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Strategize.
Activate.

Advocacy and Collaboration: Advocacy on Legislation January 20, 2022

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A little about me and the izi Center for Integrative Health:

Ann Schwindaman Rodriguez
Executive Director of izi

Policy Wonk by Career: Worked in US Senate, 27 years of policy analysis work in North Carolina, lobbyist for membership association

Advocate at Heart: I believe everyone lives on the mental health continuum, needing varying levels of supports and services in their life.

Firm believer in the benefits of advocacy, partnerships, collaboratives and coalitions!

izi is a convening agency and we work within the behavioral health, intellectual and developmental disabilities, and substance use care and support service systems to progress a comprehensive system of whole person care. We accomplish this through convening, strategizing and activating change as well as through information sharing and advocacy building.

"I always wondered why somebody doesn't do something about that. Then I realized I was somebody."

-Lily Tomlin

Agenda:

Advocacy on Legislation

5-minute Break

Advocacy through Collaboration



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Advocacy on Legislation

What is Advocacy?

To advocate is to defend or promote a cause.
Advocacy is *active*, not passive.

Advocacy goes beyond changing or shaping legislation or policy. The larger goal is systems change.

Note: non-profit organizations have to be aware of advocating versus lobbying but both can be done.



Basic Bill Process:

Issue/improvement identified and considered for legislation



Bill introduced and referred to appropriate committee (House or Senate)



Committee (or all Committees that received referral) consider and amend



Goes to floor of the body where it was introduced (House or Senate).

Passes or sent back to committee.



If passes, sent to the other body (House or Senate) for same process (NOTE: two different versions of the bill could be passed by House and Senate)



Once passed by both bodies, either goes to conference to negotiate any differences or goes to Governor for signature. (NOTE: Once differences are negotiated, it is passed by each body again)



Goes to Governor for signature, veto or no action (he has 10 days to take action)



Becomes law



Opportunity for IMPACT
VERY STRONG

VERY STRONG

STRONG

MODERATE TO LOW

STRONG

MODERATE

LOW

START ADVOCACY ON
RULES/POLICY

NC Legislative Sessions and Interims

- State budget runs in two-year cycles and each cycle is a biennium.
- The NC General Assembly has a session every year. The first year of the biennium is a “long session” and the second year is a “short session”.
- The beginning of a biennium is a fresh slate because all bills have to be introduced new—even if the issue has come up through bills in the past.
- The NCGA is technically still in the Long Session that began in January 2021.
- The long session begins the budget process for the next two years. The NC General Assembly has developed the State budget for the State fiscal year that began on July 1, 2021 as well as the State budget that begins on July 1, 2022. You can look at it online at:
<https://www.ncleg.gov/BillLookUp/2021/s105> (tip: use “find” to search the doc because it’s many pages!)

NC Legislative Sessions and Interims, cont'd:

- After the NC General Assembly passes a bill, it is sent to the Governor to sign it into law, veto it, or not sign it or veto it and it will become law after 10 days (not including Sundays).
- The long session is also when bills can be introduced and must meet some deadlines for consideration to stay alive in the next session.
- The next short session will begin on May 18, 2022.
- The State Fiscal Year budget that begins on July 1, 2022 was already developed in 2021 but then will be “tweaked” in the short session to account for any new information or circumstances.
- Bills that were introduced in 2021 and met deadlines can be considered as well as certain other bills related to appropriations and special circumstances.

NC Legislative Sessions and Interims, cont'd.:

- The time between sessions can also present great opportunities for advocacy!
- The interim can be used for Joint Legislative Oversight Committees and other special committees to meet. These committees will delve into issues and formulate recommendations that often are turned into legislation for the next session.
- Some key interim committees:
 - Joint Legislative Oversight Committee on Health and Human Services
 - Joint Legislative Oversight Committee on Medicaid and Health Choice
 - Joint Legislative Committee for Improving Health Access and Medicaid Expansion
 - House Select Committee on COVID-19

Let's Get to Know the NCGA Website Better: A Tutorial

- Members
- Bills
- Committees
- Calendars

There are many ways to keep updated:

- Put yourself on mailing lists, e.g. legislative committee subscriptions, notifications on rules
- Find go-to resources for updates and information, e.g. associations, community organizations
- Take advantage of free opportunities like webinars, downloads of white papers

Clear Messaging to Advocate:

- Determine your goal as an individual or organization. (NOTE: you can impact issues that seem operational by *translating* it to your perspective!)
- Create your messaging (it can include concise storytelling and should always include an ask and a thank you)
- Identify key legislators and policy leaders.
- Convey your message through meetings, emails, phone calls.



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Why is Advocacy Important Now?

And Note: Advocacy is Always Important!!

Opportunity, Opportunity, Opportunity through Policy Shifts!

- Whole Person Care: Models of care in the public system focus on integrated physical and behavioral health care.
- Medicaid/Health Choice Transformation: The creation of the care management role for some Standard Plan and all Tailored Plan members, multidisciplinary approach that includes Social Determinants of Health and raising up racial and health equity through tracking and addressing issues.
- Value-Based Services: Balancing quality of services and cost of services. Providers will have to show **outcomes** that go beyond a unit of service and focus on whole person.
- Meaningful Data Collection and Sharing: Expectations for providers and payors revolve around sharing of data to create a seamless, whole person approach to services and supports.

What's the Opportunity for Individuals with Lived Experience in Mental Illness?

- As a system, we MUST figure out challenges, including:
 - How an individual gets to a point of accessing crisis services and how to preempt the need for crisis services or emergency room visits;
 - How we make the public system accessible to all individuals regardless of race, location in State;
 - How an individual with lived experience in mental illness who is involved with the justice system gets connected to the community-based system.

And who knows how to best overcome these challenges? YOU!

Professionals are realizing that they cannot be successful in the policy shifts without partnering with consumers, families and individuals with lived experience in mental illness. OPPORTUNITY!

Let's Look at Current Legislative Examples that YOU Can Impact!

Current Legislation We Can Impact

- [H. 786](#), Enhance Local Response/Mental Health Crises, an Act to create a pilot program that will provide grants to local law enforcement agencies in order to enhance responses to mental or behavioral health crises.

Current status: introduced on 5/4/21, sponsored by Reps. Autry, Lambeth, White and Ball, referred to Committee on Health, Lambeth and White chair the Committee on Health

Potential Strategy: Focus messaging in interim on Lambeth and White and support their efforts and encourage them to bring the bill up to committee for consideration during the Short Session. Inform/educate other committee members about need for bill.

Current Legislation We Can Impact

- [H. 787](#), Improved Data on Involuntary Commitments, an Act establishing involuntary commitment data collection and reporting requirements for area facilities and hospitals where first examinations for involuntary commitments are performed and for LME/MCOs.

Current status: introduced on 5/4/21, sponsored by Reps. Autry, Lambeth, Sasser, Insko, referred to Committee on Health, HOWEVER, the bill did not pass one body by the crossover deadline and does not include appropriations. H. 787 itself is DEAD but could still be a special provision of the budget or a part of other legislation through amendment. This could also be policy because this does not have to be statutory.

H. 787, cont'd:

- Potential Strategy: This legislation may be harder to build a message around because it is likely that many legislators do not know what an involuntary commitment is or why data collection on involuntary commitments can help the system. For this reason, your message may need to include an educational component.

You may want to use the interim right now to encourage Reps. Lambeth and Sasser to put the bill on the Committee on Health agenda in the Short Session. Ask them what resources and assistance they may need to show the benefit of this legislation.

**Because it is a more complex topic, begin messaging to legislators on the Committee on Health earlier than the Short Session.*

Current Legislation We Can Impact

- [H. 788](#), Achieve Better Mental Health Recovery Results, an Act to achieve better mental health recovery results by supporting peer-run recovery wellness centers by creating a NC mental health recovery and resiliency agenda and by requiring a Mental Health Recovery Policy Chief within the Division of MH/DD/SAS in NC DHHS.

Current status: introduced on 5/4/21, sponsored by Reps. Autry, Lambeth, Sasser, Brown, referred to Committee on Health, Reps. Lambeth and Sasser chair the Committee on Health.

Potential Strategy: Focus messaging in interim on Lambeth and Sasser and support their efforts and encourage them to bring the bill up to committee for consideration during the Short Session. Inform/educate other committee members about need for bill.



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