

# Legislative Toolkit for Regional Behavioral Health Boards

**November 2015**

created by the Idaho Behavioral Health Planning Council

## Ideas for Connecting with Your Legislators

- \* Invite your regional legislators to your December Behavioral Health Board (BHB) meeting. After a brief business meeting, take time to listen to legislators share their thoughts about the key issues for the upcoming session. Then allow board members to share about behavioral health issues that are critical to your region.
- \* Schedule a special legislative breakfast, lunch, or reception with your regional legislators and regional behavioral health stakeholders, including members of your regional BHB. Have a panel discussion on behavioral health issues critical to your region.
- \* Assign a BHB member to personally connect with each of your regional legislators prior to the legislative session.
- \* Send emails to your regional legislators during the session as behavioral health issues are being discussed.
- \* Write letters to the editor in your local paper regarding behavioral health issues. Many legislators subscribe to their local papers and read them during the legislative session.

### **No matter how you connect with your regional legislators, here are some points to remember...**

- \* Develop a relationship with regional legislators. Connect with them on topics of common interest.
- \* Position your regional BHB as an expert on behavioral health issues. Invite them to contact you with questions regarding behavioral health issues during the session.
- \* Seek to understand their perspective on legislative issues so that behavioral health needs can be framed in a way that impacts their thinking on the topic.

## **Regional Behavioral Health Boards and Idaho State Planning Council Guidelines for Supporting Policy and Legislation**

As members of the Behavioral Health Planning Council (BHPC) and the regional BHBs interact with legislators, it is important to remember the difference between advocacy and lobbying.

**Advocacy is expressing support for specific issues, while lobbying is expressing support for specific legislation.**

According to the Division of Behavioral Health, both the BHPC and regional BHBs are restricted from lobbying for legislation, but can certainly advocate for issues. Individual members may lobby for legislation, but should be careful to not infer that their opinion is that of their BHB or the BHPC. Keeping these guidelines in mind will allow members of the regional BHBs and the BHPC to continue to be effective advocates for behavioral health issues with legislators.

# **Potential Legislative Issues for Behavioral Health in 2016**

## **Crisis Center Funding**

Over the past two years, the legislature has supported the development of behavioral health crisis centers in both regions 7 and 1. In its first year of operation, the center in R7 has served over 1,000 clients in an appropriate setting and reduced unnecessary emergency room and law enforcement interaction for those in a behavioral health crisis. The center in R1 is looking forward to the same success as they begin serving clients in December. These centers are getting people resources, preventing more costly services, and saving lives. There is additional need for similar crisis centers in other parts of the state.

## **Recovery Center Funding**

There are four recovery centers currently operating across the state. These facilities seek to support clients in both mental health and substance use disorder recovery. Four additional counties are seeking funds through the Millennial Fund to support new recovery centers. Additionally, Recovery Idaho is seeking funds to support the existing centers as well.

## **Suicide Hotline Funding**

Idaho continues to have one of the highest suicide rates in the country. The Idaho Suicide Hotline was established in 2012. During the first half of 2015 the hotline received over 2,000 calls, including 63 rescue calls. In order to continue operating, the hotline is looking for sustainable funding.

## **Jeff D. Implementation**

Earlier this year a mediation agreement was signed regarding Jeff D., a 30+ year lawsuit surrounding children's mental health services in Idaho. The four year implementation period is beginning and some funding will be requested to support the services. During this legislative session requests are expected regarding support for a new assessment tool (Child and Adolescent Needs and Strengths) and an expansion of the current children's mental health respite program.

## **Idaho Caregiver Task Force Report**

During the last legislative session the legislature supported the creation of the Caregiver Task Force, a group charged to "explore innovative means to support uncompensated family caregivers in Idaho" (as stated in House Concurrent Resolution 24). Their report will be presented to the legislature this session and will focus on supporting caregivers across the lifespan, including parents caring for children with serious emotional disturbance (SED) and family caregivers of adults with dementia.

## **Medicaid Expansion / Fill the Gap**

While the details are still uncertain, there are likely to be discussions and possible legislation surrounding the idea of covering the "gap population." These are Idaho citizens who do not currently qualify for Medicaid coverage and lack access to other health insurance. It will be important to continue following the conversations happening regarding this issue in order to stay informed.