State Legislative Mental Health Caucuses

Ten state legislatures have formed caucuses to educate legislators about mental health policy issues. While the stigma associated with mental illness and substance abuse has decreased, understanding of the diseases and appropriate treatment necessary for recovery is still inadequate.

- Seven states—Colorado, Georgia, Louisiana, Minnesota, New Mexico, Ohio and Oregon—have established caucuses through formal legislative resolutions or action.
- Three states, Delaware, Iowa and Montana, have informal caucuses.
- Another five states—Illinois, Maryland, Missouri, New York, and North Carolina—have a legislative committee with a stated mental health policy or budget function.

The purpose and goals of the caucuses are to:
- Cultivate a leadership cadre that promotes sound mental health policy development;
- Educate legislators on key issues from client, family and caregiver perspectives;
- Help legislative leadership draw together key decision-makers, such as appropriations chairs and budget directors, with advocates and service providers on a regular basis;
- Establish a forum to develop political strategies to advance mental health issues; and
- Create a forum for dialogue, learning and communication with various stakeholders.

The caucuses are usually formed through a partnership of legislators and mental health champions in the community. Often mental health organizations such as Mental Health America or the National Alliance on Mental Illness provide organizational and staffing assistance to the caucuses.

- Caucus activities may include regular meetings during legislative sessions, brown bag educational events, agenda and legislation development, and new legislator training.
- Legislative support is developed by seeking out champions among legislators, both current and former, gaining support of the leadership and educating legislative colleagues.

Legislative and community leaders involved in state legislative mental health caucuses identified the following lessons:
- Effective relationships are key.
- A consensus building approach helps build legislative and community acceptance of the caucus.
- Involvement of mental health consumers and community organizations grounds the caucus in the reality of the issues.
- Educational materials must be factual and evidence-based.
- Work with the executive branch of government, including officials in the mental health agency.

Mental health caucuses can work on a variety of issues, including state budgets, mental health parity laws, health reform issues, criminal justice, integration of physical and behavioral health care and access to care and medications.

Debra Miller, CSG Director of Health Policy
dmiller@csg.org