

*Talking to Policymakers:
Educating About Youth Suicide
Prevention Programs*

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Overview

- Why must we engage policymakers?
- In what format can we speak to policymakers?
- What information do policymakers need to know?
- What is the best way to communicate the key points?
- Will one meeting/call/email be enough?
- How has it worked in other states?



Why must we engage policymakers?



- Policymakers created the Garrett Lee Smith Memorial Act which funds your programs
- Policymakers have decided how much funding will be provided for all grants, and for each individual grant
- Policymakers have the ability to continue or end the GLSMA programs



Engagement cont...

- Our current grant is going to end and we may need government funds to continue our programs
- Other suicide prevention programs may be created or funded depending on whether policymakers are educated on the benefits of your GLSMA grants



- Policymakers hear from concerned citizens about every issue under the sun, why not this one?



In what format should we speak to policymakers?

- In personal office; over the phone; via email; testify at a hearing; hold a briefing/press conference.
- With written documents.
- With a combination of personal stories, statistics and facts about the program.



What information is important to provide?

- What is the GLSMA program and why did we get a grant?
 - Federal grant to address youth suicide
 - \$400,000 each year for 3 years.
 - We are in year X.
 - State plan in place.
 - High rate of suicide?
 - Many concerned citizens asked us to?



Important Info. cont...

- What have we used the grant money to do?
 - Gatekeeper training
 - Voluntary screening of youth for mental health needs
 - Awareness campaign
 - Coordination of suicide prevention activities among state government agencies and local non-profits
 - Assistance to crisis lines



Important Info. cont...

- What results have we seen?
 - Personal lives touched– here is the opportunity to share a story
 - X number of trained personnel
 - X of individuals screened; X number of referrals made
 - X number of PSAs aired
 - X reduced rate of suicide among youth
 - Increased usage of crisis lines
 - Increased usage of mental health and/or substance use services



Important Info. cont...

- What are the continuing needs of the program?
 - The federal grant is going to end in 20??
 - The program can continue if...
 - Other programs have:
 - Received state funding
 - Worked with local non-profits and foundations
 - Obtained federal earmarks
 - Obtained funding from national foundations and non-profits



What is my window of opportunity?

- Most meetings with policymakers and/or staff will not last more than 30 minutes – most far shorter.
- Most staff do not have time to read more than 3 or 4 documents that are no more than 1-2 pages each.
- Most staff get an enormous amount of email, and they may be reading it on a blackberry.
- Usually you have a better opportunity to gain attention either when the legislature is out of session, or when there has been significant local media attention to the issue.
- Be brief, be bright, be gone.



How can I best engage policymakers?

- Set up a meeting w/ the policymaker and/or staff.
- Invite a policymaker to an event that is connected to your program.
- Testify at a hearing at the State legislature/city council/federal field hearing.
- Set up a conference call.
- Send literature created with program funds.



What kind of follow-up is necessary?

- o If you have a meeting:
 - o Make sure you leave material behind;
 - o Write a thank-you;
 - o Provide answers to any questions you couldn't answer on the spot; and
 - o Check-in after a few weeks to see if any additional questions came up, or if you can be of any additional assistance.
- o If someone appears at an event you hold:
 - o Provide a packet of info for the policymaker to take back for review later;
 - o Write a thank-you;
 - o Publicize the appearance w/a story and/or photo in a newsletter; and
 - o Follow-up to see if any questions came up, or if you can be of any assistance



State Suicide Prevention Legislative Trends for FY2007

- Appropriations: Thirteen states [AK, CO, FL, HI, IL, MA, MN, MO, NC, NM, NY, TN, and WA] allocated funding specifically for suicide prevention activities. Certain states targeted funds specifically for special populations including youth, Native Americans, elderly, veterans, and individuals in rural areas.
- Youth/Education: Seven states [HI, MO, NC, NM, NY, TN, and WA] passed legislation specifically targeted at youth and young-adult suicide prevention. Two states [TN and VA] passed legislation related to the education system within the state. Tennessee required training teachers and educational staff to recognize suicide risks and warning signs, and Virginia recommended educating college personnel and students about suicide risks and prevention.



State Trends cont...

- State suicide prevention plans/programs/offices/councils: Four states [FL, HI, IL, and MT] passed legislation addressing a suicide prevention plan, program, office or council. Florida created a statewide Office of Suicide Prevention that includes a position of statewide coordinator, and a Suicide Prevention Coordinating Council. Hawaii created a youth suicide prevention program, while Illinois changed the state suicide prevention committee to an alliance. Montana required the implementation of a comprehensive suicide prevention program, including a suicide prevention officer and a suicide reduction plan, as well as a 24-hour hotline.
- Resolutions: Three states [NM, OK, and PA] adopted resolutions supporting suicide prevention.



How have non-grantee states worked on youth suicide prevention?

– Florida

- **HB 139** created a Statewide Office for Suicide Prevention and a position of statewide coordinator contingent upon specific appropriation. The law also created a Suicide Prevention Coordinating Council within the Statewide Office for Suicide Prevention and appropriated \$150,000.

- The bill passed the House (Y-114; N-0) on 03/29/2007; the Senate (Y-38; N-0) on 4/27/07; and was approved by Governor on 05/22/07.
- It is now Chapter 2007-46.



The path for Florida

- Spring 2004 - The Governor's Suicide Prevention Task Force proposed legislation that would create the Statewide Office of Suicide Prevention within the Office of Drug Control and provide for two FTEs. The bill passed both chambers but there was no funding in the Governor's budget so it did not go to the Governor for signature.
- The same legislation was put forth in 2005 but died in the last two weeks of Session in the House Governmental Operations committee.
- In 2006, after passing the House, it died during the last week in session on the Senate floor due to a log jam of bills.
- This advocacy effort came to fruition in 2007. The bill was officially signed into law by Governor Charlie Crist on May 22, 2007 and went into effect July 1, 2007.



Non-grantees cont...



- Hawaii
 - **HB 55** established a statewide youth suicide early intervention and prevention program. The bill also appropriates money to the department of health to implement the program. The Conference Committee Report passed the House (unanimous) on 05/03/07; the Conference Committee Report passed the Senate (Y-25; N-0) on 05/03/07; and the bill became Act 124 on 06/04/07 based upon Governor's messages No. 459 and 882.
 - **HB 500** provides appropriations for the fiscal biennium 2007-2009. Specifically, the bill provides that \$100,000 or so much thereof as may be necessary for fiscal year 2007-2008 and the sum of \$100,000 or so much thereof as may be necessary for fiscal year 2008-2009 to establish a suicide early intervention and prevention program with an emphasis on the youth population, but noting that this program shall include other individual age groups. The Conference Committee Report passed the House (unanimously) and the Senate (Y-23; N-2) on 05/01/07. The bill became Act 213 on 06/27/07 based upon Governor's messages Nos. 551 and 984.



Non-grantees cont...

- Illinois
 - **HB 1643** amends the Illinois Suicide Prevention, Education, and Treatment Act by deleting references to the "Illinois Suicide Prevention Strategic Planning Committee" and the "Committee" and replacing them with the "Illinois Suicide Prevention Alliance" and the "Alliance". The bill passed the House (Y-107; N-0) on 03/22/2007; the Senate (Y-56; N-0) on 05/16/07; and was approved by the Governor on 08/13/07. The bill became Public Act 95-0109.
 - **HB 3866** makes appropriations and specifically appropriates \$206,400 to the Department of Human Services for teen suicide prevention and \$350,000 in the Office of Health Promotion for suicide prevention programs and activities. The bill passed the House (Y-98; N-8) on 08/01/07; the Senate (Y-52; N-5) on 08/10/07; and was sent to the Governor on 08/13/07. The law became effective 8/23/07.



Non-grantee Federal funds

- The FY08 LHHS Appropriations bill contains \$40M for GLSMA grants, with \$30M of it for the state/tribal grants. In addition to the GLSMA funding, the bill also includes funding for:
 - Holy Spirit Hospital, Camp Hill, PA for the Teenline suicide prevention program: \$100,000
 - Pacific Clinics, Arcadia, CA for mental health and suicide prevention programs for Latina youth: \$400,000
 - Samaritans of Rhode Island, Providence, RI, to enhance the Suicide Crisis Hotline: \$210,000



How do I keep abreast of new developments?

- SPAN USA and SPRC monitor federal and state legislation that affects suicide prevention and mental health parity. To read the reports that are published every 4-6 weeks, visit:

www.spanusa.org/publicpolicy



Who wants to role play?

- I'm Arizona State Senator Tom Halleran (R). I'm the Vice Chairman of the Arizona State Senate Health Committee.



- I'm Tennessee State Representative Joe Armstrong (D). I'm the Chairman of the Tennessee State House Health and Human Services Committee.



Contact me

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