Coalitions for Advocacy and Collaboration

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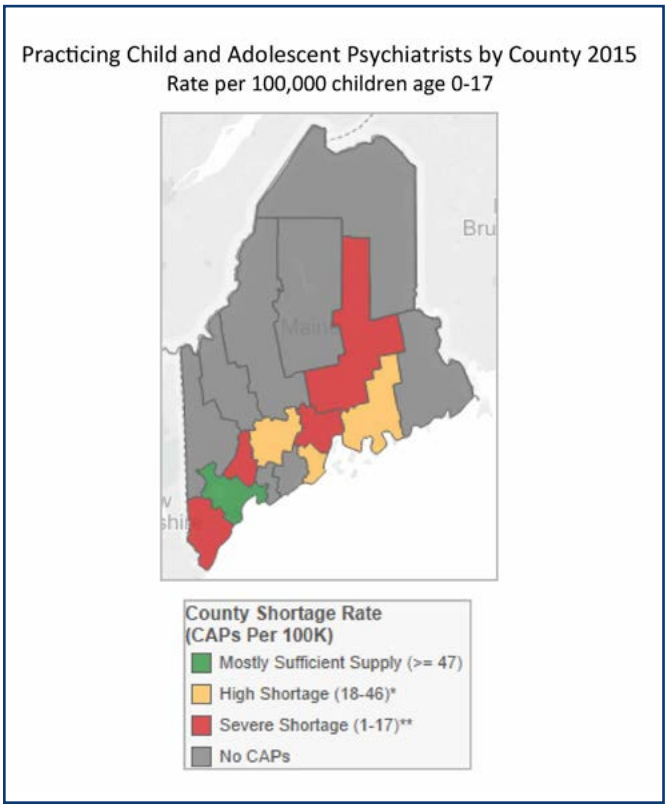
"Necessity is the mother of invention."

proverb, author unknown, attributed to Plato[1]

The number of practicing child and adolescent psychiatrists (CAP) is roughly 8,500 throughout the United States, with most states having one or more counties with no child and adolescent psychiatrists.[2,3] States with expansive rural areas have greater numbers of counties with no practicing CAPs (**see Figure 1**), making them both disproportionately underserved and in need of strong child mental health treatment advocates. Advocacy work at the local and state government level is often most successful with constituents working with their legislator.[4] Advocacy can occur on the individual level, but often one voice is not sufficient enough to effect change. Coalitions have been utilized as a political vehicle to create a more expansive or powerful voice to the issues being debated, response to legislative initiatives, or to create public awareness. This article describes the development of a coalition of stakeholders vested in child mental health in Maine, a rural location. This coalition became a unified call to guide policy formation and to address state legislative and budgetary issues affecting child mental health. Lessons learned from the creation of this coalition are shared and used to guide creation of coalitions in other states.

Figure 1. Practicing Child and Adolescent Psychiatrist by County in Maine



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The Need for a Coalition

In 2013, LD (Legislative Document) 338 became law in Maine "Resolve, Directing the Department of Health and Human Services to Amend its Rules Governing the Use of Certain Antipsychotic Drugs by Children Enrolled in MaineCare."[5] For patients under 17 years of age this required the prescriber of atypical antipsychotic medication to provide documented justification of use beyond the recommended period. It also required the prescriber perform a timely assessment and ongoing monitoring of metabolic and neurologic variables of the child in accordance with the American Academy of Child and Adolescent Psychiatry's Practice Parameter. Though well-intentioned, this bill was introduced by a state legislator in a county without a practicing child and adolescent psychiatrist. The same legislator then went on to introduce another bill, LD 716, in 2013: "Resolve, To Review and Make Recommendations on Appropriate Prescribing of Certain Medications for Children with Attention Deficit Hyperactivity Disorder That Are Reimbursed under the MaineCare Program,"[6] also without

CAP input. In response, Maine Child and Adolescent Psychiatrists (MCCAP) recognized the need to create an effective response with regards to proposed legislative actions. MCCAP is a smaller organization and had no formal relationships with other professional groups, thus leading to the need to form a coalition to develop a more robust advocacy voice.

Developing a Coalition

The experience of the MCCAP can serve as a useful example of coalition building, no matter the state. In many ways, building relationships in a sparsely populated state, such as Maine, is easier to navigate than in densely populated states. Like minded professional organizations have fewer degrees of separation. However, the core principles of building a coalition are universal, regardless of population density.

The creation of the coalition in Maine began with an initial meeting bringing together stakeholder physician professional organizations caring for children and adolescents. In general, when recognizing the need for partnership to address local, state, or national legislative/policy initiatives, it is helpful to determine if there are already established relationships to lend a unified voice. Regional child and adolescent psychiatry organizations (ROCAPS) may already have a formal relationship for advocacy with other state/regional professional organizations, such as local branches of the American Psychiatric Association (APA), American Medical Association (AMA), and American Academy of Pediatrics (AAP).

Some ROCAPS may have established partnerships with state advocacy groups, children's hospital legislative staff, or have established contacts with lobbyists supporting other regional/state professional organizations. For example, many members of the MCCAP were also members of the Maine Association of Psychiatric Providers (MAPP). MAPP had a formal partnership with the Maine Medical Association (MMA) for support and lobbying around legislation affecting general psychiatry. These previously established relationships were used to guide and support the development of this coalition. The physician groups initially identified to build the coalition were based on the premise that these groups provided primary or psychiatric care for children and adolescents.

Foundational stakeholders should then meet to further define the goals of the coalition. With an identified vision and defined purpose of the coalition, the foundational stakeholders are tasked to identify other potential members of the coalition. In Maine, each attendee had worked on advocacy, policy initiatives, or shared clinical work with the subsequent groups invited to join the coalition. The specifics of this are individual to each coalition, but for Maine, it involved extending invitations to greater than 15 other professional organizations. This included, but was not limited to, the involvement of parent groups, pediatrics, family medicine, and other organizations focusing children's health and wellness. Further growth of the coalition occurred "organically" as member organizations of the coalition had contact with other potential member groups.

In developing the coalition in Maine, trainees were another important stake holder. When developing a coalition, trainee involvement can be a valued professional development opportunity for the child and adolescent psychiatry fellow and pediatric resident. Involvement of the trainee can be most effective through mentorship and ensuring awareness of the formative meetings. This can be accomplished by reaching out to training directors to invite participation, introducing them to coalition members, and highlighting relevant resources.

The coalition in Maine was named the Maine Coalition for the Advancement of Child & Adolescent Mental Health (MeCACAMH), (**see Figure 2**). With the breadth of organizations and individuals in attendance representing a variety of roles in the lives of children, the ensuing key factors impacting youth were identified:

- Access to care
- Poverty
- Ineffective state government
- Lack of support for early prevention programs
- Quality of care varied throughout the state

Figure 2. Letterhead: Maine Coalition for the Advancement of Child & Adolescent Mental Health

MeCACAMH

Maine Coalition for the Advancement of Child & Adolescent Mental Health

The development of the coalition was financially supported by an AACAP Advocacy and Collaboration Grant, with the focus of the grant centered on building relationships with other professional organizations. Grant funding provided financial support for external consultants, meeting space, and communication. Important operational factors were to establish an executive team to guide the coalition, plan trainings on the essentials of advocacy for members of the coalition, arrange meetings with gubernatorial candidates, and set initial policy efforts. A core tenet established by the coalition was to be politically neutral instead of lobbying for more partisan goals.

The Work of the Coalition

In 2014, members of the Coalition met with the legislator who introduced LD 716 to provide education about evidence-based practice and concerns on the negative impact the bill would have for youth in Maine. Due to these efforts, LD 716 was not introduced as legislation. This led to a robust working relationship with the legislator, who sponsored child mental health friendly legislative actions and became co-sponsored legislative breakfasts backed by MeCACAMH.

A critical component of this success was timely communication between Coalition members. To ensure this, an email listserv was created. A listserv was chosen by members collectively endorsing the use of email as they were separated geographically and professionally. An example of early utilization of the listserv was a survey created to prepare to meet with gubernatorial candidates.

The survey sought to:

- agree upon the description of the Coalition
- develop questions members wanted to pose to the candidates
- assign tasks to research and prepare materials for the meeting of the candidates

This lead to the development of a "state of the state" document for the gubernatorial candidates, educating them about the role of the Coalition, workforce shortage challenges, and an overview of the challenges in the state to support children's mental health. Meetings were arranged by members of the Coalition who had previous connections with the candidates (**see Figure 3**).

Figure 3. Gubernatorial Meeting of MeCACAMH

Note: Mike Michaud, Democratic gubernatorial candidate, summer 2014, and members of the MeCACAMH. Published with permission from Sandra L. Fritsch.

In Conclusion

The Coalition has since served to develop bipartisan partners and develop joint efforts for testimony around specific budgetary and legislative initiatives, wrote a policy proposal that became a state workgroup around preschool expulsions, and continues to provide a collective, nonpartisan voice speaking on behalf of the mental health of youth in the state of Maine. Formation of the MeCACAMH created a powerful voice promoting positive change and responding to potential legislative threats. While the field of child and adolescent psychiatry has a relatively small professional and advocacy footprint, coalitions allow that professional footprint to magnify logarithmically. The case study of the Maine coalition should serve as an example for inspiring other child and adolescent psychiatrists to take these steps to start their own coalitions to successfully advocate for children and adolescent mental health in their state (see Table 1).

Table 1. Lessons Learned From the Formation of the Maine Coalition for the Advancement of Child and Adolescent Mental Health

1.	Hunger exists for such coalitions, especially in states without any unified voice speaking for youth, and the creation of a Coalition powerfully channels and strengthens the efforts of the individual organization
2.	Coalitions are most effective if nonpartisan
3.	Knowledge of state and local government is needed, and that knowledge is available through participant members of the coalition
4.	Consultation and support from key medical lobbying groups can be helpful
5.	Know your role and who you are representing; do not represent your employer unless this has been agreed upon at the beginning
6.	Listservs and electronic technologies are necessary to support communication to members
7.	All politics is personal (and local), and persistence is key ingredient to change; members of the Coalition will extend the development of the necessary relationships with local and state legislators
8.	Time to participate can be the greatest challenge
9.	Plan for leadership changes to ensure stability of the coalition
10.	AACAP Advocacy & Collaboration Grants can be instrumental to form coalitions

MeCACAMH Coalition Postscript:

The MeCACAMH remains robust and active in ME as noted by a recent email on the listserv: *"As most of you know, OCFS contracted with PGC to conduct an audit of children's mental health services as part of developing a comprehensive children's state mental health plan. Attached is a pdf of the final report.*

MCCAP remains a member of the advocacy coalition we helped develop with a few AACAP advocacy grants some years ago and we will be providing input to the state with our coalition partners. Please email any thoughts or observations regarding the report. This is our opportunity to help shape children's mental health services in the years to come."

Take Home Summary

This paper describes both the value for child and adolescent psychiatrists to partner with other stakeholders with an interest in serving the mental health needs of youth and how one state, Maine, developed a coalition in response to state legislative efforts undermining the profession of child and adolescent psychiatry.

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