



Psychiatric
Rehabilitation
Association

Growing and Training the Recovery Workforce

Advocating for Rehabilitation and Recovery

*A Technical Assistance Manual
for the
Psychiatric Rehabilitation Advocate*

Produced by:
Paul J. Seifert, Director of Government & Public Relations
Psychiatric Rehabilitation Association
August 1999



Special Recognition

A number of organizations deserve special recognition for their work that appears in this Manual.

Our thanks go to the National Mental Health Association who has published a number of advocacy and media kits over the years. Rather than reinvent the wheel we borrowed from their already excellent material to develop key portions of this document.

Very special thanks to the Technical Assistance Collaborative (TAC) and their Director, Ann O'Hara, in Boston, Massachusetts for developing and refining the housing section. Ann and the folks at TAC are wonderfully knowledgeable about housing issues for people with disabilities and we appreciate their help.

Finally, our thanks go out to Herb Cromwell and the folks at MAPSS (Maryland Association of Psychiatric Support Services) for contributing the sections on public policy, the budget and grassroots.



August 1999

Dear PRA Colleague,

Today more than ever consumers and providers in psychiatric rehabilitation programs must be more aggressive about approaching key decision makers on mental health issues. The rule that “in politics all defeats and victories are temporary” has never been more true than today. We won the deinstitutionalization battles over 30 years ago, yet today we still hear some people questioning the value of that effort. We thought that the abuses in state and private psychiatric hospitals were a thing of the past, yet today our newspapers and news programs are telling us of new horrors. Ten or fifteen years ago few people understood the ramifications of managed care but today we are all affected by this new form of health care administration. Just because we believe that PSR programs should thrive does not mean that decision-makers will agree.

The goal of this Technical Assistance Manual on Advocacy is to help program personnel, consumers, and all interested parties become familiar with some of the basics of advocacy. We know that the range of advocacy expertise in our field varies widely and this made the task of preparing the Manual a difficult one. Yet we hope that even the most experienced advocate can find useful information in the Manual or use it in training for individuals just learning the ropes.

With this Manual we are striving for a document that everyone can read quickly, understand, and refer to often. We hope this Technical Assistance Manual on Advocacy will prove helpful, and we are asking that after you review it that you comment back to us on the attached form at the end of the Manual. Your comments will be helpful as we update the Manual in the future.

Good luck in your advocacy efforts and we look forward to your comments.

Donald Naranjo
President, PRA

Betty Dahlquist
Chair, PRA Public Policy Committee

Table of Contents

Section One - Advocacy

- What Is Advocacy
- But Isn't This Lobbying?
- Ways To Advocate
 - Hiring Your Own Hired Gun
 - Building a Grassroots Network
 - Form a Public Policy Committee
 - Set an Agenda
 - Build a Legislative Network
 - Implement Your Public Policy Program
 - Grassroots Tactics
 - Email, Letter & Telephone Campaigns
 - Testimony at Hearings
 - Meeting with Your Representative
 - Allies

Section Two - Legislation & Regulations

- Reading Legislation
- Legislation & Regulation - both are law, both are important

Section Three - Media

- Rules for Dealing with the Press
- Talking to the Press - "The Quotable Quote"
- Accuracy Matters
- The Bottom Line - Getting Your Message Out
- Press Releases and Media Alerts
- Making a List - keep track of who's who

Section Four - Selling PSR

- Outcomes, outcomes, outcomes
- Cost Effectiveness
- The Power of a Visit to Your Program
- Expertise

Section Five - Funding for PSR

- The Budget
- Healthcare
 - Medicaid
 - Clinic Option
 - Rehabilitation or Rehab. Option
 - Targeted Case Management

- Medicaid Managed Care
 - What is Managed Care?
 - Why Medicaid Managed Care?
 - 1915(b) Waivers
 - 1115 Waivers
- Medicare
 - Partial Hospitalization Services (PHS)
- Housing
 - Dept. of Housing & Urban Development (HUD)
 - Public Housing & the PHA Plan
 - Federal Public Housing Units
 - Section 8 Certificate & Vouchers
 - Section 8 Mainstream Program for People with Disabilities
 - Privately Owned Federally Subsidized Rental Housing
 - The Consolidated Plan
 - HOME Program
 - Community Development Block Grant
 - Emergency Shelter Block Grant (ESG)
 - Housing Opportunities for People with AIDS
 - Low Income Housing Tax Credit (LIHTC)
 - McKinney Continuum of Care
 - Supportive Housing Program (SHP)
 - Shelter Plus Care (S + C)
 - Tenant-based Rental Assistance
 - Sponsor-based Rental Assistance
 - Project-based Rental Assistance
 - Single Room Occupancy Dwellings (SRO)
 - Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SROs) Dwellings for Homeless Individuals
 - Section 811
 - HHS (Center for Mental Health Services)
 - PATH (Projects for Assistance in Transition from Homelessness)
- Employment
 - Social Security
 - Alternate Provider Program (AP Program)
 - Ticket-to-Work
 - Rehabilitation Services Administration (RSA)
 - Title I Block Grant
 - Title VI: Projects With Industry (PWI) and Supported Employment
 - Projects With Industry
 - Supported Employment
 - Employment & Training (E&T), Department of Labor
 - Welfare-to-Work
- Mental Health Services
 - Community Mental Health Block Grant



- State Hospital Reinvestment
- Substance Abuse Programs
- Private Funding Sources
 - Private Health Insurance
 - Private Disability Insurance
 - Other Private Funding Sources

Conclusion

Appendix

- Non-Profit Laws
- Press Release
- Media Alert
- Endnotes
- Survey



Section One - Advocacy

Almost all community-based mental health services like psychosocial rehabilitation programs, Clubhouses, peer support programs, Lodge and ACT programs, rely mostly if not entirely on public funding. If the people we serve every day are to benefit from our services, then you need to let your state and federal legislators know what it is you do, who it is you serve, how it gets paid for, and what might happen if it doesn't get paid for.

What is advocacy?

Advocacy is the simple job of telling your story to the people who make the decisions on where and how the taxpayers' money is spent. There is a fairly predictable process at the federal level and at the state level to determine how taxpayers' dollars are allocated. Learn the process. At the federal level there are Appropriations Committees in the House and Senate that do the actual spending. But they are given instructions, or authorization, from the other committees. So for example, The House Appropriations Committee will allocate funding to the Substance Abuse Mental Health Services Administration (SAMHSA) based on the authorization instructions established by the House Commerce Committee that has authorizing jurisdiction over SAMHSA. Developing a good working relationship with the elected representatives and staff of the key committees is important to making sure your views and concerns are heard. This can be accomplished in number of ways: visits and meetings, letters, phone calls, or tours of your program.

Even though every state works a little differently, somewhere a committee of legislators is tasked with making decisions on programs that affect your agency and the people you serve. If you think you deserve a bigger slice of the pie then those are the people to talk to in your state capital.

But isn't this lobbying?

Advocacy is similar to lobbying in that you meet with legislators or their staff to discuss legislation and policy. Since most psychosocial programs are tax-exempt 501(c)(3) non-profit organizations, most of the concern revolves around what kind of activity is prohibited by the 501(c)(3) tax-exempt election. Tax-exempt 501(c)(3) organizations cannot endorse or oppose candidates for political office or make contributions to the campaigns of candidates for political office. However, individuals working for a 501(c)(3) can make contributions and can participate in campaigns as long as they do so on their own time. A clear firewall should be maintained between the political activities of the individual and the activities for the 501(c)(3) organization.

So what about lobbying? Whether you call it advocacy or lobbying they are basically the same. Certain limits on expenditures apply regarding how much funding a 501(c)(3) organization can devote to lobbying. If the IRS determines that your organization exceeded the limit during a given year, your organization loses tax-exempt status for that year, must pay taxes for that year and could face substantial penalties. The sections of the Internal Revenue Code that govern political activity by non-profits are Section 501(c)(3) and Section 4911. They are included in the Appendix.

