



Frequently Asked Questions: Mental Health Caucuses

This FAQ describes state caucuses that focus on mental health policy and outlines key issues for advocates to consider when working with state legislators to establish a similar body in their state.

WHAT IS A MENTAL HEALTH CAUCUS?

The word “caucus” is derived from an Algonquin word for “counsel” that describes a meeting to make policy decisions and select leaders. 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. Six states—Colorado, Louisiana, Massachusetts, Minnesota, New Mexico, and Oregon—have established formal legislative caucuses on mental health.

WHAT IS THE PURPOSE OF A STATE MENTAL HEALTH CAUCUS?

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

WHAT ARE THE ADVANTAGES TO A STATE MENTAL HEALTH CAUCUS?

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 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 to develop political strategies to advance mental health issues; and
- Creating a forum for dialogue, learning, and communication with varied stakeholders.

HOW CAN ADVOCATES INITIATE A MENTAL HEALTH CAUCUS IN THEIR STATE?

The path to starting a caucus differs by state. Generally speaking, finding one or two key legislators and tying the creation of a caucus to a targeted issue is a great place to start.

- **Determine what, if any, procedures to follow in your state to form a caucus.** In most states, caucuses formed around legislative issues are very informal. For example, in all states that have mental health caucuses, any legislator who wants to form a caucus can do so without getting formal permission or following specific procedures. Other states may require official permission from a group in the legislature.
- **Identify a group of legislators to chair the caucus.** Successful caucuses require dedicated leaders. Potential leaders are many times already champions of mental health issues and are steeped in mental health policy. Current caucus chairs recommend that leadership is bipartisan and represent both chambers in the legislature. Legislators who serve on committees such as Health and Human Service, Child Welfare, Education, Criminal Justice, and Budget, are likely to be interested.

- **Offer as much assistance as possible to interested legislators.** States lean heavily on mental health advocacy groups to assist with planning and administrative activities; a common barrier to forming a state caucus is legislators' busy schedules and competing priorities. Offering administrative support for activities for which legislators do not have time may provide the motivation a legislator needs to chair a caucus.

WHAT ARE EXAMPLES OF MENTAL HEALTH CAUCUS ISSUES OF FOCUS AND ACTIVITIES?

Mental health caucuses have several areas of focus. 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.

The most common state mental health caucus activity is to sponsor education programs. Caucuses can also provide a forum for stakeholder groups to bring forward legislative proposals for review and refinement; generate "Dear Colleague" letters; create resources for learning and information sharing; and showcase research, reports, or other resources for legislators. Current leaders, members and advocates link formation of the caucuses to advancements in mental health policy in their states.

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.

HOW ARE ADVOCATES INVOLVED NOW?

- The Colorado Behavioral Healthcare Council partnered with Mental Health America of Colorado to sponsor the caucus. Both groups meet with the co-chairs to set the agendas, and COMHA handles administrative duties and publicity, publishes newsletters, and identifies speakers. They supply lunch; **if advocates supply food, make sure this does not violate a state law restricting contributions to legislators.**
- In Massachusetts, the National Alliance on Mental Illness (NAMI) distributed invitations to each state House office prior to the first meeting.
- Advocates in Minnesota frequently attend meetings, serve as speakers, and seek support for mental health bills to raise awareness of current issues.
- The Oregon caucus is led by the two co-chairs, the state NAMI chapter and the state hospital association. Advocates assist in setting agenda topics.

What Have State Mental Health Caucuses Accomplished and Who Are Current Contacts?

State	Achievements	Contact	Contact Information
Colorado	Mental Health America (MHA) of Colorado has a reliable audience with which they can review mental health bills before they go to committees, and resulting discussions expose MHA to concerns that committee members might raise about bills.	Senator Moe Keller, 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	MHA of Louisiana and the Substance Abuse and Mental Health Caucus worked during the 2009 legislative session to pass HB 837, (now Act 384) which provided for the merging of the Office of Addictive Disorders and the Office of Mental Health. This bill was passed in order to form the Office of Behavioral Health.	Consuela Knight, Director of Public Policy, MHA of LA	CKnight@mhal.org 225-201-1930
Massachusetts	In 2005, Massachusetts established a Mental Health/Substance Abuse Joint Committee	Rep. Kay Kahn, co-chair	rep.kaykahn@hou.state.ma.us 617-722-2140
Minnesota	The Health and Human Services Committee established a Mental Health Division. Also, advocates bring bills to meetings to increase support and the number of sponsorship signatures.	Rep. Kathy Brynaert, co-chair	rep.kathy.brynaert@house.mn 651-296-3248
		Rep. Bruce Anderson, co-chair	rep.bruce.anderson@house.mn 651-296-5063
		Elizabeth Mandelman, Committee Legislative Assistant, DFL Caucus	elizabeth.mandelman@house.mn
New Mexico	In 2009, New Mexico's caucus was successful in creating legislation to require licensure for Board and Care Homes that house many consumers discharged from the state hospital and other hospitals throughout the state. This bill was tabled on the last day of the session, but will be a possibility for further legislative sessions and helped to establish a working relationship with legislators on drafting legislation.	Shela Silverman, President, MHA of NM	shelasilverman1@msn.com 505-425-7030
Oregon	The Oregon mental health caucus has helped to improve how state mental health advocacy groups work together and communicate. The caucus meets every other week at the Capitol while the legislature is in session.	Rep. Ron Maurer, 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.