



## Fact Sheet for State Legislators: Mental Health Caucuses

### DEFINITION OF A CAUCUS

In both federal and state governments, a group of legislators organized around and united by shared interests constitutes a legislative caucus. The best known are political party caucuses, which form party positions and gather to mobilize legislative support. Non-party caucuses are distinguished by legislative interests their members share. Utah, states—Colorado, New Mexico, Massachusetts, Minnesota, Pennsylvania, and Oregon—have established formal legislative caucuses on mental health.

### PURPOSE AND MISSION OF A STATE MENTAL HEALTH CAUCUS

Mental health caucuses typically attempt to **educate fellow legislators about**, and **increase awareness of** and **draw attention to**, mental health policy issues.

### ADVANTAGES OF ESTABLISHING A MENTAL HEALTH CAUCUS IN YOUR STATE

Establishing a caucus may be a tactic to raise the prominence of mental health issues in your state's healthcare policy discussions. Health care has emerged as a top policy issue, but mental health policy is less often a major focus. A caucus could elevate mental health issues by:

- Cultivating a leadership cadre that promotes sound mental health policy development;
- Educating fellow legislators on key issues from consumer, family, and caregiver perspectives;
- Helping legislative leadership draw together key decision-makers, such as appropriations chairs, budget directors, etc. at the table with advocates on a regular basis;
- Establishing a forum of your colleagues to develop political strategies to advance mental health issues; and
- Creating a forum for dialogue, learning, and communication with varied stakeholders.

### GETTING STARTED

The path to starting a caucus depends on your individual state's procedures. Identifying and/or partnering with one or two other key legislators and tying the creation of a caucus to a targeted issue is a great place to start.

### EXAMPLES OF CAUCUS ACTIVITIES INCLUDE

- ✓ Sponsoring educational programs.
- ✓ Providing a forum for stakeholder groups to bring forward legislative proposals for review and refinement.
- ✓ Generating "Dear Colleague" letters.
- ✓ Creating a resource website for learning and information sharing.
- ✓ Showcasing research, reports or other resources for legislators.

➤ **Determine what, if any, procedures to follow.** In most states, caucuses formed around legislative issues are very informal. For example, in the four states with mental health caucuses, any legislator who wants to form a caucus can do so without getting formal permission or following specific rules. However, states may offer additional assistance to caucuses sanctioned by the leadership. In Massachusetts, the women’s and children’s caucuses obtained official leadership approval and as a result receive administrative support. Other states may require official permission from a group in the legislature.

### TIPS FROM EXISTING MENTAL HEALTH CAUCUSES

- ✓ Planning is critical. Leaders should choose topics before each year’s legislative session.
- ✓ Ensure that logistics and leadership responsibilities are well-defined at the outset.
- ✓ Assign one legislative staffer or outside group to manage logistics, publicity, and disseminate information.
- ✓ Schedule meetings during natural break times, such as lunch. If possible, serve food but make sure this does not violate any state laws restricting outside groups’ contributions.
- ✓ Recruit all legislators. Interest in mental health issues spans several policy interests, political parties, and affiliations.
- ✓ Widely publicize each meeting.
- ✓ After each meeting send a newsletter to all legislators to review content and pique new interest.
- ✓ Gather ideas from the bipartisan Congressional Mental Health Caucus, which was founded to educate members of Congress and the public on mental health issues.
- ✓ Expect some challenges; legislators have many competing priorities and maintaining a regular schedule may be tricky.
- ✓ Ensure that joining the caucus is a low-maintenance activity.

- **Identify a group of your legislative colleagues to chair the caucus.** Successful caucuses require dedicated leaders, many of whom are already champions of mental health issues. Current caucus chairs recommend that leadership is bipartisan and represent both chambers in the legislature. Legislators who serve on related committees, such as Health and Human Service committees, as well as Child Welfare, Education, Criminal Justice, and Budget committee members, may be interested.
- **Involve advocacy groups and other stakeholders.** All four states with mental health caucuses lean heavily on mental health advocacy groups. Advocates may assist with administrative and planning duties for which legislators do not have time to perform, but are necessary for the caucus to function. Mobilize advocacy groups by preserving open access to meetings so that advocates can participate on a regular basis.

### CAUCUS ISSUES AND ACTIVITIES

Mental health issue areas may include children’s mental health; mental health parity; criminal justice, legal and/or jail diversion issues; housing and employment; evidence-based medicine; and integration of physical and mental healthcare, among others. Most current state mental health caucus

activities are forums on specific topics that educate participants. Examples include:

- **Colorado:** Holds monthly educational lunch meetings during the legislative session; reviews budget committee updates; and discusses mental health bills.
- **Massachusetts:** Hosts three to four formal educational forums a year; tracks and analyzes

relevant legislation; creates “Dear Colleague” letters; releases annual budget recommendations; and prepares monthly informational packages that consist of a newsletter and recent press articles related to mental health.

- **Minnesota:** Convenes educational forums; coordinates review of, and support for, mental

health legislation; facilitates visits to organizations that provide mental healthcare.

- **Oregon:** Meets weekly to discuss current mental health topics such as relevant bills and budget hearings in session and current issues brought by state mental health organizations; considers strategies to advance their mental health agenda; and maintains a list serve.

## STATE MENTAL HEALTH CAUCUS ACCOMPLISHMENTS

Current leaders and members link the formation of the caucuses to resulting advancements in mental health policy in their states. In 2007, Massachusetts established a Mental Health/Substance Abuse Joint Committee. The Minnesota Health and Human Services Committee created a Mental Health Division in 2008, which helped to secure increased funding for mental health programs, including for housing and supported employment.

## MODELS AND RESOURCES

State	Contact	Title	Email	Phone
Colorado	Moe Keller	Senator, co-chair	moe.keller.senate@state.co.us	303-866-4856
	Steve Kopanos	VP of Public Policy & Advocacy, MHA of CO	skopanos@mhacolorado.org	720-208-2224
Louisiana	Consuela Knight	Director of Public Policy, MHA of LA	CKnight@mhal.org	225-201-1930
Massachusetts	Kay Kahn	Representative, co-chair	rep.kaykahn@hou.state.ma.us	617-722-2140
Minnesota	Kathy Brynaert	Representative, co-chair	rep.kathy.brynaert@house.mn	651-296-3248
	Bruce Anderson	Representative, co-chair	rep.bruce.anderson@house.mn	651-296-5063
	Elizabeth Mandelman	Committee Legislative Assistant, DFL Caucus	elizabeth.mandelman@house.mn	
New Mexico	Shela Silverman	President, MHA of NM	shelasilverman1@msn.com	505-425-7030
Oregon	Ron Maurer	Representative, co-chair	rep.ronmaurer@state.or.us	503-986-1403
	Bob Joondeph	ED, Disability Rights Oregon		503-243-2081

The federal government has a mental health caucus as well. The Congressional Mental Health Caucus was founded in 2003 to work in a bipartisan manner to inform, educate, and advocate to Members of Congress and the public on a variety of mental health issues. Information is available at [www.napolitano.house.gov/mhcaucus/index.shtml](http://www.napolitano.house.gov/mhcaucus/index.shtml).