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This manual is intended to help AACAP members take the necessary steps to get involved in advocacy in their states and communities. As you delve in your efforts, AACAP’s Department of Government Affairs is here to provide resources, advice, and experience. Please contact Liz DiLauro, Assistant Director of Grassroots Advocacy, at edilauro@aacap.org or (202) 587-9668 for assistance.

WHAT IS ADVOCACY?

Advocacy is the act of pleading or arguing in favor of something, such as a cause, idea, or policy. You may advocate every day and not even realize it. When you inform your local government about a pothole on your street that needs repair, when you write a letter to the editor expressing your viewpoint on an issue, or when you have spirited debates with others about political or social issues, you are advocating. You are working to achieve an outcome by persuasively trying to help others to see things from your perspective.

Advocacy is also our right as U.S. citizens and is fundamental to the operation of our democracy. The founding fathers included the right to advocate in the First Amendment to the Constitution, which states “The Congress shall make no law...abridging ...the right of the people peaceably to assemble, and to petition the Government for redress of grievances.” We elect our legislators and they are accountable to us as constituents.

As physicians, you advocate for your patients and families every day by contacting insurance companies, pharmacy management companies, schools, and other social agencies. You already have the skills necessary to be expert advocates in the government arena as well.

WHY ADVOCATE?

Child and adolescent psychiatrists play an important role in the lives of countless youth and their families across the country. Whether it’s diagnosing and treating a child with behavioral issues, providing solutions to complex family issues, or facilitating group or individual therapy, you are called upon to resolve some of the most pressing issues affecting the family and societal dynamics in this country.

Advocacy is about opening doors and making friends to get your message across. Because, if you are not at the table, you are on the menu!

With all these responsibilities, it is understandable why many child and adolescent psychiatrists are not involved in state and local government advocacy. However, as part of your professional practice, it is imperative that you advocate for the important mental health issues that directly address the needs of your patients and your profession.

Even for those interested in helping to shape public policy, the thought of working with lawmakers or engaging in the political arena can be intimidating. However, it is important to remember that your legislators work for you! They often welcome and solicit input from those in their community and this is where you can be of great importance. Most state legislatures are dominated by professions such as lawyers, business persons, or educators. However, there are few mental health or pediatric professionals. Additionally, they often don’t have the time nor staff to research and hone their knowledge on every issue that comes before them. It is estimated that state legislatures consider over 100,000 bills a year. With that vast number, no legislator can become an expert on every bill that crosses their desk. You have the opportunity to become their expert resource on issues related to children and mental illness as they draft, debate, and implement laws and regulations.

Whether at the federal, state, or local level, policy change is driven by people and organizations committed to making a difference. Ultimately, advocacy is about opening doors and making friends to get your message across. As the saying goes, “If you are not at the table, you are on the menu!”

THE STATE LEGISLATIVE PROCESS

The following is a summary of the typical legislative process for bills at the state level and suggestions on how you can become more involved in the process. Please note that there is some variation in the legislative process from state to state. Visit your state legislature’s website for more specific information.

Bill Drafting – A legislator must sponsor a bill in order for it to be drafted by legislative council. Legislators often work with advocates to craft the language that will be included in legislation or to draft amendments to a bill that has already been introduced. This is most common and successful when advocates have an existing relationship with a legislator.

- *Getting Involved:* Advocates can go to a legislator who is friendly to mental health issues and request that a bill be drafted to fund services, address a problem, or change policy. Advocates can also work with legislators to influence proposed or existing bill language.

To learn more about a bill introduced in your state, visit your state legislature’s website and search by the bill’s assigned number or text in the bill. You can also visit [AACAP’s State Legislative Tracking webpage](#) and look for relevant bills in your state.

Bill Introduction – When bills are formally introduced, they are assigned a bill number and referred to committee(s) of jurisdiction.

- *Getting Involved:* When favorable legislation is introduced, advocates can write letters to the sponsor(s), applauding the bill’s introduction and offering to be a resource as the bill moves forward. Legislators appreciate acknowledgment of their work and knowing their bill has supporters in the community.

Bills Referred to Committee(s) of Jurisdiction – Most of the work done on a bill happens in committee. Committee Chairs and ranking minority members decide which bills will receive the most attention. Committees may hold hearings on a bill, propose and adopt amendments, and vote on approval of a bill—or they can let a bill die by failing to take action. If a bill is voted on and approved at the committee level, it is reported out to the full House (also called “Assembly” in some states) or Senate for consideration. For hearings, advocates may be asked to suggest witnesses and may be asked for input on witness testimony.

- *Getting Involved:* Advocates can write to committee members and encourage a hearing on a bill or bills that are important to them. For hearings, advocates can prepare oral and/or written testimony for the record. In many states, you do not have to be invited to testify at a hearing, as hearings are open to public participation. Advocates may also provide questions or comments to a friendly legislator on the committee to ask of witnesses.

Floor Action on a Bill – Bills reported out of committee are placed on the House or Senate calendar for debate by the full chamber. Legislators that support and oppose a bill are given a chance to speak about the bill during the debate. There is also opportunity for additional amendments at this time. When debate concludes, a vote is taken to either approve or defeat a bill.

All states, with the exception of Nebraska, have a bicameral legislature with both a House and Senate. To be signed into law, bills must follow the legislative process and be passed in EACH chamber of the legislature.

However, if the bill does not have the support of the head of the chamber, such as the Speaker or Majority Leader, the bill may stall at this point in the process and never be placed on the legislative calendar.

- *Getting Involved:* Advocates can contact key legislators in advance of a floor vote to ask them to speak either in favor of or in opposition to a bill. Advocates may provide talking points or even draft and distribute a very brief “floor letter” outlining your key points. They can also contact their legislator and urge them to vote “yes” or “no” on a bill that is coming up for a vote.

Conference Committee – Sometimes similar, but not identical, bills pass in the House and Senate. When this happens, a conference committee must be formed to reconcile the differences in the bills. Once differences are resolved, the House and Senate must again vote to approve the legislation.

- *Getting Involved:* Advocates can contact the legislators on the conference committee to urge that certain provisions be included in the final legislation.

Action by the Governor – When a Governor receives a bill, he or she may sign the bill into law; veto the bill; veto the bill and send it back to the legislature with suggestions for reconsideration; or take no action (in some states, that will lead to the bill becoming law after a specific period of time). If a Governor vetoes a bill, the legislature may override that decision, typically by a two-thirds vote in both the House and Senate.

- *Getting Involved:* If a Governor signals hesitancy about signing a bill, advocates may write letters or make calls to the Governor’s office to show their support of the bill. When a Governor signs an important bill, advocates may issue a press release acknowledging the Governor and the bill’s legislative champions. This helps build goodwill and generates positive publicity for elected officials.

THE REGULATORY PROCESS

Once a bill is passed and becomes law, emphasis switches to the regulatory agencies, which determine how the new law will be implemented. Essentially, this is when state agencies explain what the new law means in practice. For example, if a state passes a law requiring mental health parity in insurance plans, the state Department of Insurance will issue regulations that specifically detail the intent of the law. You should be active in the regulatory process in your state, as well offering testimony and comments on the new law.

While the specifics vary state by state, having a good understanding of your state’s regulatory process is key to achieving your legislative goals. No matter your state, there are opportunities for you to provide input!

- **Administrative Procedure Act** - Rules can’t be put into effect by an agency without passing through a specific process. The steps that must be followed are laid out in each state’s Administrative Procedures Act. Knowledge of this process will help you understand and impact the promulgation of rules of importance to child and adolescent psychiatrists. You can access your state’s act, and often a citizen’s guide, on the website for your Secretary of State.
- **Public Notice** – State agencies must give notice when developing rules for a new law. The notice must include the text of the proposed action and invite interested parties to submit testimony on the proposed action. Notices for meetings are normally placed on the agencies websites and in a newspaper with statewide circulation.
- **Public Hearings** - Public hearings are an important step in the regulatory process. They are designed to allow citizens to voice concerns regarding proposed rules and implementation of those rules. If your Regional Organization has suggestions for change or support on a proposed regulation, plan to testify at the hearing.

Reminder:

AACAP staff is available to help you determine how the regulatory process works in your state!

BUILDING RELATIONSHIPS WITH STATE LEGISLATORS

Relationships are perhaps the most important ingredient to effective advocacy. As child and adolescent psychiatrists, you build relationships every day with your patients and that trust is crucial to their treatment. Similarly, as advocates, you have to build relationships with our policymakers if you want to be effective.

Luckily, building relationships with your legislators is much easier at the state level than at the federal level. While your Members of Congress cover large districts and may seem quite distant from you, state legislators are often more approachable and likely have ties in your community. In many states, they often continue their professions and work as part-time legislators.

Identifying Potential Allies

When working to identify possible allies in the state legislature, it is important to determine which legislators have an interest in child and adolescent psychiatry. Legislators interested in these issues often have a personal connection to mental health and may be more likely to champion your issues.

As a first step, collect background information on the legislators who sit on committees of jurisdiction for mental health issues. These committees will vary state to state, but may include Mental Health, Health, Human Services, Children and Families, Education, and Social Services. Most state legislators now have websites, which are linked through the state legislature's website. Their website normally provides information on their educational and career backgrounds and may list issues in which they have expressed an interest. In addition, many legislators now publish newsletters that describe their legislative priorities.

Additionally, you can also survey members of your Regional Organization to find out if anyone knows a state legislator personally. A personal connection to a legislator can be a great building block to get them more interested and supportive of your issues.

Using this information, compile a list of possible allies with whom members of your Regional Organization can begin building relationships.

Visiting Legislators

The most effective way to begin building relationships with legislators is to meet with them and/or their staff in person. This allows them to "put a face to the issue" and get to know you as an expert resource on mental health.

For many people, visiting legislators can be the most intimidating part of advocacy. However, legislators look forward to communicating with the voting public. Legislators often go into public service to make a difference and accomplish what they believe to be the people's will. By communicating with legislators, you supply them with feedback on how they are doing and what you as a member of the public desire.

You do not necessarily have to travel to the state capital to schedule a visit with your legislators. Many legislators have district offices, and for those that don't, most legislators will be willing to set up a time they can meet with you back home. In fact, it is most beneficial to establish a relationship with your legislators between sessions, as they have more time than on a busy legislative day at the capital.

To schedule a visit, call the legislator's office using the number listed on their website. Be sure to inform them, or their staff, about who will attend the meeting, the issue you are concerned about, and if possible, the bill number. You should come prepared to answer possible questions, including:

- What are the merits of the issue?
- What impact does it have on his/her district?
- Does it involve possible job losses or gains?
- What is the cost?
- What is the issue's impact on the economy or business?
- Does the issue have the commitment of an interest group?
- Does the issue have support from the Governor?
- What is the general public sentiment about the issue?

Other Methods to Build and Maintain Relationships with Legislators

Visits are just one way to work with your state legislators. Once you have established a relationship, there are many other methods to keep and strengthen the connection.

- **Send an email or make a phone call when an important vote is coming.** If there is an upcoming vote on which you want to provide input, call or email your legislator. Their contact information is available on your state's legislative website. Depending on your state, your legislator may not have staff and you may be able to speak or correspond directly with them.
- **Provide testimony at a hearing.** Before a committee votes to approve a bill, they will hold a hearing to get input from experts and the public. In many state legislatures, anyone is welcome to provide public testimony. See pg. 8 for more information on providing testimony.
- **Hold or participate in an Advocacy Day at the state capital.** Regional Organizations can hold an annual Advocacy Day at the state capital, when a group of child and adolescent psychiatrists visit their legislators to talk about children's mental health. Advocacy Days can help to create momentum on a legislative issue and are a great way to engage new advocates. To have more of a presence and to lessen the burden of organizing the event, consider partnering with your state psychiatric organization or a family advocacy organization for their annual Advocacy Day. See pg. 13 and Appendix H for more information on possible partners.
- **Invite legislators to an event.** Whether it is a tour of your hospital or a meeting of your Regional Organization, inviting legislators to an event is a great opportunity to make a lasting impression. It allows them to make personal connections and better understand the needs of children with mental illness, without the distraction of being in a legislative office.
- **Give an award to a legislative champion.** It is important to recognize the efforts of legislators working to improve policies and services for children with mental illnesses. Your Regional Organization can offer an annual award to a legislative champion and invite them to join you at an award ceremony. Not only can this strengthen relationships, but it also provides the legislator with an opportunity to showcase their work to constituents.
- **Host a forum.** Your Regional Organization can organize a forum to bring together policymakers, physicians, mental health providers, advocates, and families to dialogue and exchange ideas on improving healthcare for the state's children and adolescents. For tips on organizing a forum, read AACAP's [Organizing Forums on Children's Mental Health](#) or see Appendix I.

TIPS ON COMMUNICATING WITH LEGISLATORS

Legislators are extremely busy during session and cover a multitude of policy issues. This makes it essential that you craft brief, simple, and concise messages about the issues that matter most to you to increase your chances for legislative success.

Pick your method of communication based on your goal. When deciding whether to email, call, or visit with your legislator, think first about what you want to accomplish. If you're just beginning the relationship building process, choose a method that will put you face-to-face with your legislator, such as scheduling a visit. If the issue is timelier, such as an upcoming vote, sending an email or making a phone call are the more appropriate choices.

Identify yourself as a constituent and a physician. Constituents are given top priority by legislators. In all communications with legislators, advocates should identify themselves as a constituent whenever applicable. Also be sure to identify yourself as a child and adolescent psychiatrist and let them know your work in the community.

Quantify the need and use data in support. Facts, figures, and data all help to make your case. Be sure to cite relevant statistics to illustrate your issue. For example, if you are speaking about the lack of access to mental health care, you can say "Only 20% of children and adolescents in need of treatment for mental illness receive it. In our state, this means that there are XX of children not receiving the services they need."

Bring anecdotes and tell stories. To balance your data, tell a story about what the issue means to your practice and your patients. It is important to keep the stories brief and link them back to the issue at hand.

Ask for action. Be clear about what you want the legislator to do. Be as specific as possible, whether it is to vote yes or no on something, proposed language for an amendment to an unfavorable bill, or to cosponsor a bill.

Follow up. After you communicate with a legislator or their staff, it is very important that you follow up to thank them for their time and remind them of any action you want them to take. Even if your legislator is not supportive of your issue, a relationship can still be formed by providing further education and resources on issues. In the future, that established relationship may be beneficial when the issue comes up again.

PROVIDING TESTIMONY

Before a committee votes to approve a bill, they will hold a hearing to get input from experts and the public. While at the federal level, a Congressional office must invite you to be a witness at a hearing, in many state legislatures, anyone is welcome to provide public testimony. More information on the specific process for public testimony in your state is available on your legislature's website.

- **Be prepared.** Be sure to write your testimony ahead of time, and read it over before you actually testify. Be comfortable with your remarks.
- **Bring written copies of your statement and materials to back it up.** Plan to bring a copy of your testimony for each committee member, plus 5 extra for staff and legislative files. Also, AACAP can provide you with a packet of information to leave with the legislative staff.
- **Arrive early and sign in.** Plan to arrive to the hearing at least 30 minutes in advance. Many state legislatures have sign-in sheets outside the hearing room, where you are asked to provide your name, the bill under consideration, and your position. These sheets are often available one hour in advance.
- **Be ready to wait.** Depending on your state and the bill under consideration, a hearing may last for several hours. Generally, invited witnesses and government representatives testify first, with the public called in the order that they signed in. However, some committee chairs choose to call the witnesses in a different order, such as alternating between those in favor and those opposed.
- **Be brief and to the point.** Your testimony should take no longer than 3-5 minutes. However, you can always submit longer written testimony.
 - Begin with "Madam Chair/Mr. Chairman and members of the committee." Thank them for holding the hearing.
 - Identify yourself by name and profession. Mention your town/city and the number and title of the bill you'll be speaking on.
 - Clearly state your support/opposition to the bill under consideration.
 - Provide 1-3 points to back up your position, as well as a short anecdote for illustration.
 - Try not to repeat the testimony of previous witnesses. Instead, state that you are in agreement with previous testimony and then focus on adding your unique perspective.
- **Be respectful.** You are not always going to agree with the committee members on the issue. However, do not argue! Instead, focus on stating your position clearly and providing the best possible evidence to support it.
- **Don't guess.** After you speak, committee members may ask questions. It is okay to take your time to answer. If you are not sure of an answer, please don't guess! It is okay to say that you do not know and offer to follow up with more information.
- **Relax.** Remember, legislators must make decisions on issues in which they may not have expertise. But you do! You are an expert in children's mental health and a great information source. The legislators want to hear from you.

AACAP staff can help you prepare and review your testimony!

If you are not able to attend a hearing in person, submitting written testimony in advance is a great way to make sure the Committee members know your perspective. Again, AACAP can help you prepare and submit your written statement.

MEDIA ADVOCACY

The media is a great way to raise awareness about mental illness and treatment. Whether it is a letter to the editor or opinion-editorial in the paper, an interview on the local news, or a post on Facebook or Twitter, you are getting your message out to a wider audience. Media advocacy is also a powerful way to counteract many of the misperceptions and stereotypes that exist about mental illness. When mental health professionals engage with the media, you have an opportunity to break down the stigmas about mental illness and help the public understand the need for effective treatment.

Working with the media goes hand in hand with legislative advocacy, as decisions to support legislative initiatives are frequently influenced by media coverage. Particularly at the state level, legislators and their staff are closely tuned to the issues being discussed in the local media because it indicates what is happening in their community. If a topic is continually in the news, they are likely to take notice, as are other people in the state or district. The more this happens, the more likely the legislator is to act.

When you're reaching out to local media, it is important to keep your goal in mind – you are trying to **influence policies and opinions**. Use these tips as you delve into media advocacy and get your message out.

- **Know your target audience.** Think about the best way to frame the message for your demographic. For example, who reads that particular paper or watches that news channel? Are they a demographic with a strong interest in children's issues? Is a slow economy impacting the community? Keep these characteristics in mind as you develop talking points or write your submission.
- **Find the right reporter.** When you first get started, you may not know exactly who to go to in the media. Start by finding out who covers health and children's issues for your local paper or news channel. This information is usually available on the website, and you can also find out by calling the office.
- **Make contact.** Once you identify a reporter, reach out and offer yourself as a resource for them when covering stories related to children or health. When they feature a topic of interest, respond with a letter to the editor or email thanking them for their story. Once you begin a relationship with the reporter, you might also suggest an opinion-editorial or idea for a story.
- **Look for opportunities.** Pay attention to current events that grab the interest of local media and follow the news coverage. When you see a story of interest, weigh in with your perspective as a mental health professional.
- **Be quick!** News cycles move rapidly, so don't delay once you see an opportunity. Try to submit a response within 24-48 hours to maximize your chances. ***AACAP is happy to help you develop your response!***
- **Don't get discouraged.** As with legislative advocacy, it takes time to see success when working the media. Keep reaching out, building relationships, and sharing your message!

Please see Appendices D-F for more information on using media in legislative advocacy.

DON'T GO IT ALONE!

AACAP Advocacy Liaison Program

Advocacy can sometimes be overwhelming and difficult to fit in alongside your other professional duties. AACAP is here to help Regional Organizations get started and strengthen current efforts.

AACAP's Advocacy Liaison Program provides support to AACAP members in their advocacy efforts. Advocacy Liaisons are the "go-to" advocacy contacts in their Regional Organizations. They partner with AACAP staff to alert local members on federal and state advocacy activities and facilitate opportunities to increase interest in advocacy in their Regional Organizations. Support for Advocacy Liaisons includes:

If you are interested in becoming an Advocacy Liaison for your Regional Organization, contact Liz DiLauro at edilauro@aacap.org or (202) 587-9668.

- **Conference Calls and Networking** – AACAP hosts regular conference calls for Advocacy Liaisons to share what is happening legislatively in their state and brainstorm with their colleagues about advocacy strategies. AACAP also provides updates on new resources and upcoming opportunities, as well as an update on current federal legislative action.
- **State Legislative Report** – AACAP provides Advocacy Liaisons with a customized report on pertinent legislation pending in their state. The report is web-based and includes bill numbers, titles, summaries, status, and links to full bill text. The reports are provided monthly when your state legislature is in session.
- **Legislative Action Alerts** – Need to get a message to your state membership about a critical legislative issue? AACAP can work with you to draft and send alerts to your state membership, including background information and specific instructions on how to take action. See Appendix B for a sample action alert.
- **Legislative Visits** – AACAP helps to organize state and federal legislative visits for Advocacy Liaisons while legislators are in their home districts. Advocacy Liaisons encourage others in their Regional Organization to participate and AACAP provides materials and talking points for the visits.
- **Consultation** – AACAP is able to provide Advocacy Liaisons with legislative advice and connect them with other AACAP members working on similar issues. We understand that legislation can move quickly at times and make every attempt to get you what you need quickly.
- **Material Development** – AACAP can draft materials for your Regional Organization to use in advocacy efforts, including fact sheets, testimony, alerts, and letters. We can also provide you with examples of materials from other Regional Organizations. See the appendices for sample legislative materials.
- **Advocacy Training** – AACAP can provide advocacy training for your Regional Organization members via webinar. The training provides an introduction to the role that child and adolescent psychiatrists can play in shaping children's mental health policy and focuses on the basics of the public policy process, strategies to engage legislators, working in coalition, and partnering with AACAP in advocacy efforts. The webinar can be tailored to meet your Regional Organization's needs.
- **Media Outreach** – Advocacy Liaisons interested in media advocacy can write and submit letters to the editor and opinion-editorials to their local newspapers. AACAP helps to identify these media

opportunities and draft content for the Advocacy Liaisons. See pg. 9 and Appendices D - F for more information on media outreach.

- **Feedback on AACAP initiatives** – As AACAP develops new advocacy materials, Advocacy Liaisons are invited to review documents and provide feedback. They are also encouraged to suggest new ideas for resources that would be useful in their advocacy efforts.

AACAP staff work with Advocacy Liaisons to shape their involvement based on their interest and availability. Please contact us to learn more!

ADVOCACY COMMITTEE

To ensure your Regional Organization continues to engage in advocacy, we recommend that each Regional Organization form an advocacy committee. The committee is a network of grassroots volunteers that support AACAP and Regional Organization advocacy initiatives. Before creating your Advocacy Committee, here are some key points to remember:

- **The committee is always active, not just appointed for crises, and communicates regularly.**
 - The committee will function better if it is in a state of constant motion and not just reactionary. This will allow the committee to be trained and ready to spring into action when necessary.
- **The committee has clearly defined legislative and regulatory goals.**
 - Before the start of each legislative session, the committee should determine its legislative and regulatory goals. This should not only include what it hopes to achieve, but the process it will use in reaching that goal. Having a clear plan of action allows the committee to be more effective and efficient. See Appendix G to help you craft your advocacy plan.
- **The committee works with AACAP to monitor state legislation of importance to child and adolescent psychiatry and keeps members informed.**
 - The committee should serve as the early warning system on state government laws and regulations impacting child and mental health.
- **The committee arranges meetings between state and local legislators, consumer groups, and child and adolescent psychiatrists.**
 - The committee should have a working knowledge of their state legislature and its leadership. It should maintain some contact with legislators, their staff (if they have any), and the governor's office. The committee should also take the lead on coordinating liaison activity with legislative, regulatory, and consumer leaders.
- **The committee provides input on state and local legislation.**
 - The committee will have the most information on state laws, regulations, and policies that affect child mental health professionals. It also should have the most current information on state health care reform topics and state public health initiatives. For this reason, the committee should take the lead in suggesting potential changes to laws or regulations that can impact professions that practice in the area of child mental health.

Reminder:

AACAP staff is available to help your advocacy committee in your efforts!

COALITION BUILDING

A coalition is a group of organizations working together in pursuit of a common goal. It is also a time-tested and proven legislative strategy. When an organization wants to increase its political muscle, it will often form coalitions with other groups with similar interests and work together to achieve a change in policy. Coalitions are excellent at grabbing a legislator's attention. Not only do they demonstrate that you have consensus among your organizations on the issue, they also allow a legislator to feel secure that they are receiving accurate and credible information from experts on multiple sides of a particular issue.

Coalitions also make sense from a financial perspective. When organizations pool their resources and expertise, they dramatically increase the chances of achieving a legislative success. Whether you want to hold a conference, place ads, or hire a lobbyist, everyone in the coalition is sure to obtain more for their money.

Short-Term vs. Long-Term Coalitions

Coalitions break down into two basic types: short-term and long-term coalitions. Short-term coalitions are normally constructed around a specific issue or cause and once that matter has been resolved, the coalition will disband. Short-term coalitions often bring together groups that may not have very much in common except the issue at hand.

On the other hand, long-term coalitions tend to last for longer durations and normally bring together groups with similar interests that have a great deal in common. For example, your Regional Organization may participate in a long-term coalition focused on children's health in your state, including other pediatric physicians, families, and advocacy organizations. Long-term coalitions often develop out of strong organizational relationships.

Possible Coalition Partners

There are many different partners with whom your Regional Organization can work, including other consumer and patient advocacy organizations, professional organizations, and children's advocacy organizations. Possible partners include regional, state, or local affiliates of:

- American Academy of Pediatrics
- American Medical Association
- American Psychiatric Association
- American Psychiatric Nurses Association
- Autism Society of America
- Children and Adults with Attention-Deficit/Hyperactivity Disorder
- Children's Defense Fund
- Juvenile court judges and advocates
- Mental Health America
- National Alliance on Mental Illness
- National Federation of Families for Children's Mental Health
- Parent Teachers Association
- Teachers and school counselors
- Voices for America's Children
- Youth M.O.V.E.

Please see Appendix H for a listing of possible partners and ways to find their state chapters.

Tips on Coalition Building

Similar to advocacy in general, working in coalition with other organizations also requires basic relationship skills. As you connect and work with other organizations, it is important to keep these tenets in mind:

- **Mutual Understanding:** Each organization in the coalition should understand and respect the others' mission, goals, and purpose. The coalition should have a clearly defined set of goals and plan of action to achieve those goals.
- **Appreciation of Differences:** Coalitions, by their nature, are made up of groups with varying interests and viewpoints. The goal of a coalition is to bring like-minded organizations together; however, that does not mean, and nor should you expect, unanimity on all decisions.
- **Organizational Flexibility:** Every organization in the coalition has its own structure and way of doing things; you should not impose your organizational structure on the coalition. An effective coalition allows its individual members to operate according to its own principles, but come together in action.

Lastly, coalitions are often birthed out of crisis. For example, organizations may come together when a potentially harmful bill begins to make progress in the legislature or an issue of common interest is being portrayed negatively in the media. While this is sometimes unavoidable, it is more productive to form a coalition in smooth seas. This allows the group the opportunity to be proactive in its efforts, rather than reactive.

Appendix A - Advocacy Glossary

Act - Legislation that has passed both Houses of Congress and become law.

Adjourn – To close the legislative day.

Advocacy – Speaking out on issues of concern. Advocacy can come in many forms, including raising awareness about a particular issue or engaging in efforts to change policies.

Affordable Care Act (ACA) – The Patient Protection and Affordable Care Act of 2010, or ACA, is federal health care reform statute that was signed into law in March 2010.

Amendment – A proposal to alter the text of a pending bill or other measure by striking out some language, by inserting new language, or by both striking out and inserting new language. An amendment can be offered in committee, on the floor of the House or Senate, or in the state legislature.

Appropriations – Legislation to provide the money required to fund governmental departments, agencies and programs previously established by authorizing legislation.

Authorization – Legislation to establish a proposed governmental program (such as Early Head Start). Authorizations may be for a specified amount of money or an indefinite amount (“such sums as necessary”), but do not actually provide any money.

Bill – A proposed law introduced in either chamber of Congress or the state legislature.

Budget Reconciliation – The process Congress uses to adjust tax and spending levels to meet the budget goals established by that year’s Congressional budget resolution.

Budget Resolution – Legislation setting forth the Congressional budget goals for the year. The budget resolution is not signed by the President, and therefore does not hold the power of law.

Calendar – List and schedule of bills to be considered by a committee.

Caucus – An informal organization of legislators that exists to discuss issues of mutual concern and possibly to perform legislative research and policy planning for its members. There are regional, political or ideological, ethnic, and economic-based caucuses.

Center for Mental Health Services (CMHS) – A component of the Substance Abuse and Mental Health Services Administration, CMHS leads federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.

Centers for Disease Control and Prevention (CDC) – the federal agency charged with creating the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. The CDC is a component of the U.S. Department of Health and Human Services.

Chair – Presiding Officer.

Coalition – A group of organizations working together in pursuit of a common goal. Working in coalition allows members to make efficient use of time and resources and creates a stronger base of support for advocacy efforts.

Committee – A group of legislators assigned to give special consideration to certain bills.

Companion Bills – Identical bills introduced separately in both the Senate and the House.

Conference Committee – The House and Senate appoint members to this committee to resolve differences between versions of legislation passed by both bodies. Both chambers then vote on the combined legislation, which is called a “conference report.”

Continuing Resolution – A bill, also known as a “CR,” enacted by Congress to continue the funding for programs and agencies into a new fiscal year when the regular appropriations process has not been completed on time.

Co-sponsor – Member who joins in sponsoring legislation but who is not the principal sponsor or the one who introduced the legislation.

Discretionary Spending – Spending (budget authority and outlays) controlled in annual appropriations acts; may include defense, education, housing, social services, and transportation.

Domestic Discretionary Programs – Federal programs other than defense-related activities and foreign aid/international affairs for which funds are made available each year through the appropriations process.

Earmark – Statutory language that directs a federal administering agency, a state agency and/or a grant recipient to undertake specific activities with a specified amount of the total program allocation.

Entitlement Program – A program creating a legal obligation on the part of the federal government or state governments to provide payments or services to a person, business, or unit of government that meets the criteria set in law (i.e., school lunch, Medicaid, Social Security).

Filibuster – A time-delaying tactic associated with the Senate and used by a minority in an effort to delay, modify or defeat a bill or amendment that probably would pass if voted on directly. The most common method is to take advantage of the Senate’s rules permitting unlimited debate, but other forms of parliamentary maneuvering may be used.

Fiscal Year (FY) – The twelve month accounting year. For the federal government, the fiscal year is October 1 through September 30 of the following year.

General Assembly – The term used by many states to describe their state legislature.

Hearing – A session where testimony is given by experts in order for Members of Congress or state legislators to gather information on proposed legislation. Hearings are held by committee and subcommittee chairs on legislation that has been referred to their committee or subcommittee.

Lobbying – The process of trying to influence legislators or other officials to vote for or against a piece of legislation or to take or not take an official action.

Mandate – A requirement to lower levels of government forcing certain actions.

Mandatory Spending (also known as direct spending) – Spending that is authorized through permanent law, not through the appropriations process. Federal examples include entitlement programs, such as Social Security, Medicaid, and Medicare. If a legislature wants to change the level of spending for a mandatory program, it must first change the underlying authorization act.

Mark-up – The process used by Congressional and state legislative committees to review and revise a bill.

Medicaid (Title XIX of the Social Security Act) – A means-tested program that pays for medical costs of various assistance recipients and specified other groups among the poor. It is funded by federal and state (and sometimes local) government.

National Institute on Drug Abuse (NIDA) – A component of the National Institutes of Health, NIDA conducts and supports research on drug abuse and addiction.

National Institute of Mental Health (NIMH) – A component of the National Institutes of Health, NIMH conducts and supports medical research focused on mental illness.

Omnibus Bill – The package legislation that results when a group of bills on related topics are combined into a single bill for consideration on the floor of a legislature.

Pay-as-you-go (PAYGO) – A federal requirement that before any increases in mandatory spending are instituted, legislators must first find a way to pay for them either through an increase in revenue/taxes or spending reductions in other areas.

Pocket Veto – When the President does not sign or veto legislation submitted to him by Congress within ten days of adjournment, the bill dies.

Public Law – A public bill or joint resolution that has passed both chambers of a legislature and been enacted into law.

Ranking Member – The members of the majority and minority party on a Committee next in seniority after the chairman.

Reauthorization – The process by which legislation is renewed for a specified number of years.

Referendum – The method by which a measure passed by the legislature must be submitted to a vote of the people to be approved or rejected in whole or in part.

Regulation – Specific direction for the implementation of a law. Regulations are developed by an administering agency (or agencies) identified in statute. Regulations incorporate processes for enforcement and compliance.

Sine Die – Final adjournment at the end of a legislative session. Bills under consideration but not enacted must be reintroduced in the next session.

Substance Abuse and Mental Health Services Administration (SAMHSA) – the federal agency charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA is part of the U.S. Department of Health and Human Services and includes the Center for Mental Health Services (CMHS), the

Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment (CSAT), and the Center for Behavioral Health Statistics and Quality (CBHSQ).

Sponsor – In Congress or the state legislature, any number of members may join in introducing a single bill or resolution. The first member listed is the sponsor of the bill, and all members' names following his or hers are the bill's cosponsors.

Unfunded Mandate – The imposition of legal requirements from a higher level of government without funding for their costs.

Veto – The refusal by the President or Governor to sign into law a bill passed by both the House and Senate. A veto may be overridden by a vote of 2/3 of the Members present in each chamber, allowing a bill to automatically become law without the President's or the Governor's signature.

Appendix B - Sample Action Alert



California Assembly Considering Fair Sentencing for Youth Act TOMORROW

Urge Your Assembly Members to Support SB 9

California's [SB 9](#), introduced by Senator Leland Yee (D-18), would allow for review of life without parole sentences for inmates who were sentenced as juveniles. The legislation passed the state Senate in June and out of Assembly committees earlier this month. **It will now be considered by the full Assembly TOMORROW, THURSDAY AUGUST 25th.** If passed, the legislation will be sent to the Governor to be signed into law.

In 2010, the Supreme Court declared life without parole sentences to be unconstitutional for crimes other than homicide. Adolescents differ from adults in their decision-making capacities and research has demonstrated that the brain continues to mature and develop throughout adolescence and into early adulthood. If passed, SB 9 would allow youth sentenced to life without parole to petition a court to review his or her case after serving between 10 and 25 years in prison. There would be no guarantee of receiving a new sentencing hearing or of parole, only the opportunity to earn it.

We urge all California AACAP members to call your Assembly members TODAY to let them know you support this bill. [Click here](#) to find contact information for your Assembly member and use the following talking points to shape your message.

- I am [NAME], a child and adolescent psychiatrist practicing in [NAME OF CITY/TOWN].
- I am calling to urge your support of SB 9, which would make it possible for juveniles sentenced to life without parole to have a judicial review of the sentence after many years of incarceration and if they demonstrate some potential for rehabilitation.
- In 2010, the Supreme Court declared life without parole sentences to be unconstitutional for crimes other than homicide.
- Science tells us that adolescents differ from adults in the way they behave, solve problems, and make decisions. There is a biological explanation for these differences. Recent research has demonstrated that the brain continues to mature and develop throughout adolescence and into early adulthood.
- Juveniles are more likely to respond impulsively, utilizing a more primitive part of their brain. They are also less likely to stop, think things through, and analyze the consequences of their actions.
- SB 9 protects public safety and holds youth accountable while at the same recognizing that youth are not small adults and have the ability to change. There would be no guarantee of parole, only the opportunity to earn it.
- I urge you to vote "Yes" on SB 9.

Appendix C - Sample Letter to Legislator

[DATE]

The Honorable [FULL NAME]
[NAME OF LEGISLATIVE CHAMBER]
[ADDRESS]

Dear [FULL NAME AND TITLE]:

As a child and adolescent psychiatric physician, I am writing to strongly request that you oppose [BILL NUMBER], which would prohibit physicians from asking patients about the presence of firearms in their homes. If passed, the legislation would compromise physicians' ability to use our medical judgment as to the information or treatment that is in the best interest of our patients and puts the safety of [STATE] at risk, particularly our children.

Guns are an unfortunate and dangerous reality in the lives of youth in the United States. Gun violence accounts for over 3,000 deaths and over 20,000 injuries each year among children and adolescents. Twenty-five percent of homes with children and guns have a loaded firearm and more than 40% of gun-owning households with children store their guns unlocked. Studies indicate that if a gun is stored in a home, the risk of homicide increases threefold and the risk of suicide increases fivefold.

However, we cannot gun proof our children and adolescents. Children are playful and active, while adolescents are curious and impulsive. These are healthy traits that when mixed with guns, can cause death. Physicians, such as child psychiatrists, play a key role in injury prevention for children and adolescents by providing guidance to patients and parents, especially those at risk of harming themselves or others. For example, when evaluating a child or adolescent at risk of depression or suicidal behavior, it is the standard of care to ascertain the presence of guns in the home and recommend that they be removed. Research shows that individuals who were counseled by a physician were more likely to report adopting safe gun-storage practices.

The patient-physician relationship is a confidential one. If the government begins to restrict the trust and confidentiality between a physician and a patient, you place their health and well-being in jeopardy, as well as violate physicians' First Amendment right to free speech. Any legislation that attempts to limit what a physician can or cannot ask a patient amounts to nothing more than a gag order.

For the reasons listed above, I urge you to oppose [BILL NUMBER]. I ask that you protect patient safety, particularly for children, and uphold the trust of the patient-physician relationship.

I would be pleased to supply additional information on this issue and answer any questions you may have. You may contact me at [CONTACT INFORMATION].

Sincerely,

[NAME], M.D.
[TITLE, ORGANIZATION]

Appendix D - Writing Letters to the Editor

By David Fassler, M.D.

Letters to the editor of local and national papers are an easy and effective way to help educate the public about child and adolescent mental health issues. Letters can be written quickly and submitted online or by e-mail. If published, they can reach a wide audience. Here is a list of tips to help enhance the likelihood that your letter is accepted:

1. Try and respond quickly. Letters submitted within a day or two of an article's appearances are most likely to get published. After three days, the chance of acceptance declines significantly.
2. Letters written in response to editorials or major (i.e., front page) articles are most likely to be accepted.
3. Letters should only be submitted to one paper at a time. In general, if you have not heard back in 7-10 days, you can assume that your letter has not been accepted and can be submitted elsewhere.
4. Copy the paper's style and format to the extent possible. Use letters from a current edition as a guideline.
5. State your main point clearly, ideally in the first sentence. Close with a strong statement which summarizes your position.
6. Make references to the paper. Include the title and date of the article or editorial which stimulated your response.
7. Use specific facts, data, or statistics to support your position, when appropriate. Make sure you have an appropriate citation, as some papers will ask for verification prior to publication.
8. The AACAP's *Facts for Families* are often a good source of facts, figures, and general information which can be used when composing letters to the editor.
9. Most papers impose specific limits on the length of letters, often between 150 and 250 words. In general, shorter letters are more likely to be published.
10. If you cannot convey your message succinctly and within the paper's parameters, consider writing a longer piece as an op-ed. Local papers are often receptive to such submissions by physicians. In the national papers, many of the op-eds are invited. Having an unsolicited submission selected for publication is significantly more challenging.
11. Do not repeat negative information or allegations. Instead, use the topic of an article as a vehicle to state your position or belief, or to provide accurate information about child and adolescent mental health topics.
12. Include your contact information with a daytime phone number. Many papers will check to confirm that you are the actual author of the letter. They may also ask you to approve minor editing for length, grammar, or to conform to a specific format.
13. Include any affiliation you have which may be relevant to your letter (e.g., your academic title and/or role in AACAP, APA, or local medical/psychiatric association).
14. Feel free to ask the AACAP for help when working on a letter to the editor.
15. Try and mention child and adolescent psychiatry and/or AACAP in your letter, if and when appropriate.
16. You generally will not be contacted if a national paper decides not to publish your letter. Local papers may contact you to explain why the letter was rejected and to encourage you to resubmit in the future.
17. Be persistent and do not get discouraged. If your letter is not accepted, try submitting to another paper while the issue is still in the news.
18. Some papers impose a limit on how frequently they publish letters from a particular source. Be aware of and adhere to the paper's policy regarding sequential submissions.
19. If newspapers get multiple letters raising the same issue, they are more likely to publish at least one. Even if your letter is not printed, it may help another one with a similar point of view or perspective to get published.
20. If your letter is accepted, be sure and let AACAP know!

Appendix E - Sample Letter to the Editor

As Ms. Interlandi makes clear, mental illnesses are common brain-based disorders that have devastating consequences on patients and families when left untreated. As a child and adolescent psychiatrist, I have witnessed the impact that repeated years of budget cuts have had on children with mental illness – decreased access to needed services and increased substance abuse, school drop outs, and involvement with law enforcement.

We have a choice – we either pay to treat children now and minimize their long-term disability, or we pay for them as adults. Paying now is not only cheaper, but more effective. We must look at the bigger picture and protect those services that strengthen our future workforce and prevent additional burden on our education, criminal, social welfare, and health care systems down the road.

There have been repeated calls by major non-partisan institutions, including the Institution of Medicine, for a national commitment to the early identification of mental health conditions and intervention with effective services and supports. It is time to turn these calls to action into reality.

Debra Koss, M.D.
Sussex, NJ

Dr. Koss is the Past-President of the New Jersey Council of Child and Adolescent Psychiatry

Appendix F - Sample Opinion-Editorial

Retaining grants does more good

BY SOURAV SENGUPTA, M.D., and GARRETT SPARKS, M.D. (GUEST COLUMNISTS)

Published in the *Scranton Times Tribune*, March 11, 2012

Gov. Tom Corbett's recently proposed cuts in the state's General Assistance program, ostensibly intended to save tax dollars, will unquestionably wind up placing a greater burden on taxpayers, human service providers and - ultimately - all Pennsylvanians.

Many of the nearly 68,000 Pennsylvanians on general assistance have significant behavioral health issues but haven't been declared disabled enough to be placed in Social Security Disability Insurance, which includes federal support.

Instead, they receive monthly grants of approximately \$200, which provide for very modest living arrangements, and Medicaid coverage that meets some of their health needs. Both would end under the commonwealth's proposed 2012-13 fiscal year budget, resulting in major stress not only for the clients, but for shelters, hospital emergency rooms and jails.

Many of the individuals receiving this benefit are recovering from severe and persistent mental illness and depend upon this assistance for survival. The \$200 provided by the General Assistance program often goes straight to the cost of renting a room or other similarly basic needs.

As psychiatrists working in mental health settings throughout Pennsylvania's system of care, we have seen the increased emergency room visits, increased inpatient psychiatric hospitalizations, increased utilization of crisis services, and increased burden on homeless services associated with increasing financial instability.

With the elimination of this funding, many of our clients, already struggling, will be forced into the streets. The commonwealth of Pennsylvania cannot afford an increase in its homeless population.

If the alternative to a rented room is a shelter, the cost would be between \$10 and \$55 per night, according to a study by the Lewin Group - at least one and a half times the monthly grants.

Moreover, forcing patients to seek treatment in emergency rooms could cost an average \$1,200 per visit or more. In other words, one visit would cost Medicaid (and taxpayers) more than one month's General Assistance supplement.

If the patient is uninsured, the entire cost of that visit will either be paid for by government "uncompensated care" funds and/or cost-shifted to other hospital patients. Medicaid is a significantly more efficient alternative.

Finally, because people on General Assistance are at an increased risk for substance abuse and committing crimes, in the worst case they may end up being incarcerated. According to the Department of Corrections, incarceration expenses are \$35,000 per year per inmate, nearly 15 times the cost of a monthly grant.

While we are not economists, we expect that the increased utilization of health care resources and increased cost to the criminal justice system would vastly exceed the cost of a room.

For a state faced with a budget crisis, treating clients with severe mental illness who have the resources to meet their basic needs is an absolute bargain.

We recognize that the General Assembly faces difficult decisions about how to allocate increasingly scarce resources. At the same time, we are concerned that the proposed cuts will have disastrous, costly, unintended consequences for the individuals we serve and for all residents of the commonwealth.

Appendix G - Crafting an Advocacy Plan

Goal:	Strategies:	Next Steps:	Who Can Help:	What Can Help:
<p>Example: Work with other child mental health advocates in my state.</p>	<ul style="list-style-type: none"> ➤ Connect with ROCAP ➤ Meet other CAP and family advocates 	<ul style="list-style-type: none"> ➤ Contact ROCAP President about next meeting ➤ Attend AACAP Advocacy Day ➤ Research active family advocacy organizations in state 	<ul style="list-style-type: none"> ➤ AACAP Advocacy Liaison ➤ ROCAP President ➤ AACAP Government Affairs 	<ul style="list-style-type: none"> ➤ AACAP State Advocacy Manual
<p>Example: Impact legislation related to loan forgiveness for child psychiatrists.</p>	<ul style="list-style-type: none"> ➤ Meet with legislators to talk about bill ➤ Coordinate with others to build support 	<ul style="list-style-type: none"> ➤ Research current legislative information about bill ➤ Talk to ROCAP members about bill ➤ Contact AACAP about setting up local legislative meetings 	<ul style="list-style-type: none"> ➤ AACAP Government Affairs ➤ ROCAP members 	<ul style="list-style-type: none"> ➤ AACAP Advocacy Updates ➤ AACAP Advocacy website

Appendix H - Possible Coalition Partners

Click below to find the regional, state, or local affiliates of possible partners.

Professional Organizations	
<i>American Academy of Pediatrics</i>	http://www2.aap.org/member/chapters/chaplist.cfm
<i>American Medical Association</i>	http://www.ama-assn.org/ama/pub/about-ama/our-people/the-federation-medicine/state-medical-society-websites.page
<i>American Psychiatric Association</i>	http://apps.psychiatry.org/dblisting/
<i>American Psychiatric Nurses Association</i>	http://www.apna.org/i4a/pages/index.cfm?pageid=3360
<i>American School Counselors Association</i>	http://www.schoolcounselor.org/content.asp?contentid=179
<i>Court Appointed Special Advocates for Children</i>	http://www.casaforchildren.org/site/apps/kb/cs/contactsearch.asp?c=mtJSJ7MPIS&b=5331473&raw=
Advocacy Organizations	
<i>Autism Society of America</i>	http://www.autismsource.org/
<i>Children and Adults with Attention-Deficit/Hyperactivity Disorder</i>	http://www.chadd.org/AM/Template.cfm?Section=Find_Local_CHADD_Chapters&Template=/CustomPages/ChapterLocator/findchap.cfm
<i>Children's Defense Fund</i>	http://www.childrensdefense.org/state-offices/
<i>Mental Health America</i>	http://www.nmha.org/go/searchMHA
<i>National Alliance on Mental Illness</i>	http://www.nami.org/Template.cfm?Section=Your_Local_NAMI&Template=/CustomSource/AffiliateFinder.cfm
<i>National Federation of Families for Children's Mental Health</i>	http://www.ffcmh.org/find-local-chapter
<i>Parent Teacher Associations</i>	http://pta.org/localptas/ptalinks.asp?div=State
<i>Voices for America's Children</i>	http://www.voices.org/organizations/
<i>Youth M.O.V.E.</i>	http://www.youthmovenational.org/chapters

Appendix I - Organizing Forums on Children's Mental Health

Educating policymakers about mental health issues happens not only on Capitol Hill or in the state legislature, but also in communities. AACAP members can organize Forums for Children's Mental Health to bring together policymakers, physicians, mental health providers, advocates, and families to dialogue and exchange ideas on improving healthcare for the state's children and adolescents. Forums can not only educate policymakers on the unique needs of children with mental illness, but can facilitate collaboration between AACAP regional organizations and allied advocacy and professional organizations.

Use the tips below to help organize and implement a forum in your state or community. If you have any questions or would like assistance from AACAP in planning a forum, please contact Liz DiLauro at edilauro@aacap.org or (202) 587-9668.

Identify a Planning Committee

Building a strong coalition of organizations dedicated to hosting a Forum on Children's Health will help to ensure broad participation in your event and increase engagement in future collaborative activities. As you begin to conceptualize your forum, form a committee to jointly plan and host the event.

Consider reaching out to leaders from state and local allied organizations to participate in your planning committee, such as:

- Professional medical organizations for psychiatrists, pediatricians, and family physicians;
- Family organizations, such as National Alliance on Mental Illness (NAMI), Mental Health America (MHA), Child and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), and National Federation of Families for Children's Mental Health;
- Mental health provider organizations, such as school counselors and community behavioral health centers; and
- Advocacy organizations, such as Voices for America's Children and parent advocacy networks.

Initial Planning

Once you have identified a planning committee, begin to host regular calls to bring all of the participants together and flesh out your ideas for the forum. Be sure to allow time for the participants to get to know each other and each organization's work, as well as build trust.

- Identify a specific goal for the forum that is realistic and achievable.
- Discuss the roles and responsibilities of each participating organization.
- Discuss possible funding sources for the forum.
- Identify a topic, keeping in mind current legislation and policy proposals related to children's mental health.
- Brainstorm possible panelists, as well as target audience members. Be sure to consider how to incorporate the perspectives of a variety of stakeholders – providers, families, and policymakers. Possible panelists include:
 - State legislators;
 - State agency administrators;
 - Child and adolescent psychiatrists;
 - Primary care physicians;
 - Community mental health providers; and
 - Youth with mental illness and their families.

Details, Details, Details

Work with your planning committee to organize the logistics for the forum. Divide responsibilities for completing the tasks to ensure that all participants are engaged and that the workload is shared.

- Identify a date for the forum, taking into consideration your state’s legislative session, election dates, and other events that pose possible conflicts for attendees.
- Identify a location, taking into consideration proximity to policymakers’ offices. It may be possible to host the forum at the office of one of the forum’s cosponsors, making it a cost-free venue.
- Finalize the list of panelists and confirm their participation.
- Identify a moderator to facilitate the forum.
- Develop a working agenda, including the order of panelists, amount of time for each presentation, and ways to engage with the audience.
- Develop an invitation and/or flyer for the forum, including an RSVP.
- Disseminate the invitation as widely as possible, encouraging all members of the planning committee to:
 - Email the invitation to colleagues;
 - Include an announcement in their organizational newsletters; and
 - Distribute the flyer in person during meetings and other gatherings.
- Order any food or beverages for the event.
- Consider developing a press release to invite local newspapers and television stations, highlighting the diverse attendees and the goal of the forum.

Leading up to Forum

As the forum approaches, work with the planning committee to develop materials, confirm details, and ensure a good turnout.

- Confirm the logistics with the venue, including seating arrangement, technology needs, and food or beverage.
- Contact the panelists to go over their roles, presentations, and any last minute questions.
- Send a reminder to all attendees.
- Follow-up to any media contacts to ask if they will attend.
- Develop a program for the night, including the agenda and a list of planning committee members.
- Gather any educational materials you’d like to have available for the audience members.
- Create a sign-in sheet to record who attends, as well as their contact information.
- Decide roles for the planning committee members, including someone to welcome the panelists, register the attendees, distribute education materials, troubleshoot any technological issues, and take notes.

At the Forum

With the hard preparation work behind you, keep in mind these few last minutes details during the forum:

- Try to identify concrete action steps that come out of the discussion and have the moderator reiterate these at the end of the presentations;
- Leave time for questions and comments from the audience; and
- Take pictures!

Follow-Up

After the forum, capitalize on the momentum and ideas generated by doing some follow-up work.

- Connect with the planning committee and develop an action plan to move forward on any ideas from the forum.
- Include a summary of the forum in organizational newsletters, including photos.
- Schedule follow-up visits with any policymakers who were present.
- Consider making it an annual event!