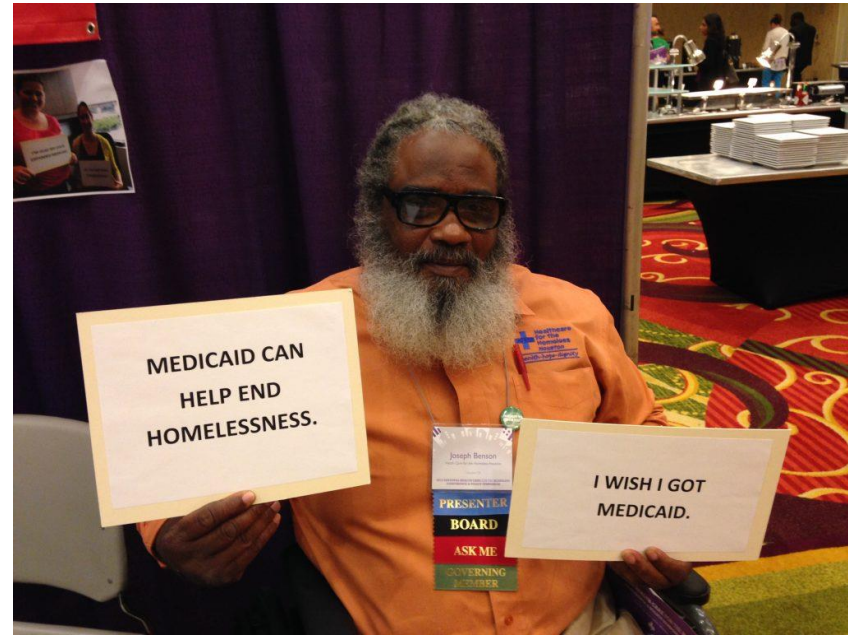


ADVOCACY 101 FOR PROVIDERS



Learning Lab Session
Friday, May 18th, 8:30 AM-12:30 PM

	AGENDA
8:30-9:00 30min	Introductions
9:00-9:45 45min	Advocacy 101 Speakers: Regina Reed (NHCHC) & Barbara DiPietro (NHCHC)
9:45- 10:00 15min	Congressional Advocacy Speakers: Sarah Franz (Sen. Klobuchar's office)
10:00-10:10 10min	BREAK (beverages available)
10:10-10:35 25min	Medicaid Policy Speakers: Marcella McGuire (CSH)
10:35- 11:00 25min	Social Media Strategy Speakers: Kevin Lindamood (HCHMD)
11:00- 11:10 10min	BREAK
11:10- 12:30 1hr 20min	Clinician Engagement – Presentation and Interactive Activity Speakers: Carrie Craig (CCH) and Lawanda Williams (HCHMD)

INTRODUCTIONS - SPEAKERS

Regina Reed, MPH

National Health Policy Organizer, National Health Care for the Homeless Council

Barbara DiPietro, PhD

Senior Director of Policy, National Health Care for the Homeless Council

Kevin Lindamood, MSW

President & CEO, Health Care for the Homeless, Baltimore

Lawanda Williams, LCSW-C

Director of Housing Services, Health Care for the Homeless

Carrie Craig, LCSW

Director of Housing First and ACT Services, Colorado Coalition for the Homeless

Marcella Maguire, PhD

Director for Health Systems Integration, Corporation for Supportive Housing

Sarah Franz

Outreach Director, Office of Senator Amy Klobuchar

INTRODUCTIONS - PARTICIPANTS

Name

Where you're from

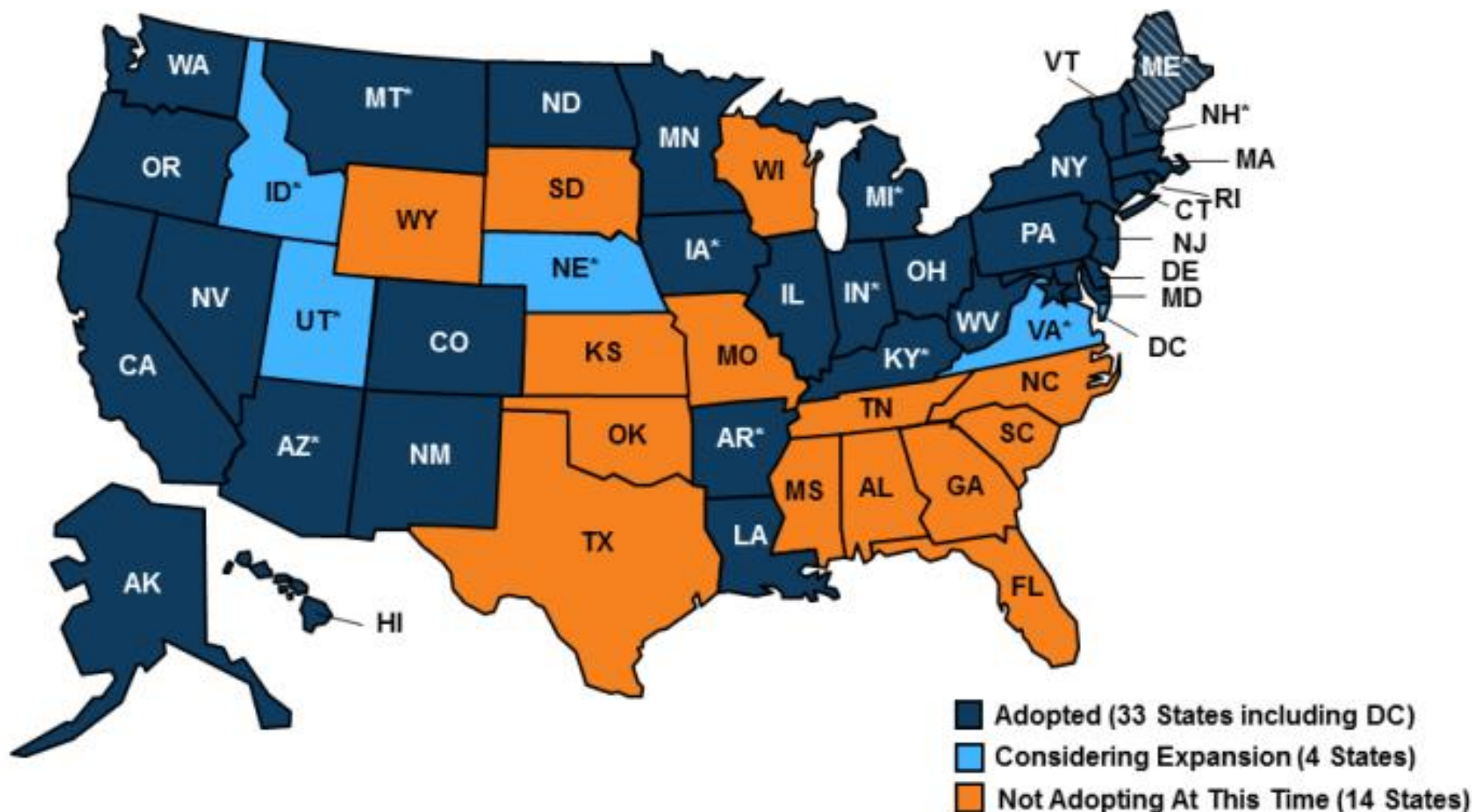
What you do

Why you chose this Learning Lab

ICE BREAKER

Raise your hand if...

Status of State Medicaid Expansion Decisions



ES: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, KY, MI, MT, and NH have approved Section 1115 expansion waivers. CMS approved the Kentucky HEALTH expansion waiver on January 12, 2018; implementation of some provisions was scheduled to begin in 2018. VA is considering adopting expansion in their FY 2019 state budget, UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match, and UT also has a measure on the ballot in November to fully expand to 138% FPL. Expansion components in ID and NE are collecting signatures to place expansion on their November ballots. ME adopted the Medicaid expansion through a ballot initiative in 2017.

ADVOCACY 101

Regina Reed, MPH

National Health Policy Organizer
National Health Care for the
Homeless Council

Barbara DiPietro, PhD

Senior Director of Policy,
National Health Care for the
Homeless Council



CURRENT STATE OF HOMELESSNESS

Data related to homelessness is far from exact and difficult to track. The Department of Housing and Urban Development (HUD) found that **1.4 million** people *accessed homeless services* in 2016. The Census Bureau found **4.6 million** individuals are “*doubled up*” with family and friends.



The Persistence of Poverty

- In 2016, 12%, about 39 million of the total population, lived at or below the federal poverty level
- In 2015, 39 million American's paid more than 30% of their incomes on housing
- Half of U.S. households are one paycheck away from falling into poverty



IS THIS JUST A FACT OF LIFE?

**ARE HOMELESSNESS AND POVERTY
INEVITABLE?**

IF NOT, THEN HOW DID WE GET HERE?

*INCOME INEQUALITY
WEALTH INEQUALITY
DECLINE IN REAL WAGES
DECLINE IN HUD FUNDING
AFFORDABLE HOUSING CRISIS
RISING MEDICAL COSTS
MASS INCARCERATION
GENTRIFICATION
INSTITUTIONALIZED RACISM
UNREGULATED CAPITALISM
AND.. AND...AND...*

The Bottom Line

Contemporary homelessness is the product of conscious social and economic policy decisions



A FALSE SENSE OF SCARCITY

“We are the richest country in the history of the world. We have 20 million people uninsured and right now we subsidize employer sponsored health insurance by \$250 billion a year. Sixty percent of America’s housing subsidizes go to homeowners who don’t need it to keep a roof over their head. At the same time we only fund housing subsidies for one fourth of the people who need it to stay housed. We have a maldistribution of the goods and resources in this country. So when we hear there is not enough resources that is a FALSE sense of scarcity.”



-Bobby Watts, CEO, National Health Care for the Homeless Council

What can you do?

Advocate!

Become an advocate for policy change by making advocacy a part of your job and routine



Defining Advocacy

- **To advocate (verb):** To speak or write in favor of; support or urge by argument; recommend publicly
- **Advocate (noun):** A person who speaks or writes in support or defense of a person or cause



To stand up for what you believe in!

DON'T GET LOST IN THE SAUCE

Advocacy is one human being talking to another human being about something they care about.



HEALTH CARE PROVIDERS SHOULD ADVOCATE BECAUSE...

- ✓ You hold immense credibility
- ✓ You are a subject matter expert
- ✓ You have real world experience
- ✓ You took an oath
- ✓ Your job requires it
- ✓ You have a moral obligation to your clients, yourself, and your community

INDIVIDUAL VS. POLICY ADVOCACY

Individual Advocacy

Locate detox placement for client, find specialist to treat uninsured patient, secure housing voucher for client and identify landlord



Policy Advocacy

Work with a coalition to increase addiction funds, write lawmakers urging universal health care, testify at a hearing about affordable housing



POLICY ADVOCACY

When we recognize **problems in the system** we want to see solutions put in place. The act of making a problem known, suggesting alternatives, and helping policy makers select the best solution is known as “policy advocacy”.



ADVOCACY VERSUS LOBBYING

ADVOCACY: Making your voice heard on an issue that affects your life and the lives of others. *Think: education, outreach, relationship building.*

LOBBYING: Activities that are in **direct support or opposition** to a specific piece of legislation.

LEGAL LIMITATIONS

Lobbying is an attempt to influence a **specific piece of legislation**.

This can be done by:

- Urging others to contact policy makers for the purpose of supporting, opposing, or proposing specific legislation.
- Advocating for the adoption or rejection of a piece of legislation.

- Nonprofits and health centers **can lobby, but with legal limitations** and never using public funding. There are *no legal limitations* for other advocacy practices (education, outreach, relationship building, etc).
- Restrictions vary for public agencies but are generally very strict around **advocacy** and **lobbying**.

NO POLITICAL CAMPAIGNING

Note the difference between ‘lobbying’ and ‘participating in political campaigns’. Political campaigning is endorsing or opposing a political candidate. Participating in political campaigns is strictly prohibited for non profits & govt agencies.



IS THIS LOBBYING?

Kevin meets with Senator Van Hollen and explains how the expansion of Medicaid in Maryland has allowed him to hire more employees and provide a better quality of care to clients.

IS THIS LOBBYING?

Nilesh testifies at a Baltimore City Council hearing on the importance of raising the minimum wage in Baltimore and asks all of the Council members to pass H.R.387 to raise the wage!

IS THIS LOBBYING?

Katherine asks steering committee members to call their Senators and ask them to co-sponsor Bernie Sander's single-payer bill (S. 1804).

IS THIS LOBBYING?

Joseph posts on Facebook about how gaining Medicaid coverage saved his life. The National HCH Council shares this story on their organization's twitter account.

“#Medicaid saved Joseph's life and is a crucial part of our health care system. Read Joseph's story here.”

IS THIS LOBBYING?

The Council shared Joseph's story again, but this time they add a hashtag “#KillTheMedicaidBill” and they tag Senator Mitch McConnell.

“#Medicaid saved Joseph's life and is a crucial part of our health care system. Read Joseph's story here #KillTheMedicaidBill @SenMcConnell”

IS THIS LOBBYING?

Barbara emails 10 staff members on the Senate Finance committee a policy brief.

“Please find attached our recent brief on MAT treatment for those suffering from opioid use disorder. We hope this is helpful while you are working on legislation to combat the Opioid epidemic.”

AS A PUBLIC CITIZEN,
UNAFFILIATED WITH AN
ORGANIZATION, YOU CAN
ENGAGE IN UNLIMITED
ADVOCACY AND LOBBYING.

POLICY ADVOCACY AS AN EMPLOYEE

- Let relevant staff members know you're interested in advocacy.
- If your organization doesn't engage in advocacy, speak up (advocate for advocacy!)
- When in doubt, don't name your organization.



FOR EXAMPLE...

“My name is Danielle and I am a medical doctor who works with very low-income patients in downtown Minneapolis. I’m here today as an individual, a long-time resident of Minneapolis, and a health care provider who is passionate about health care and housing as a human right!”



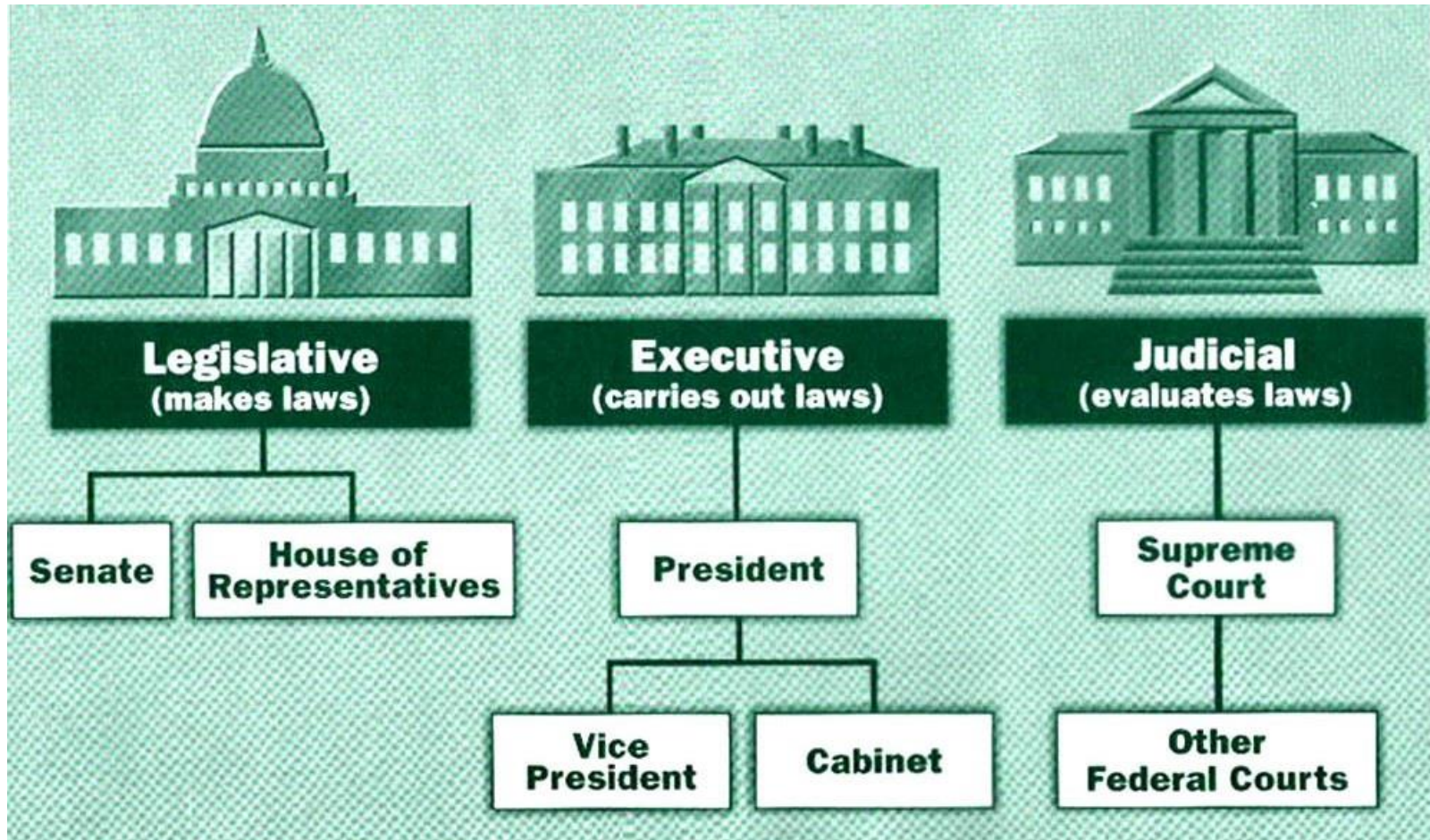
POLICIES THAT IMPACT HOMELESSNESS



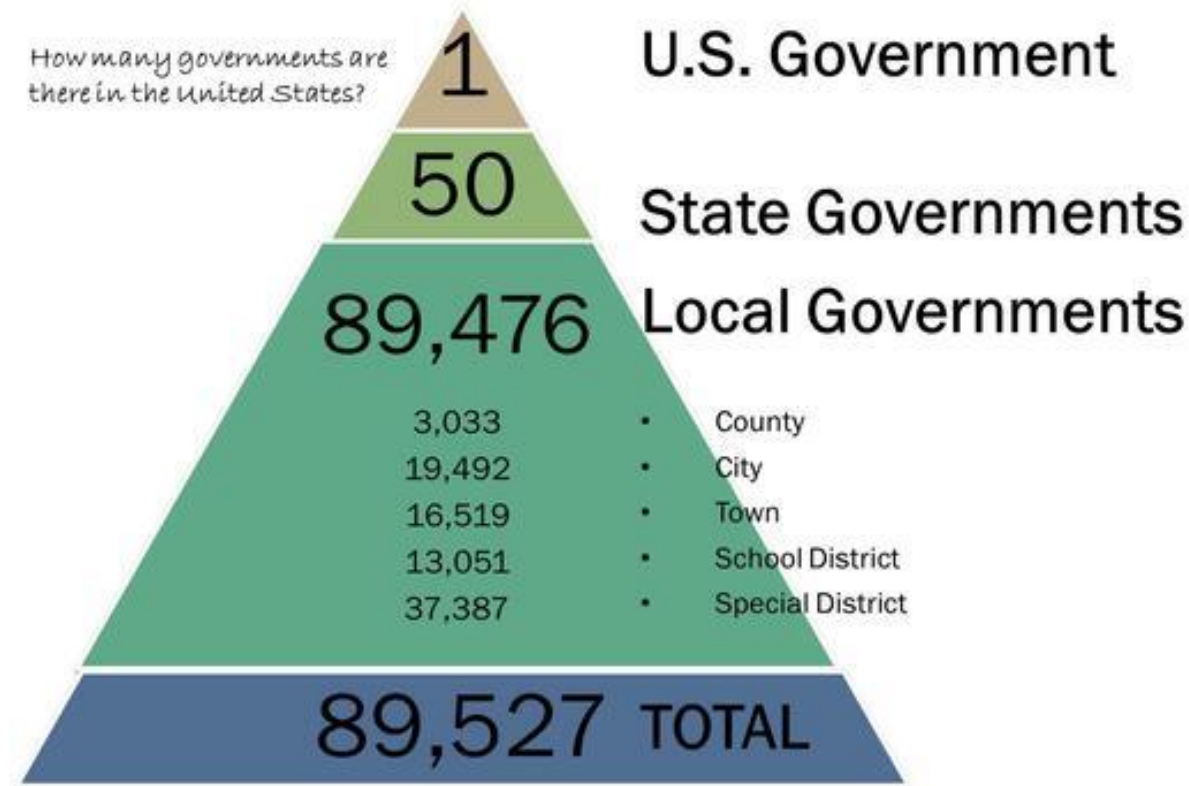


NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

CIVICS REFRESHER



CIVICS REFRESHER



POLICY PRIORITIES



LOCAL LEVEL

THE PEOPLE

- Mayor/County Executive
- City/Council Council members
- Local Health Official
- Local Social Services Official
- Local Police Chief
- CoC/HMIS leads
- Local Fire/EMS lead
- Local Jails/Detention Center lead

KEY ISSUES

- Encampments
- Zoning & NIMBY
- HUD/Continuum of Care \$
- Police protocols
- Shelter policies
- Eviction laws
- Minimum wage
- Drug policies

STATE LEVEL

THE PEOPLE

- Governor
- House/Senate legislators
- State Public Health Official
- State Medicaid Director
- State Social Services Official
- State Housing Commissioner
- State Criminal Justice
- State Budget Director

TOP ISSUES

- Medicaid
- Housing funding & priorities
- State minimum wages
- Voter ID laws
- State agency funding
- MH & SUD funding
- Criminal justice laws
- Gun laws

FEDERAL LEVEL

THE PEOPLE

- President
- Congress (members & committees)
- Health & Human Services Secretary
 - CMS, HRSA, SAMHSA
- Dept of Housing & Urban Development
- Dept of Agriculture
- USICH

TOP ISSUES

- Budget
- Housing funding & policy
- Health care funding
- Health center policy & funding
- Medicaid policy
- Medicare
- Immigration
- Food stamps

CONGRESSIONAL ADVOCACY

Sarah Franz
Outreach Director
Senator Klobuchar
United States Senate



ADVOCACY 101 FOR PROVIDERS

BREAK

10:00-10:10

Medicaid Advocacy

Marcella Maguire, Ph.D.
Director Health Systems Integration
CSH

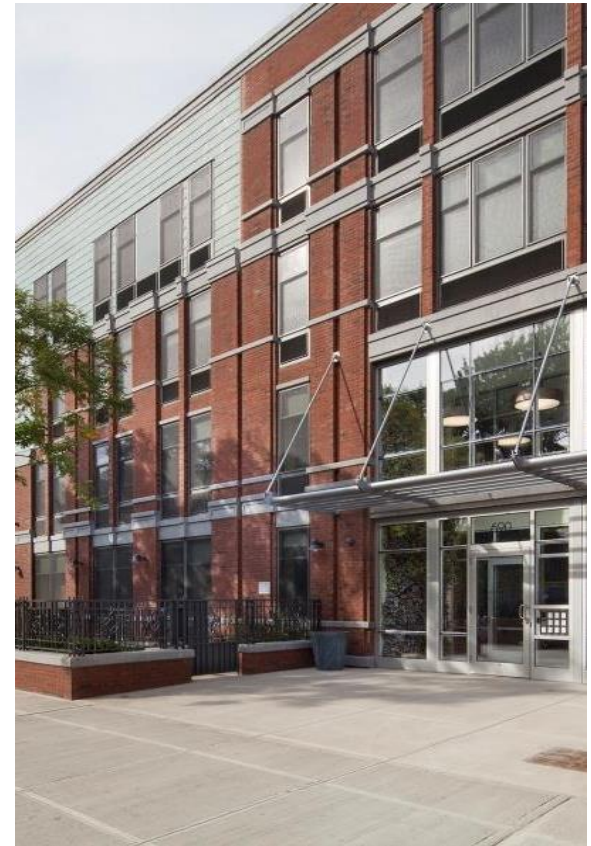
Advancing Housing Solutions That



Improve lives of
vulnerable people



Maximize
public resources



Build strong,
healthy communities

Improving Lives



Target your Message

- State Medicaid Offices
- Local leaders in health care



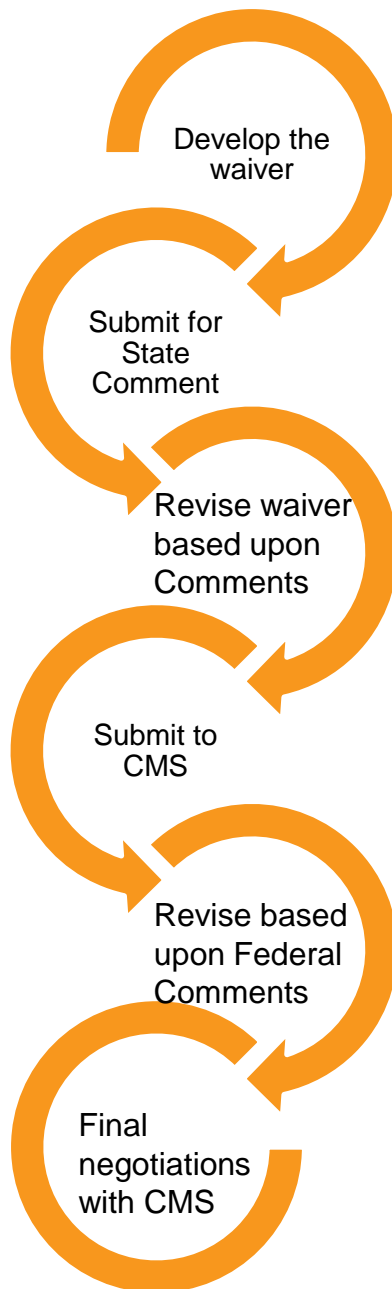
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Comment Periods



- State Comment Periods
- Federal Comment Periods
- CMS Administrative Requirements
 - <https://www.medicaid.gov/medicaid/section-1115-demo/transparency/index.html>
 - Find a regular updating list of submitted waivers at <https://public.medicaid.gov/connect.ti/public.comments/whatsNew>

Process for Comments



Work Requirements

Approved

- AR
- IN
- KY

Requested of CMS

- AZ
- KS
- ME
- MS
- NH
- UT
- WI

**But how will
they be
Implemented?**

Work Requirements

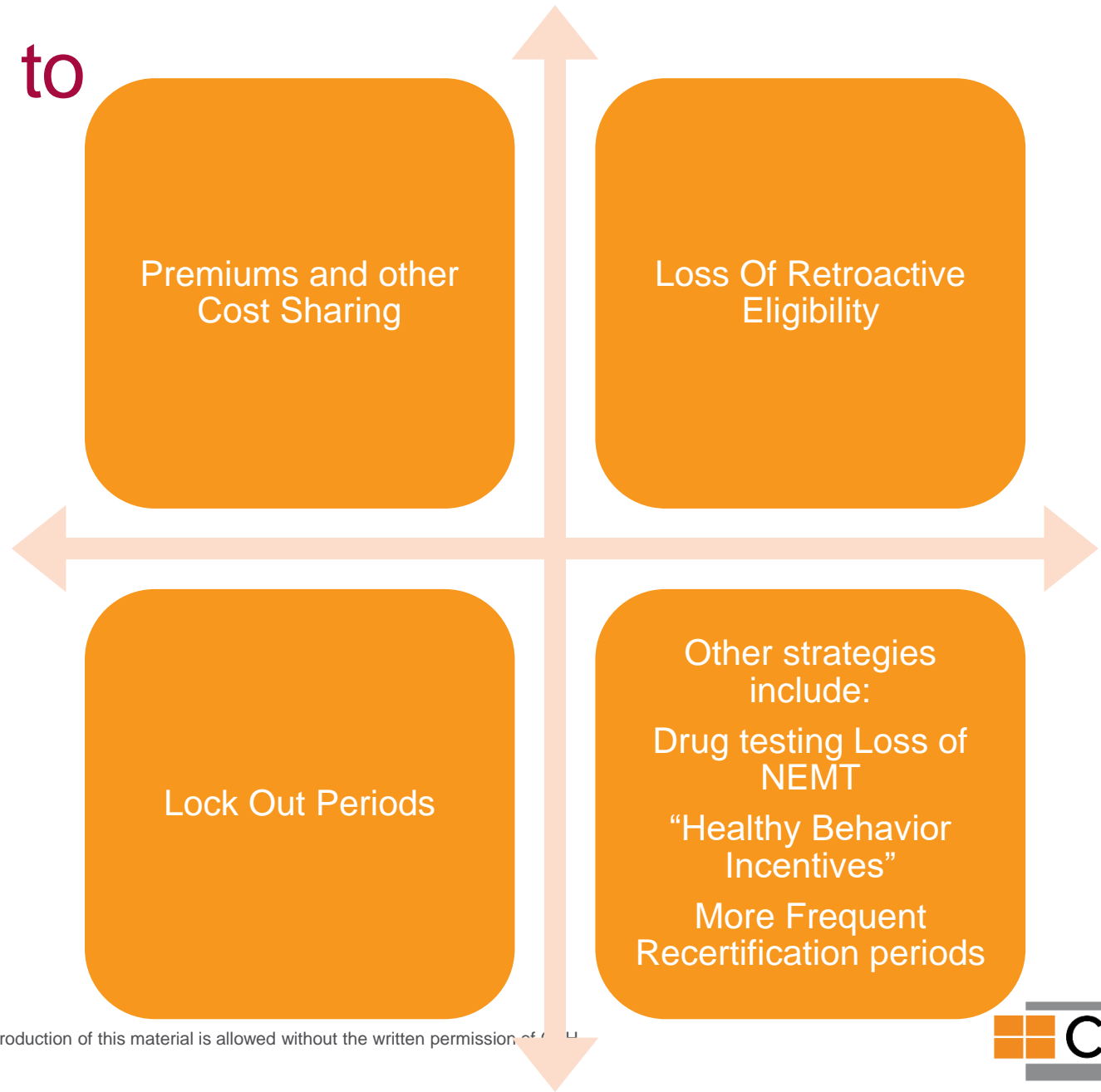
- Discussing
 - CO
 - CT
 - FL
 - LA
 - MO
 - MN
 - NC
 - OH
 - OK
 - SD
 - TN
 - VA
 - WY

Still time for substantial positive change in these states!

What works?

- ✓ Stories told by the people who lived them
- ✓ Research and Data
 - ✓ <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/view/footnotes/>
- ✓ Financial Impact on your agency

Other Barriers to Care



THANK YOU!



stay connected



csh.org



Advocacy & Community Building on Twitter

(An extension of what you already do)

Kevin Lindamood, President & CEO



Baltimore, Maryland

Confronting Myth

What one hears...

- “Twitter is dead”
- “No one’s on Twitter now; I’m on Instagram!”
- “It doesn’t really influence anything”
- “There’s nothing on there that I need to know about”

What’s happening...

- The President of the U.S. is tweeting public policy
- Florida high school students are organizing a national movement
- #MeToo
- Every major media outlet has a Twitter feed

What Twitter Is

- A “micro-blog”
- Real time “stream” or “feed”
- One communication tool among many
- Rapid news
- Information in your field(s)
- Opportunity to meet others
- Direct connection with lawmakers & policy influencers
- An organizing tool



Twitter as Party



Twitter as Networking Event



People “In the Room”

- Funders/Donors
- Clients/Consumers
- Advocates
- Legislators
- Regulators
- Reporters
- Potential Partners



Twitter as News Feed



AP

POLITICO

Mother
Jones

WSJ.
125



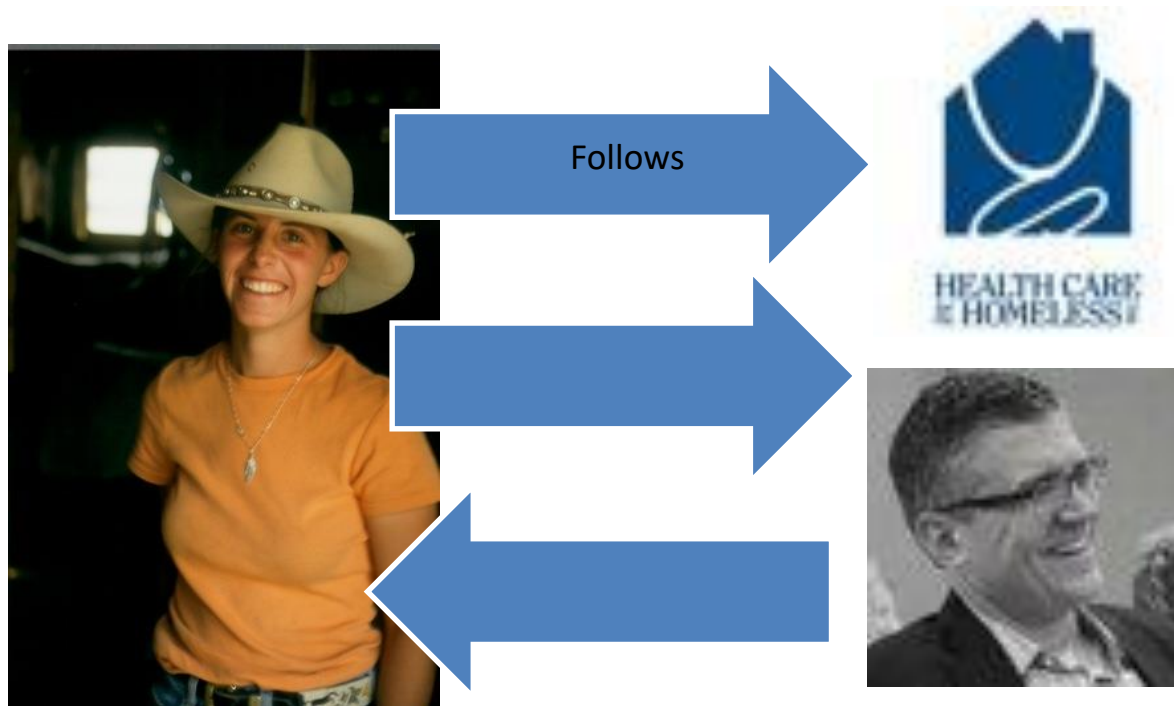
Twitter for information & gossip



News, Information & Gossip



First Impressions...



Relationships with Donors



“Remind me to
increase my annual
contribution to
@hchomeless.”



Relationships with Media



Advocacy & Policy on Twitter

- Connect and communicate with lawmakers
- Shape thinking of administrators
- Connect and organize with other advocates
- Shape understanding of legislative staff
- Engage people experiencing homelessness
- Learn lessons from other parts of the country and world

The Basics

- Tweeting
- Live Tweeting...
- Links & photos
- Replies
- Comments
- Mentions
- Polls
- Grouping: #Hashtags & threads
- “Tweet Storms”



Threads...

Verizon LTE 4:42 PM 45%

< Thread



Kevin Lindamood
@KevinLindamood

Big step forward today as @GovLarryHogan signed into law a measure to improve & increase over time the Temporary Disability Assistance Program (TDAP) - often the only modest source of income for poor single adult Marylanders with disabilities.



Verizon LTE 4:42 PM 46%

< Thread

||| View Tweet activity

2 Retweets 16 Likes



Kevin Lindamood @KevinLind... · 1d

TDAP has been frozen at \$185/month for the last 15 yrs. In July the amount goes up to \$195. \$215 the year after that & incrementally up over 8 yrs until it reaches an amount equivalent to temporary cash assistance for families, but for a household size of one (\$306 today).

1

1

3



Kevin Lindamood @KevinLind... · 1d

After that, it's tied to an inflationary standard & automatically increases. Important to remember that for the majority of participants TDAP functions as a loan program. The state is paid back out of retroactive federal disability benefits.

1

1

1



Verizon LTE 4:42 PM 46%

< Thread



So in one legislative session:

1. TDAP becomes a codified program.
2. The amount is increased over an 8-year period.
3. The program is indexed to inflation.

Any one of those improvements would be a big deal. All three are now law.

1



4



Kevin Lindamood @KevinLind... · 1d

To be clear, all of this remains decidedly incremental. The TDAP benefit amount today - or eight years from now - still isn't enough to afford housing. But it's a strong step in the right direction.

1



2



Kevin Lindamood @KevinLind... · 1d

A past study of the program found that the vast majority of TDAP participants used their benefit to



Interactions...



Extension of Your Work...



Extension of your work...



Getting Started

- Sign up
- Make sure others can see you
- Follow news sources & people that give you interesting information
- Learn from others (note behaviors you like/dislike)
- Incorporate into your routine
- Live in both places



When Tweeting

- Take low-hanging fruit first
- Share information, victories & frustrations
- Comment on articles, real-time events
- Share photos
- Re-tweet
- Engage in public conversations
- Use direct messaging for side-bars
- Understand who you represent



Parting Advice

- Make it a habit...
- ...but guard against addiction
- Don't say/do/share anything on Twitter you wouldn't want to say/do/share in public interaction
- Interact: use it to broaden & deepen real-world networks
- Parties happen whether you're there or not



Contact information:

Kevin Lindamood
Health Care for the Homeless
klindamood@hchmd.org
410-837-5533



@KevinLindamood



ADVOCACY 101 FOR PROVIDERS

BREAK

11:00-11:10



ADVOCACY 101: CLINICAL ENGAGEMENT

National Healthcare for the Homeless Conference 2018

Lawanda Williams, LCSW-C
Health Care for the Homeless

Carrie Craig, LCSW
Colorado Coalition for the Homeless



DISTINCTIONS BETWEEN CLINICIAN ENGAGEMENT

Direct Engagement

- The provider takes a position and takes direct action regarding that position
- Based on issues important to provider, client population or organization

Indirect Engagement

- The provider assists a client with taking direct action on a position held
- The provider provides education related to topic and/or type of advocacy most beneficial
- Based on issues important to the client
- The provider supports client after advocacy action- based on impact

PROVIDER ENGAGEMENT





TYPES OF PROVIDER ENGAGEMENT

- Talking with the press- TV or news interviews
- Legislative hearing- providing verbal and written testimony
- Legislative office visits/lobbying
- Calling/email campaigns
- Attending rallies
- Social media

DECIDING WHAT INITIATIVES TO SUPPORT



- Speaking to your PASSION
- Organizational priorities- ensure alignment with agency mission
- Client priorities
- Client needs



BENEFITS OF PROVIDER ENGAGEMENT

- There are numerous benefits derived when we make our voices heard
 - Micro level benefits
 - Provides opportunity for modeling
 - Enhances therapeutic alliance
 - Improve conditions for individual clients
 - Mezzo level benefits
 - Provide opportunities for increased funding and/or services at the organizational level
 - Macro level benefits
 - Promote large-scale, governmental policy changes

FINDING THE TIME



- Time is often a limited commodity
- Identifying small ways to make your voice heard
- Consider your “everyday opportunities”
- View advocacy as a part of the work

SUPPORTING CLIENT ENGAGEMENT





BENEFITS AND CHALLENGES

Benefits

- Empowering/self-esteem builder
- Impactful (client stories in their own voices)
- Decision-makers often value stories more of those directly impacted
- Constituent advantage

Challenges

- Client negatively impacted by situation
- Press can twist clients' words
- News stories can be biased and words taken out of context
- Legislators who challenge clients on their experiences
- Client confidentiality



TYPES OF CLIENT ADVOCACY

- Talking with the press
- Providing testimony at hearings
- Legislative visits
- Attending rallies
- Storytelling/writing letters



IDENTIFYING CLIENTS FOR ENGAGEMENT

- Important considerations:
 - What would be meaningful for the client?
 - Does the client have interest in this topic?
 - Where is the client in their recovery journey?
 - How much support will the client need to engage?
 - What is the potential therapeutic value of advocacy?
 - What if a client is engaged/interested in advocacy that you may not feel is ready? How do you support this client in their efforts?

ANY QUESTIONS



Interactive Activity

Mock Legislative Visit

Choose a topic

- Medicaid Work Requirements
- Homeless Encampments
- Save Injection Sites

Pair Up & Pick a Role!

- **Medicaid Work Requirements**

→ You're meeting with your State Medicaid Director

- **Homeless Encampments**

→ You're meeting with a City Council Member

- **Safe Injection Sites**

→ You're meeting with a State Legislator

GENERAL TIPS FOR LEGISLATIVE MEETINGS

- **Emphasize your expertise.** *“I’m a nurse!”*
- **Leverage your constituent power.** *“As a resident of your district...”*
- **Remember- you’re there to tell your story, not to be a policy expert.** *“I don’t remember where it says this in the bill, but I can tell you that if I had the ability to prescribe buprenorphine....”*
- **Listen attentively and stay polite (and complimentary).** *“It’s helpful to know why you don’t want to vote for this bill, and we hear ya on the need to reduce the deficit!”*
- **Think about shared values and meet them where they are.** *“Thanks for your commitment to reforming health care in this country, we can all agree the system needs work!”*
- **Never lie and don’t be afraid to say “I don’t know”.** *“I’m not sure what portion of our budget comes from Medicaid, but I’ll put you in touch with our CFO who can answer these questions and more! I’ll follow-up via email tomorrow”*

Ready, Set, Go!

1. Explain who you are and why you care about the issue
2. Make a clear ask
3. Appeal to shared value
4. Support your argument
 - personal story
 - data point or fact (limit to 1 or 2!)
5. Repeat the ask, and say thank you

NEXT STEPS

- Find an issue you care about
- Get involved
 - Join a coalition
 - Sign-up for Mobilizer
 - Or....
- Set personal goals

