).

If the supervisor needs, or wants, to know more, they may ask questions. If they ask questions, you will then have the opportunity to elaborate, but you should answer concisely. And as I had mentioned earlier, you will be sharing more at their request.



12. Time sensitive emergency exceptions

An example of a time sensitive emergency is that the member will be out of medication in two days, or is already out of their meds, and does not have any refills left. Call the Case Manager immediately to set up a medication appointment within that two-day time frame if the member only has 2 days of medication. If you don't reach the Case Manager, leave a message stating when you will be completely out of medication, that you don't have any refills, and you need a medication appointment promptly so that you do not run out of meds. Since this is an extremely time sensitive issue, right after leaving the message with the Case Manager, you can call and ask for the Blue Dot (the Blue Dot is a Case Manager level staff member who can provide assistance in the absence of the assigned Case Manager). If the issue is still not being resolved, call the Case Manager's direct supervisor immediately, the Clinical Coordinator.

Start the message with the Clinical Coordinator by sharing that you already tried contacting the Case Manager and are now reaching out to them because of the time sensitivity of the issue. Also, state what the issue is. If you do not get the Clinical Coordinator, leave a message, but then immediately continue moving up the chain of command one step at a time.

As you move up the chain of command, for every supervisor that you call you and don't get hold of you should leave a message with them. Again, state what the issue is and why it is a time sensitive emergency. Also, share the names of the staff below the supervisor (the staff they supervise) that you have already tried contacting. Doing all of that is an effective method to get the supervisor to be of assistance to get the issue resolved.

If you have gone to the top of the chain of command at the Health Home/Clinic and the issue is not being resolved, feel free to call me. My contact information is on the last page.

The situation needs to be resolved!

Video Presentation

SMI Advocacy Guidelines Video

This video presentation is highlights from the SMI Advocacy Guidelines paper, was recorded June 22, 2022, and is titled “SMI Advocacy Guidelines Presentation Video”.

There are a couple of different ways to be able to see the video.

One easy way to see the presentation is to go to YouTube, then search "Andy Arnowitz", and choose “SMI Advocacy Guidelines Presentation Video”.

You can also view the presentation at <https://youtu.be/BlyF7u0Nu4A> or feel free to ask me to Email the link to you.

Andy Arnowitz
Information & Resources Coordinator
Copa Health
480-994-4407
andy.arnowitz@copahealth.org