*Colorado*

**A Handbook for** **Community Advocacy**

***produced by***

**Suicide Prevention**

**Coalition of Colorado (SPCC)**

**and**

**Colorado Office of**

**Suicide Prevention**

**Suicide Coalition of Colorado**

**Advocacy Handbook**

**June, 2013**

*In writing this manual, the Suicide Prevention Coalition of Colorado (SPCC) benefited from the work and experiences of other professional in the fields of advocacy, management, and policy analysis. The handbook elaborates on the work of others and incorporates new and Colorado-specific approaches to promote participatory policy processes for suicide prevention.*

*Special thanks goes to Mental Health America of Colorado and the American Foundation for Suicide Prevention, as portions of this handbook were adapted from their advocacy handbooks and tools*

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*This handbook can be accessed on the Suicide Prevention Coalition of Colorado website at* [*www.suicidepreventioncolorado.org*](http://www.suicidepreventioncolorado.org)*.*

**ADVOCACY HANDBOOK**

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For further information about how you can be involved in suicide prevention, contact  
Susan Marine, Chair of Advocacy for SPCC at [swdkm321@comcast.net](mailto:swdkm321@comcast.net).

**ADVOCACY HANDBOOK**

**Advocacy Works!**

**Advocacy Means Speaking Up**

An advocate is a person who publicly supports a cause or policy. Advocacy can include activities like organizing demonstrations or filing a lawsuit. But most advocacy involves “speaking up.” Even if you are shy, you can speak up by putting the name of your program or issue in bold letters on the back of the folder you carry and facing it so everyone sees it. Or you can leave a handwritten note at your legislator’s office. Or you can call and leave a voice mail. Or you can tell your personal story. The only thing you CAN’T do is not communicate. You can do whatever feels best for you as long as you **WRITE, CALL or VISIT.**

**Your Voice Matters**

Whether you have lost a loved one by suicide, you are a mental health professional, or a suicide prevention educator, you are an expert. Your voice is the one that is most important to your elected officials. You are the one they should think of when they have a question about how their actions will impact suicide prevention in their community. Your voice matters.

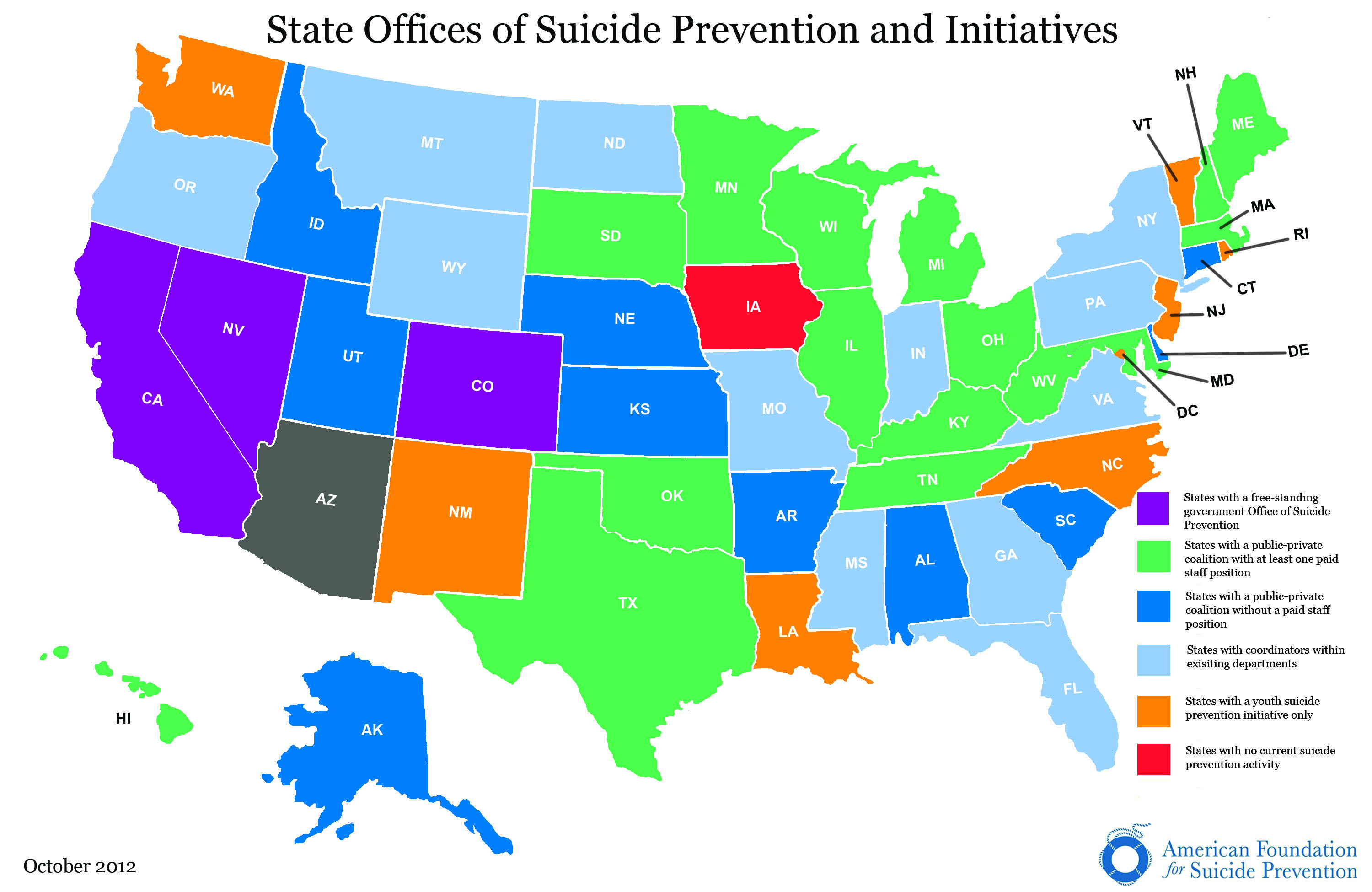
**There are many forms of advocacy, including:**

* Lobbying
* Engaging and educating your friends, family and co-workers
* Educating policy makers
* Litigating
* Working with regulators
* Conducting and disseminating research and analysis
* Organizing and convening key constituencies
* Nonpartisan voter education and mobilization
* Working with the media

SPCC’s Advocacy efforts cover many of these areas. Our **Public Policy Program**:

* Seeks to collaborate where possible with other organizations who share our concern
* Communicates with SPCC members for input when action is needed
* Develops and maintains relationships with legislators
* Focuses on education of policy makers
* Monitors all bills of concern to the suicide prevention community
* Presents information at the State Capitol to inform policy

Working hand-in-hand with the Suicide Prevention Coalition of Colorado (SPCC), people like you have contributed to the fight for suicide prevention in Colorado. Thanks to the work of citizen advocates, Colorado is one of only three states in the nation (California, Nevada, Colorado) with a freestanding Office of Suicide Prevention. Still, Colorado has one of the highest rates of suicide in the nation.



Advocacy tools such as letter-writing campaigns, testimony before House and Senate committees and an organized advocacy approach combining factual and anecdotal evidence, are forcing lawmakers to realize the disproportionate impact suicide has on the quality of Colorado’s public health. It is because of SPCC’s advocacy that the face of suicide prevention in Colorado is changing.

Our work continues. Recent advocacy efforts include the passage of a house bill that directs the Office of Suicide Prevention (in the Colorado Department of Health and Environment) to collaborate with hospitals to provide information about suicide to persons who are suicidal. Advocates who partner with SPCC play a significant role in by supporting programs that assist those impacted by suicide in all walks of life.

The best part is that anyone can be an advocate. This handbook is designed to provide you with the tools to successfully advocate for suicide prevention in Colorado. In the following pages, you’ll find strategies and tips to help you with your advocacy journey. **YOU CAN HAVE A VOICE!**

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**Become an Effective Grassroots Advocate**

You can become an effective grassroots advocate by engaging:

* **Attend political education programs** to improve your political skills, sharpen your understanding of the issues, and learn the latest and most effective grassroots techniques.
* **Coordinate with the SPCC Advocacy Committee, Regional Liaisons and others in the state to develop a strategy** for approaching your lawmakers. You and your organization must work together to **deliver a consistent and credible message** on your issues.
* **Stay updated on key issues on mental health and suicide prevention**, and be prepared to discuss how they affect your work and your community.
* **Meet with your policymakers** to introduce yourself.
* **Meet regularly with policymakers** in the district and the state capital to establish or maintain a close relationship and to present your views on issues.
* **Become acquainted with your lawmaker’s staff or intern** in the district and the state capital, particularly those staff members who handle issues important to your interests.
* **Conduct facility/office tours** for your lawmakers and their staff.
* **Host volunteer fundraisers** for your federal and state policymakers.

This Advocacy Handbook will provide you with in-depth information and training to make becoming an effective grassroots advocate a reality.

**ADVOCACY HANDBOOK**

**A Case Study of Successful Advocacy: Suicide Prevention Coalition of Colorado**

The Suicide Prevention Coalition of Colorado (SPCC) was instrumental in helping to pass a suicide education and prevention legislation in May of 2012. To better understand how SPCC influenced the creation and eventual passage of House Bill 12-1140, this case study examines the writing of this bill and circumstances surrounding it. In particular, this study highlights strategies employed by SPCC to ensure successful passage of the legislation.

**Grassroots Advocacy in Action**

**House Bill 12-1140: Concerning the Duties of the Department of Public Health and Environment as Coordinator for Suicide Prevention Programs throughout the State** directed the Office of Suicide Prevention (in the Colorado Department of Public Health and Environment) to collaborate with hospitals to provide information about suicide to persons who are suicidal (or have shown suicidal gestures) and to their families and friends. This collaboration with hospitals is a new role for the OSP. These materials (warning signs of depression, risk factors of suicide., methods of preventing suicide, and resources) are to be provided to suicidal persons before they are discharged; in the case of minors, these educational materials are to be provided to the family. In addition, OSP would survey suicide prevention programs in the state to assess coordination and unmet needs and report back to the appropriate legislative committees.

This bill will help hospitals around the state provide better information to those at risk of suicide.

* Colorado has the 6th highest rate of suicides in the nation.
* In 2010, more than 860 persons died of suicide – more than the number killed in car crashes.
* Suicide is the second leading cause of death among young people (ages 10 – 34).
* The largest number of Colorado suicide deaths is among men of working age (35 – 64).

Suicidal persons who go to the hospital – either to the Emergency Room or because they are admitted for care – are likely to be those who have attempted suicide. Having made an attempt is the best predictor of who will eventually die of suicide. By getting information about suicide into the hands of family and friends, we will be reaching those people closest to suicidal persons – those who might be in the best position to prevent a suicide from occurring.

Many people thought hospitals should already be providing this information, and some were. Although the Joint Commission that accredits hospitals had issued “Patient Safety Goals on Suicide,” in the accreditation process, hospitals were required only to demonstrate that they provide a Suicide Hotline Number to suicidal patients upon discharge. This information was not enough.

**Building Relationships to Build Support**

SPCC used a variety of strategies to ensure the passage of HB 12-1140. These strategies were employed at different times during the legislative session and targeted different stakeholders. These strategies fall into four broad categories: (1) political action, (2) garnering external support, (3) developing and mobilizing knowledge and building membership support, and (4) levering capacity.

**Political Action**

SPCC was heavily involved in political action up to and during the passage of HB 12-1140. Successful passage hinged on the ability of SPCC to establish relationships with political leaders and gain political support. Building political will for the suicide education legislation was a multi-month effort that began with the need for sympathetic leadership by legislators in the chambers.

SPCC was involved at each step in the process of creating this bill and advocating for its passage. The basic idea for the bill came from a community meeting which Representative (now Senator) Matt Jones (D) had with constituents. SPCC was one such constituent, having already established a personal relationship with Representative Jones. The inclusion of SPCC in these meetings underscores the importance of attending Town Hall meetings and Legislative coffees hosted by legislators. These meetings are perfect opportunities to meet your legislators and “get your face in front” of them so they know you when you show up. Having regular and pre-established relationships with Representatives and Senators facilitates communication and increases the chances that these legislators will support the bill for which one is advocating. Due to SPCC’s relationship with Representative Jones, Susan Marine, the SPCC Advocacy Chair, was invited to work closely with Jones, the primary sponsor of HB 12-1140, and the bill’s co-sponsor Senator Linda Newell (D).

**Garnering External Support**

Beyond getting the political support of the bill’s co-sponsors, SPCC took several measures to ensure that their suicide prevention work would be supported by healthcare constituents as well as policymakers. By building a coalition and asking the right questions, “How will this legislation affect you? What do we need to change?” SPCC garnered external support for the suicide education initiative.

Coalition building achieved two goals. First, it helped create a unified front of mental health, medical and suicide prevention professionals, along with a strong community of suicide survivors. This unified front bolstered support for the bill in the legislature. Second, coalition building was an important organizing tool that resulted in widespread support HB 12-1140 by the Suicide Prevention Coalition of Colorado (SPCC), Mental Health America of Colorado (MHAC), and Colorado Behavioral Health Coalition (CBHC). The coalition also included input from the Colorado Hospital Association (CHA) and the Colorado Department of Public Health and Environment (CDPHE).

Input from CHA and CDPHE was crucial to ensure that the bill was structured in a way that it could be passed. Early in the 2012 Session, a small meeting was held with this coalition of stakeholders, and it became clear that compromises were necessary if the bill was to survive. For instance, the bill could have no funding attached (a so-called “fiscal note”). It is not unusual with groups of varied constituents supporting the bill to strike compromises. HB 12-1140 was drafted to incorporate feedback from the CHA and the CDPHE, both of which then supported this bill.

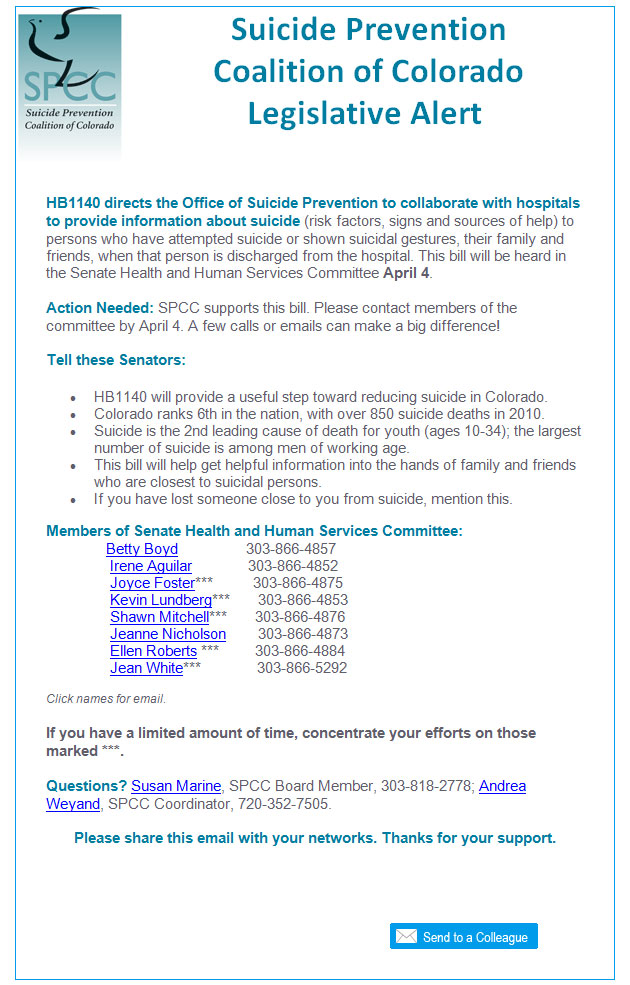
Changes in the bill:

* Hospitals are given the option of participating without a mandate.
* The bill now applies to persons of all ages – not just youth.

CDPHE agreed to assess information currently being provided by hospitals, and gaps will be identified. Because this work is being done by a graduate student, and because this information will be included in a report already produced annually by CDPHE, it eliminated the need for a fiscal note attached to the bill.

**Developing and Mobilizing Knowledge and Building Member Support**

The SPCC Advocacy Committee began carefully tracking the revised bill once it was introduced in the House. SPCC sent out Action Alerts to its members at each step of the process—providing information, requesting action (phone calls or emails)—within a specific timeframe. Oftentimes the legislative process can seem that it moves at a snail’s pace, but frequently a bill can move quickly, so these Action Alerts were crucial to maintaining momentum.



These efforts helped SPCC mobilize knowledge by informing its members and the public about the current needs regarding hospital discharge for suicidal patients.

In an effort to provide a unified front to the public, SPCC Advocacy Chair, Susan Marine, wrote a letter to the editor of *The Denver Post* (see Page 16) and urged other coalition members to follow suit. These letters inform the general and are likely to be read by legislators. The Advocacy Committee also drafted an op-ed (opinion education) article for submittal to local publications. The Advocacy Committee requested that similar letters be sent out by SPCC supporters throughout the state.

**Leveraging Capacity: Drawing on the Coalition Resources**

SPCC leveraged its organizational capacity with the resource available through its Regional Liaisons network. By tapping into the resources of SPCC’s Regional Liaisons and the networks of MHAC and CBHC, SPCC was able to increase mobilization efforts and improve the organization’s public visibility.

In addition to requests for media coverage, coalition constituents were asked to write letters and make phone calls to their legislators in support of HB 12-1140. Hearing from constituents does make a difference. Letters and phone calls are logged by Colorado legislators, and this information is used when they make their voting decisions.

**Testimony—A Powerful Form of Advocacy**

As the bill moved through the Colorado House of Representatives and the Colorado Senate, the SPCC Advocacy Committee arranged for testimony in the appropriate committees where testimony was allowed. The legislative process can be unpredictable and requires patience. Many times testimonials are scheduled and sometimes re-scheduled to accommodate the changing calendar of the Session.

The House committee and Senate committees had very different requests with regard to testimony. The House sponsor, Jones, wanted a small number of persons to testify. Each person represented a different perspective and most were drawn from SPCC membership organizations – including the Office of Suicide Prevention. The testimony was very prescribed – each speaker receiving three minutes to speak.

At the Senate hearing, advocates used personal testimony to tell their stories of loss from suicide. Susan Marine spoke about the suicide of her two children and why HB 12-1140 could have helped prevented those deaths. This type of powerful testimony led to several Senate committee members speaking of their own personal suicide losses. These impromptu personal testimonies proved to be convincing arguments, both in the committee hearing and on the Senate floor. They also brought a great deal of visibility to the issue of suicide and suicide prevention in Colorado.

To drive home the personal stories and facts presented in the hearings, Susan Marine along with the help of Jarrod Hindman at the OSP, developed a one-page fact sheet with points about suicide in Colorado (see page 15). SPCC made sure to have this fact sheet on the desks of the Representatives and Senators when the bill came to them for final vote.

**Next Steps: Bringing a Bill to Life**

HB 12-1140 was signed into law on Friday, May 11, 2012 by Governor John Hickenlooper. Several SPCC members attended the signing and heard Hickenlooper share his own story of a friend he lost to suicide. SPCC has been involved in the implementation of the bill—deciding what information would be sent to hospitals, helping to design evaluation and reviewing the report that will go to legislators.

SPCC’s advocacy efforts continue. The Advocacy Committee realizes the importance of thanking legislators for their work and support. Rep. Jones and Sen. Newell were publically thanked in email blasts and letter to all constituents of SPCC, MHAC and CBHC who helped pass HB 12-1140. Representative Jones was recognized as “Legislator of the Year” at the 2012 Bridging the Divide Suicide Prevention conference.

In grassroots work, successful advocacy can be a cumulative endeavor. It is vital to build and nurture supporters over time. The relationships with Jones and Newell will continue to develop, and both legislators have expressed interest in the study of HB 12-1140 and are committed to sponsoring future suicide legislation.

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**The SPCC Advocacy Team**

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The SPCC Advocacy Team is a statewide network of individuals who care about suicide prevention in Colorado and work to promote mental health, expand access to services, and implement suicide-specific legislation by developing relationships with public officials and legislators.

**The Mission and Purpose of the Team**

* To engage and educate Public Officials and Legislators to make mental health issues and suicide prevention issues a priority.
* To engage and educate Colorado communities to make mental health issues and suicide prevention a priority.

The **Advocacy Team** is an extremely important and effective way to dramatically alter the course of legislative decisions. Efforts on specific pieces of legislation, such as suicide prevention training, can be most effective when implemented against the background of knowledge and understanding that the Advocacy Team develops when educating policymakers and the community.

Since legislators cannot be familiar with every bill before them, they rely on staff or other individuals to develop an understanding of the issues. Often constituents in a particular profession or with interests are identified and their names kept on file for the legislator to contact on specific topics. Legislative battles are won one vote at a time. The basic principles are the volume of contacts, consistency of message, and timely communications with public officials.

**SPCC Advocacy Committee**

The SPCC Advocacy Committee and the Office of Suicide Prevention are the main contacts in suicide prevention at the State Capitol and experts on state legislative affairs. The current members of the SPCC Advocacy Committee are Susan Marine, Chair, Jarrod Hindman, Director of OSP and Dale Emme of the Yellow Ribbon Foundation. The committee monitors the activities at the Capitol that will affect the suicide prevention community and coordinate advocacy efforts statewide. They may attend hearings, listen in committees, meet with legislators to talk about specific legislation. The SPCC Advocacy Committee works to round up votes in favor of suicide prevention policies.

The SPCC Advocacy Committee reports to the SPCC Board of Directors on:

* Developing legislation and monitoring existing legislation
* Building coalitions with other community organizations
* Monitoring current government policies
* Equipping the SPCC Advocacy Team with the necessary tools to educate the legislators and communities
* Taking feedback from the mental health community.

**THE PLAYERS**

The Advocacy Team consists primarily of **Key Contacts and Regional Liaisons**. These Advocacy Team members educate and establish personal contact with their public officials and legislators.

**Key Contacts**

Everyone in the network has the role of a Key Contact. The Key Contact is an ambassador and a representative of the suicide prevention community to state officials. (S)he is a person who can comfortably and effectively communicate SPCC'S objectives, goals, concerns, and issues. It is vital to this role to have perseverance, and to establish and maintain credibility with the legislators. The higher that person's visibility, reliability and credibility, the greater the chances are of advancing the goals of SPCC. In addition, a Key Contact should be available to meet with public officials and invest time for follow-up activities; should live in the public official's/legislator's district; be interested in the political process; and should welcome this important role.

The specific responsibilities of a Key Contact are to:

* Develop personal relationships of trust and respect with elected officials
* Establish a sound two-way communication with a public official or legislator, inform him or her about issues involving mental health and key bills, and solicit the public official's/legislator's response and concerns
* Keep the public officials and legislators fully informed on legislative and regulatory activities involving mental health community that could affect his or her district
* Respond to “Alerts” issued by the SPCC Advocacy Committee
* Maintain good communication with public official’s/legislator's staff, particularly in the district office (this usually only applies to Congressional offices)
* Promptly report to the Regional or SPCC Advocacy Committee any contacts with public official and legislators so that the results can be communicated to the Legislative Advocate at the Capitol.

An alert Key Contact will look for different opportunities to engage public officials and legislators to remind them of the importance SPCC issues to their voters, who ultimately hold the key to their future in politics.

Some activities Key Contacts may engage in:

* Attend public meetings hosted by public officials and legislators;
* Invite the legislator to an SPCC meeting or function;
* Choose to become active in a lawmaker's or a candidate's political campaign.

**The Regional Liaison**

The pivotal link between SPCC’s efforts in the State Capitol and the Key Contacts in the community should be the Regional Liaison. Efforts are underway to re-energize this statewide network. The Liaison should keep the Key Contacts in the area informed about SPCC legislative priorities. SPCC is working to have one Regional Liaison representing every county in Colorado. An effective Regional Liaison should have strong knowledge of his/her local community, be able to grasp the public policy issues facing SPCC and the suicide prevention community, and be willing to learn the legislative process. Other skills that are vital to this leadership position are strong communications skills, attend to detail and follow-through, have strong motivational skills, and have the time to devote to doing the job.

The specific responsibilities of a Regional Liaison should be to:

* Recruit a core group of Key Contacts
* Maintain communication with Key Contacts and consults with them to make sure all bases are covered on a specific bill
* Implement the action alerts and coordinate legislative activities locally
* Organize with key contacts an event to highlight suicide prevention
* Provide feedback to the SPCC Advocacy Committee on significant legislative or political activities at the local level.

**SPCC ADVOCACY TEAM ACTIVITIES: WORKING TOGETHER**

Without a good communication system, the best ideas or messages can remain unseen and unheard and nothing will change. Here are some examples of the types of information that can flow up and down the communication chain and the resulting actions.

**From the Community:**

**Feedback**The Key Contacts and Regional Liaisons gather ideas and information from the ground. Regional Liaison pass the information to the SPCC Advocacy Committee.:

* About the legislators with whom they have spoken
* Regarding the positions legislators have taken or might take
* Concerning the impact legislation has or will have on the communities
* Providing new ideas or policy suggestions, etc.

**Action**The SPCC Advocacy Committee will process the feedback and new ideas. The Committee Chair will consult with legislators, and the Board will look at new ideas for possible legislation.

**From the Capitol:**

**Initiative**  
The SPCC Advocacy Committee will issue an Action Alert and begin a new policy campaign, the SPCC Board will construct a new position, or legislation will need immediate attention.

**Action**  
Regional Liaisons will communicate the issues to the SPCC Advocacy Committee and the Key Contacts by meetings, phone trees and email. The Key Contacts will contact the legislators and communicate the messages. The SPCC Advocacy Committee and Regional Liaisons will host educations events for the communities or start letter write campaigns.

*Adapted from the MHAC Grassroots Handbook.*

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**SPCC Levels of Support for Legislation**

**Levels of Support for SPCC**

SPCC may consider either supporting or opposing a bill.

**Active Support** may include the following:

* Reviewing the bill and all amendments in detail.
* Developing fact sheet/position papers.
* Arranging for testimony.
* Working with sponsors, legislators and drafters on desired amendments.
* Coordinating with other supporting groups.
* Counting votes and lobbying for committee and floor passage.
* Sending action alerts to SPCC members requesting legislator contacts.
* Encouraging support by other public health constituencies.

**Actively Oppose:** Dedicate all lobbying and grassroots resources toward defeating the bill, including:

* Developing fact sheets/policy statements.
* Arranging for testimony.
* Working with sponsors, legislators and drafters on desired amendments.
* Coordinating with other supporting groups.
* Sending action alerts to SPCC members requesting legislator contacts

**ADVOCACY HANDBOOK**

**Case Study Toolkit – Fact Sheet**

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**Facts about Suicide in Colorado**

* Colorado ranks 6th in the U.S. in suicide deaths.
* 867 Coloradans died by suicide in 2010.
* More Coloradans die each year by suicide than by car crashes, homicide, diabetes, breast cancer.
* Suicide is the 2nd leading cause of death among Coloradans ages 10 – 34.
* The largest number of suicide deaths is among men ages 35 to 54.
* The cost of these deaths is high to families and businesses.
* More suicide prevention, intervention and education efforts are crucial statewide, especially  
  in rural areas.

**Some Risk Factors**

* Men, especially those over age 75
* Abuse of alcohol and drugs
* Veterans
* Previous suicide attempt
* Family history of suicide
* Social isolation, loss of relationship
* Major physical illness
* Easy access to lethal means (pills, guns)
* Depression, other mental illnesses
* Job loss, financial hardship
* Limited access to mental health services

**Warning Signs of Suicide**

* Sadness, feelings of hopelessness
* Change in sleep pattern or appetite
* Alcohol or drug abuse
* Reckless behavior
* Preoccupation with death, threats of suicide
* Decline in performance at work or school
* Withdrawal from friends and family

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**Case Study Toolkit – Letter to the Editor**

Colorado has the 6th highest rate of suicide in the nation (867 deaths in 2010, including 447 in the metro area). The largest number is among men of working age (35 to 54). Suicide is the 2nd leading cause of death among young people (ages 10 to 34). Men over 75 are at highest risk. A death by suicide has a profound impact on family, friends, the workplace, and results in an untold loss of productivity.

House Bill 1140 (Representative Matt Jones, Senator Linda Newell) will, If passed, ask hospitals to provide information about suicide (risk factors, signs, and sources of help) to family and friends to whom a suicidal person is being discharged. Any effort that gets information into the hands of those closest to suicidal persons will help save lives.

Susan Marine Board, Suicide Prevention Coalition of Colorado

Boulder

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**Case Study Toolkit – Senate Explanation and Facts**



**HB1140: Suicide Prevention – Representative Jones and Senator Newell**

This bill directs the Office of Suicide Prevention (in the Colorado Department of Health and Environment) to collaborate with hospitals to provide information about suicide (risk factors, signs and sources of help) to persons who are suicidal (or have shown suicidal gestures) and to their families and friends. In addition, OSP will survey suicide prevention programs in the state to assess coordination and unmet needs and will report back to the appropriate legislative committees.

**Why This Bill Is Needed:**

This bill will help hospitals around the state provide better information to those at risk of suicide.

* **Colorado has the 6th highest rate of suicides in the nation**.
* **In 2010, more than 860 persons died of suicide – more than the number killed in car crashes.**
* **Suicide is the second leading cause of death among young people (ages 10 – 34).**
* **The largest number of Colorado suicide deaths is among men of working age (35 – 64).**

Suicidal persons who go to the hospital – either to the Emergency Room or because they are admitted for care – are likely to be those who have *attempted* suicide. Having made an attempt is the best predictor of who will eventually die of suicide. By getting information about suicide into the hands of family and friends, we will be reaching those people closest to suicidal persons – those who might be in the best position to prevent a suicide from occurring.

Many think hospitals should already be providing this information, and some are. Although the Joint Commission that accredits hospitals has issued “Patient Safety Goals on Suicide,” in the accreditation process, hospitals are required only to demonstrate that they provide a Suicide Hotline Number to suicidal patients upon discharge. This is a minimal amount of information.

**Amendments Made in the House:**

HB1140 was rewritten to incorporate feedback from the Colorado Hospital Association and the Colorado Department of Health and Environment, both of which now support this bill.   
Changes in the bill:

* Hospitals are given the option of participating without a mandate.
* The bill now applies to all persons – not just youth.
* CDPHE is required to assess information currently being provided by hospitals, and gaps will be identified. Because this work will be done by graduate students, and because this information will be included in a report already produced annually by CDPHE, there is no fiscal note.

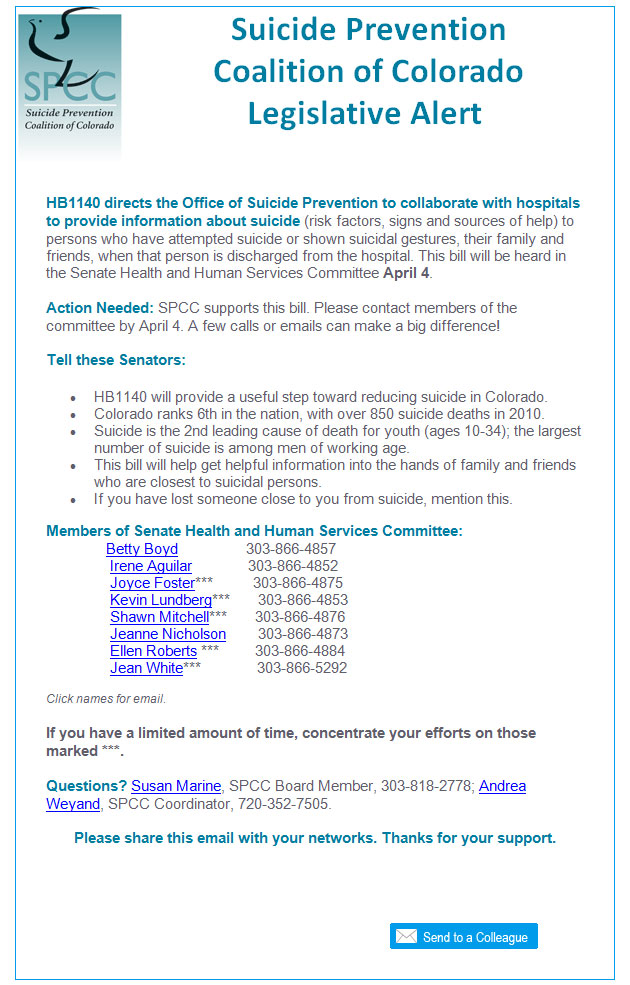
HB1140 is supported by the Suicide Prevention Coalition of Colorado (SPCC), Mental Health America of Colorado (MHAC), and Colorado Behavioral Health Coalition (CBHC).

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\*This information sheet was hand-delivered to Legislators’ offices.

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**Case Study Toolkit – SPCC Action Alert**



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**The Colorado Legislative Process**

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The Colorado Constitution places the power to make laws with the state legislature, the Colorado General Assembly. The power to make laws is exercised through the process of considering and adopting bills, which are then sent to the Governor for signature.

**The Colorado Legislature is in session for 120 days between January and May**

* There are 100 members in the Legislature (65 in the House and 35 in the Senate)
* Committees may amend legislation and/or amendments may be introduced on the floor
* The Governor has 10 days in session and 30 days after session to take action
* Vetoes may be overridden with a 2/3 majority

**Laws Begin as Bills**

Proposals discussed by the Colorado General Assembly during the legislative session are presented in the form of a written document called a bill. A bill generally either creates new law, amends existing law, or repeals existing law. Another kind of bill, an appropriations bill, is less permanent in nature, generally effective for one year only. Most appropriations for the funding of state departments, agencies, and institutions are included in the general or “long” appropriations bill. The “long” bill is developed by the Joint Budget Committee (JBC); the JBC is bipartisan and is the most powerful committee at the Capitol.

In accordance with the rules of both houses, all bills must be submitted to the Office of Legislative Legal Services before being introduced. This office of attorneys makes sure that bills conform to the legal style of the Colorado statutes.

**Each bill is assigned a number.**

At the time of introduction, each bill is given a number, which designates that proposed piece of legislation for the remainder of the legislative session. Bills are numbered in the order that they are introduced. Senate bills start with the number 1. House bills are numbered from 1001. Since 1990, a prefix has been used to identifythe year a bill is introduced. For example, Senate Bill 08-1 refers to Senate Bill 1 introduced in the 2008 session. The same numbering system is used for resolutions and memorials. If a bill that fails to pass during one session is to be reconsidered the next year, it must be reintroduced at that succeeding session, and it is given a new number.

**All bills have a sponsor.**

The prime sponsor and co-sponsors of a measure are listed on the first page of a bill. Each bill must have a House sponsor and a Senate sponsor. Some bills have joint prime sponsors in the House or Senate. These sponsors shoulder the major responsibility for explaining the bill to their colleagues and shepherding it through the legislative process. In addition to the sponsors whose names appear on the bill when introduced, other legislators may add their names as co-sponsors after passage on third reading in either house. Occasionally, a member will remove his or her name as sponsor of a bill. This happens when amendments change a bill in such a way that the member no longer wishes to be listed as sponsor or co-sponsor. Further details about the legislative process can be found at [www.leg.state.co.us](http://www.leg.state.co.us).

**ADVOCACY HANDBOOK**

**How and When to Get Involved**

**Grassroots Advocacy**

**Grassroots Advocacy** is defined as “a voter communicating with his or her elected official about an issue.”

**There is never a bad time to become engaged as a grassroots advocate**. Specific actions you might take will be dictated by the schedule of the Colorado General Assembly.

The Assembly is **out of session from June – December each year**. This is a perfect time to engage in **advocacy efforts** designed to build relationships with your state lawmakers.

The Assembly is **in session from early-January – early-May**, and Legislators are busy during these months. This is not a good time for casual coffee or breakfast meetings. However, it is a crucial time for responding to Action Alerts by reaching out to legislators through formal communication (phone calls, letters, emails), and **engaging in the political process** to ensure your voice is heard.

**Steps You Can Take (January – May)**

* Sign-up for SPCC Public Policy Updates and Action Alerts
* Participate in Public Policy discussions
* Assist the SPCC Advocacy Committee in reviewing, monitoring and communicating the SPCC position on pending bills
* Utilize available tools, such as on-line audio broadcasts of hearings that include bills we are working on
* Contact your Legislators (Find your legislators at [www.leg.state.co.us](http://www.leg.state.co.us) or see Appendix C for a full list)
* Testify before a legislative committee
* Inform your social network of your position or interest on a pending public policy issue and urge your contacts to let their legislators know or their support

**Types of Lobbyists**

Before undertaking any advocacy efforts, it is **important to be aware of the difference between the types of lobbying** allowed in Colorado.

* **Professional Lobbyist**: Any individual who is **paid to engage in lobbying**. An individual is not considered a professional lobbyist solely because of his appearance as a witness in rule-, standard-, or rate-making proceedings.
* **Volunteer Lobbyist**: Any individual who engages in lobbying and whose **only receipt of money consists of reimbursement for actual and reasonable expenses**.
* **Grassroots Lobbying**: Colorado law makes no distinction between direct lobbying and grassroots lobbying. The definition of “lobbying” covers all activities to communicate, or to solicit others to communicate, with a Covered Official for the purpose of influencing bills before the general assembly or matters before any state agency having rule-making authority.

In some ways a **volunteer or citizen lobbyist has some advantages** because he/she often speaks from personal experience and is more likely to be seen as a constituent who votes. **Paid lobbyists** are always at the Capitol so it much easier for them to stay abreast of the political tides and to build relationships with legislators, other lobbyists, the Governor’s office, and other key staff at the State Capitol and in other branches of government.

SPCC does not employ a paid lobbyist at this time, but our volunteer lobbyists work with paid lobbyists who represent interests similar to those of SPCC such as those at Mental Health America of Colorado (MHAC) and the Colorado Behavioral Healthcare Council (CBHC).

**Resources to Help  
  
Journals, Calendars, and Status Sheets**

The agenda and record of proceedings of the legislative session are detailed on a daily basis in the calendars and journals, respectively, of the two houses. Also published on a daily basis, the status sheet gives a one-line history of each bill, resolution and memorial introduced during the legislative session. The status sheet lists the bill number, sponsor, date of introduction, committee assignment, date reported out of committee, date passed on second and third reading in both houses, and whether the bill was amended in each instance. In addition, a comprehensive subject index is available periodically.

Single copies of journals, calendars, and status sheets (as well as bills) are available in the Bill Room located in the basement of the Legislative Services Building at 200 East 14th Avenue. Adjacent to the Bill Room is the Legislative Information Center,which is a one-stop location to find information on the status of bills and other measures before the General Assembly. The Center, as well as the Bill Room, are staffed only during the legislative session.

Information on bills can be obtained by calling 303-866-3055 or 1-888-473-8136. The best one-stop source of information on legislative activities is the General Assembly's web page at: <http://www.leg.state.co.us> (During the Session, this website may not be completely accurate regarding the specific status of the bill.)

**Live broadcasts on The Colorado Channel**

The Colorado Channel provides live and repeat coverage of the state legislature. If the House and/or the Senate is currently live in session, you will be able to access the Live Video link.

<http://www.coloradochannel.net/node/1620>

**RSS Feeds**

As the Colorado General Assembly considers bills during the session, it publishes the actions taken on its website. These actions are publishing of the various versions of the bills as it moves through the process, committee reports, committee summaries, bill summaries, vote summaries, etc.

Subscription to a bill feed will allow a user to track specific bills by receiving updates as and when an action is taken on a bill and is made available to the public on the internet.

<http://www.leg.state.co.us/CLICS/CLICS2013A/cslFrontPages.nsf/RSSLandingv1.xsp>

**Legislative Directory Pink Book**

Visit the Colorado State Legislative Website to search for all of the contact information for your legislators or see Appendix C of this publication for a full list.

<http://www.leg.state.co.us/CLICS/CLICS2013A/csl.nsf/Directory?openFrameset>

**COLORADO HOUSE OF REPRESENTATIVES**

* Speaker ........................................................................... 866-2346
* Majority Leader ................................................... …………. 866-2348
* Minority Leader ................................................... …………. 866-5523
* Chief Clerk
  + In Session ........................................................... 866-2903
  + Interim ............................................................... 866-2345
* Information on Bills ........................................................ 866-3055
* Visitors' Aides (in Session) .............................................. 866-2331
* House Offices ................................................................. 866-2904  
  Toll free number (outside Denver)
* JAN - MAY ....................................................................... 1-800-811-7647

**COLORADO SENATE**

* President ......................................................................... 866-3342
* Pres. Pro Tempore .......................................................... 866-3077
* Majority Leader ................................................... …………. 866-3341
* Ass't Majority Leader ..................................................... 866-4866
* Minority Leader ................................................... …………. 866-2318
* Secretary of Senate ........................................................ 866-2316
* Republican Senators ....................................................... 866-4866
* Democratic Senators ...................................................... 866-4865
* Information on Bills ........................................................ 866-3055
* Visitors' Aides (in Session) .............................................. 866-4885
* Senate Offices ................................................................ 866-2316  
  Toll free number (outside Denver)
* JAN - MAY ....................................................................... 1-888-473-8136

**LEGISLATIVE OFFICES**

* Joint Budget Committee ................................................. 866-2061
* Legislative Legal Services ................................................ 866-2045
* Revisor of Statutes ......................................................... 866-2045
* Legislative Council ............................................... ………… 866-3521
* Auditor's Office .............................................................. 866-2051
* Legislative Printing .............................................. ………… 866-3526

**CAPITOL MAILING ADDRESS**

Colorado State Capitol Note: Snail-mail letters are usually NOT the most   
200 East Colfax effective way to communicate your views during   
Denver CO 80203 the Session.

**ADVOCACY HANDBOOK**

**Messaging: Use Words That Work**

Words matter. People can react to the same statement very differently based on how it’s worded. To convince the public and legislators to support our community’s interests we must choose our words carefully.

* **KNOW YOUR AUDIENCE**

**Listen first**. People will then be more inclined to listen to you. It also gives you the opportunity to understand their experiences and concerns. Then tailor your message accordingly.

* **DEVELOP KEY MESSAGES FOR ADVOCACY**

Clear messages are important. They separate one organization from another, helping audiences to understand what differences groups have, what similarities they share, and what each organization stands for. **Key messages are brief (8-10 seconds), plainly understood, simply stated, and convey clear values and concerns. They are strategically and widely promoted. Action Alerts are designed to provide key facts you can use to develop messages.**

Your key messages must convey:

* **Your current concern about an issue.**
* **Your values related to the issue.**
* **A clear call to action.**
* **USE STORIES**A great way to personalize an issue is to **have people discuss how it personally affects them**. One of the most influential actions any individual can take is to tell one’s story. Personalizing an issue allows elected officials to relate to you and remember your issue. Telling your story is no small thing; recounting to strangers some of the most intimate and personal things about your life can be very daunting.   
    
  Include powerful visual images and specific details of your story to catch your audience. Usually the things that stand out in your mind are the things that will capture your audience. The story must closely relate to the issue which is the heart of the discussion.
* Does it emphasize the importance of a treatment or funding?
* Does your story show that a particular policy will or will not work in specific applications?

You usually have a limited amount of time to speak and it’s important that have an outline and rehearse your story. Knowing your point will help keep your story on track. Only tell stories you have practiced on personal subjects you are ready to talk about; you probably want to skip the parts that cause you to be overly emotional. **Remember, this is YOUR story, YOUR experience and YOUR expertise.** It is helpful to bring copies of your testimony to distribute to members of the committee.

**ADVOCACY HANDBOOK**

**Communicating With Public Officials**

When it comes to legislations and regulation, there is a fine line between having your views heard and having them ignored. Knowing how to communicate is vital in sending an effective message. Your first communication with a legislator should be an introduction only – to establish a primary relationship. If possible, avoid presenting your issue to a legislator on your first meeting.

**There are three principal ways to communicate effectively with your legislator or elected official.**

1. **Meet in person.**
2. **Communicate by phone.**
3. **Write a letter**. (Letters are the least effective way to communicate with your legislators, especially during the Session. This is particularly true if they are form letters.)

**Communicate in Person**

**Informal Opportunities**

* **Attend Public Meetings:** The easiest way to get to know your legislators is to attend public meetings. Many legislators hold Town Halls in libraries, at county fairs, or at pancake breakfasts. They consider this a good way to get to know the concerns of local citizens.

**Formal Opportunities**

* **Make an Appointment:** If you have a particular issue you would like to discuss with your legislator, make an appointment. These meetings are easier to get when the legislative session is not occurring, generally in summer and fall. You can also meet in groups. It is important to have a purpose and goal for the meeting.

See the next page for a list of tips on a Successful Legislative Visit

* **Host a Site Visit:** You may arrange a site visit for your legislator to visit a key organization (for example, the OSP in the CDPHE).

**ADVOCACY HANDBOOK**

**Successful Legislative Visit**

Keep the following in mind when conducting meetings with legislators.

**Before the Meeting:**

* **Find a small diverse group of people**. Two to five persons should attend a meeting with a legislator or legislative staff. More than five persons may invite a speech rather than a dialogue. Try to include a representative cross section in the delegation, such as male and female, young and old.
* **Select a spokesperson and assign roles**. Plan what each person will discuss in the meeting. Don't repeat information already provided by someone else. **Be direct, clear, and most importantly, be brief**.
* **Know your legislator's background on the particular issue.** How has he or she voted on this or similar proposals? Stress the importance of this issue in the legislator’s district. Try to anticipate the questions and be prepared with the answers.

**Meeting Details:**

* **Introduce yourself** and share where you are from in their district.
* **Give a brief background on suicide in Colorado** and how it has affected you or your constituents.
* **Share information about the issue**. A **fact sheet** helps summarize talking points and keep you on track.
* **If you don't know an answer, say so, and promise to find the answer and to get it quickly to the official asking the question.** Immediately contact SPCC to pass along the question. Do not make up answers. One misstatement can destroy your credibility and the credibility of the organization.
* **Ask for their support on the issue**. Don’t assume they will help.
* **Leave something tangible with the legislator**, a business card, list of supporters, copy of the bill, a letter discussing your opposition or support for a bill – anything that will be a reminder of your visit and SPCC’s position.
* **Include your contact information with the materials.** Make sure your name, street address including zip code, phone number and email are clearly included in your materials.
* **End your visit with a question**. For example, "Can we count on your vote/support?" or "Can we send you more information?" Ask what the legislator's position or view is. If there is no position, volunteer to send more information and continue to lobby that individual through the use of phone calls, letters, and additional visits.

**After the Meeting:**

* **Follow up with a letter of thanks**. Express your appreciation for the visit, summarize its purpose again, and repeat the position you would like the legislator to take; include further information if needed.
* **After the meeting, hold a debriefing of the delegation**. This will ensure that the group knows what was said, what was promised, and what the next step should be. Also, send the legislator a thank you note and include some additional information and documentation.
* *Summarize your conclusions and promptly report them to your Regional Liaison and to the Advocacy Committee of SPCC.*

**ADVOCACY HANDBOOK**

**Checklists for Legislative Meetings**

**Questions to Ask Yourself Before the Meeting**

Anticipate a number of questions when talking to public officials about specific legislation, for example:

* What problem is being addressed? Does a problem exist? If discussing a bill, know your legislator's role on the bill. Where is the bill in the legislative process?
* Does your legislator sit on a relevant committee? How can a legislator act on your behalf?
* What is the legislation's intent?
* How else can its goal be met? Are the bill’s goals viable?
* Has this proposal come before the Legislature before? If so, when, why, and what was the outcome? Who were the sponsors? Why is this bill different/the same?
* Who opposes/supports the legislation? Why?
* How does the political climate affect the bill? What is the likely public response? Why?
* How much will the legislation cost the state? Where will the money come from? Will this legislation save money?
* How many people would benefit/be harmed by the legislation?
* What are the local effects and tangible, positive outcomes that will result if the legislator votes as you recommend and the bill is passed into law?
* Is this something positive to vote for (as opposed to fear of consequences)?

**ADVOCACY HANDBOOK**

**Fact Sheets Are a Concise Way to Convey Information**

**Preparing a Fact Sheet**

Fact sheets introduce you issue in a simple format. A good fact sheet says “Read Me.”

**Fact sheets can:**

* Identify your group or issue.
* List facts, statistics, issues, etc.
* Provide answers to common questions.
* Show information in charts, graphs, etc.
* Inform, persuade, educate.
* Make an argument for an issue.

**Good Fact Sheets:**

* Are 1 – 2 pages maximum.
* Use short bulleted statements.
* Are easy-to-read and direct the eye.
* Include compelling statistics and information.
* May make an argument for a specific audience.
* Use simple messages to explain complicated ideas.
* Reflect an understanding of the audience.

**Fact Sheets Must:**

* Be on letterhead or organization‘s template.
* Contain basic contact information (name, website, email, phone number).

*See page 15 of this document for an example of a Suicide Prevention Coalition of Colorado fact sheet.*

**ADVOCACY HANDBOOK**

**Phone Calls to Your Legislator**

**Communicate by Phone**

To find your state legislator's phone number, you may visit the online state legislature directory at [www.leg.state.co.us](http://www.leg.state.co.us) , or call the Colorado switchboard at 303-866-5000 and ask for your Senator and/ or Representative's office, or see Appendix C of this document for a complete list of Colorado legislators. When the Legislature is not in Session they are seldom at the Capitol.

Keep in mind that telephone calls are often taken by a staff member and not the actual legislative member. Ask to speak with the aide who handles the issue to which you wish to comment. If they are not available, you may also leave a message. If you speak with someone other than your legislator, take down their name and title.

Upon reaching your state legislator on the phone, it's easiest to follow these six basic steps:

* **IDENTIFY** yourself by name and the organization (if any) that you represent or the town from which you are calling.
* **EXPLAIN** why you are calling: "I am calling to support/oppose House Bill: HB\_\_\_\_, Senate Bill: SB\_\_\_\_\_. " Be polite and concise.
* **STATE** your position on the legislation and state how you would like your legislator to vote. Creating 1-2 talking points will focus the content of your message. Too much information may confuse your message.
* **ASK** your legislator his/her position on this issue. Don't assume that your legislator has prior knowledge of your issue. Be calm, respectful, and be prepared to educate, using local examples to accentuate your point. (For instance, “In 2011 there were XX suicides in my county.”)
* **PROVIDE** further information as soon as possible, if the legislator requires it.
* **THANK** the person who took the phone call for their time and consideration.

**The Legislative Hotline**

There are also toll-free Legislative Hotline numbers that provide a fast way to convey your view on a bill, with a free, easy phone call. They are not as effective as speaking directly to someone in your legislator’s office, but your opinions will still be recorded and logged for voting purposes.

* For your Representative, call: 1-800-811-7647.
* For your Senator, call: 1-888-478-8136.
* When you call, state your name, address and the name of the representative or senator you are calling. If you are not sure of his or her name, the hotline representative can tell you.
* Identify the specific bill(s) you are calling about by number.
* State your position, whether you support, oppose or have a combination of opinions.
* Keep the message simple.

The hotline is an answering service. If you wish to speak directly to a legislator, you must call his or her office. Hotline representatives cannot transfer your call. If the line is busy, keep trying.

**ADVOCACY HANDBOOK**

**Writing to Your Legislator**

Letters are critical ways to reach your legislator. Any type of written correspondence is better than making no contact. The Colorado State Legislature is only in session from January-May. When the legislature is out of session, it may be more effective to send your letter to your legislator’s district office, if the legislator has one.

* Write your letters on personal or business letterhead, with a return address on the letterhead and envelope.
* Identify the bill by its number and address only one issue per letter. Try to keep your letter to one page.
* Spell the legislator’s name correctly and identify the bill correctly.
* Try to avoid form letters, when possible. Personalize a form letter if you choose to use one.
* Stress how a particular issue affects your legislator’s district.
* Keep your letter to one page.
* Be clear and concise. Use examples of how this bill/issue impacts you and/or your family
* Understand that your reader may not be familiar with the issue you are discussing and explain that which is necessary.
* Be polite – even if you are writing to disagree with something your Legislator did or did not do or say (staffers may be quick to ignore something that seems too hostile or extreme).
* Be sure to thank them for their support or opposition if it has helped your previous or current cause.
* Ask for a reply, indicating the legislator’s response.

Make your main point in the subject line, for example:

* Support Suicide Prevention in Colorado - Support/Oppose bill #\_\_\_\_\_

I am from (city and state) and I would you to support Bill # 1111. Identify yourself as a constituent by including your full street address and zip code, even in an email.

**Addressing Correspondence**

**To the State Senate:**  **To the State House of Representatives:**

The Honorable (Full Name) The Honorable (Full Name)  
State Capitol, (Room Number) State Capitol, (Room Number)  
Colorado Senate Colorado House of Representatives  
Denver, CO 80203 Denver, CO 80203

**ADVOCACY HANDBOOK**

**Testifying at a Public Hearing in Colorado**

**COLORADO GENERAL ASSEMBLY GUIDE TO PUBLIC HEARINGS**

Visitors and grassroot advocates are welcomed at the Colorado Capitol Building and the committee meetings of the Senate and House of Representatives.

In order to ensure decorum and a civil environment in which public testimony on legislation is enhanced and not disrupted, visitors are asked to observe the following rules:

* **Sign-up Sheet**: Members of the public are welcome to address the committee when the chair asks for public testimony. If you wish to comment or testify on a bill, there is a sign-up sheet for the public prior to the start of the hearing. This is usually located on the table where legislators are seated or near the committee room entrance.
* **Decorum:** It is inappropriate to cheer, boo, talk, or applaud in a committee meeting. Rallies, protests, and demonstrations in a committee meeting are not allowed.
* **Signs, placards, banners:** Signs, placards, banners, or other display materials are not allowed in a committee meeting.
* **Clothing:** Clothing that displays a conspicuous statement in support of or in opposition to any legislation before the committee will not be allowed in the committee room.
* **Audio/Video Recording**: The committee chairman may require that persons making video or audio recordings do so from a specified area or areas in the committee room in order to avoid a disturbance or blocking public access.
* **Cell phones:** Please turn off your cell phone as it may be disruptive of the proceedings and interfere with the audio system.
* **Food and Drink:** No food or drink, other than bottled water, is allowed in committee rooms.

A committee chairman may request a sergeant-at-arms to remove a person who is impeding, disrupting, or hindering a committee meeting or who endangers any member, officer, or employee of the General Assembly or any member of the public.

*Source: Colo. const. art. V, sec.12; Sections 2-2-404, 18-9-106, 18-9-108,18-9-110 C.R.S.; House Rule 25 (j)(1)(H).*

**ADVOCACY HANDBOOK**

**Obtaining Media Coverage for Your Issue – Human Interest Stories**

**Tips for Media Coverage**

Getting a local newspaper, radio, or TV station to talk about your advocacy issue or cover your events is a great way to raise awareness. The three best ways to spread the word about what you’re doing and generate news coverage are pitching a **local human interest story**, **writing opinion editorials**, and **sending letters to the editor**.

**Human Interest Stories**

Local papers and radio stations often need more than a notice of an event to garner their interest. However, many love to highlight local human-interest stories, including actions taken by community members to address a larger issue. To pick up this kind of coverage, reporters in your area need to know what the personal story is and how it relates to the issue and the event you are holding. You may want them to cover your event, and the best way to get that coverage is to find a local, personal angle.

First, familiarize yourself with the local outlets to which you’re interested in pitching the story. Many local stations have shows other than their standard news programs that may be a better fit for your story. In addition, explore the various sections of your local newspaper. Your story may fit better into the religion or business section, rather than the metro section, for example. Try visiting your newspaper or television station’s Web site and find a link to submit a story. This option is often featured prominently on their home page.

When submitting a story, it is helpful to include the following information:

* A brief summary of the local, personal angle related to the event and issue
* Type of event
* Sponsoring organization(s)
* The name and contact number for the person or organization that readers should call for information before, during, and after the event
* Day, date, and time of the event
* Event location
* Estimated number of participants
* Why readers will be interested in the event

**How to pitch your story**

Pitching your story can be as simple as leaving a message with a TV station’s “tip line” or mailing a press release to your local paper’s news desk. If your story is strong enough, it will make it to the right reporter. However, if you are able to develop relationships with local reporters, producers, and editors, you may find it easier to pitch your stories—and see them placed.

The more you can match your story to a particular reporter’s interests (whether their beat is religion, city news, or local events), the more likely it is that your story will be placed.

**ADVOCACY HANDBOOK**

**Obtaining Media Coverage for Your Issue – Op-Ed Pieces**

**Op-ed pieces**

**Opinion editorials** can be a great way to inform community members about an issue and your call to action. Newspapers will often run pieces written by grassroots activists, especially if the article is well-written, timely, and has a local angle. However, you should check with your newspaper before submitting your editorial, as different papers often have different guidelines for editorial submissions from community members.

Here are a few tips for writing your editorial:

* **Keep it short**: Most papers will only run editorials of fewer than 750 words.
* **Make it locally relevant**: The more you connect your editorial to a community event or development on the issue, the better. Newspapers publish information they believe is pertinent to their readers, so your op-ed is more likely to be published when it is tied to a current, local event or targets local leaders (for example, when it responds to the actions—or lack thereof—of your legislator). Often lobbying efforts and legislative developments are interesting to newspapers only if there is a local connection to the issue.
* **Make it personal**: While your op-ed should include facts about the issue, it should also reflect your personality. The best editorials explain why the subject is relevant to both the writer and the reader. Tell your own story and why you care about your issue.
* **Make it action-oriented**: Include information on how readers can get involved. If you’re writing an op-ed near the time that the lobbying visits are taking place, make sure your editorial includes information on how readers can join your efforts (e.g., the bill number and who to contact). Editors are unlikely to include a Web site or call to action in the body of your article. However, you should include a Web site in your biography at the end of your op-ed. You can also encourage your readers to contact their Senators and Representatives.
* **Include your contact information**: Newspapers need to know how to reach you if they’re going to run your editorial.

**ADVOCACY HANDBOOK**

**Obtaining Media Coverage for Your Issue – Letters to the Editor**

**Letters to the Editor**

Letters to the editor are another great way to raise awareness in your community about the issue at hand and to let people know how they can advocate for change. The key to getting your letter printed is to make it relevant to your local community, whether that means letting readers know about local lobbying visits or asking your paper’s editor to run more stories on a specific issue.

Here are a few more tips for getting your letter published:

* **Keep it short**: Most letters to the editor run no more than 150-200 words.
* **Keep it focused**: Unlike editorials, letters to the editor only allow space to make one or two key points. Focus on what you think is the most important thing for people in your community to know about the issue and what they can do to help.
* **Make it relevant**: Respond to coverage the publication has already done. If possible, praise the publication when it provides good reporting on these issues. Publications are less likely to print letters that do not pertain to their coverage.
* **Include your contact information**: As with op-ed pieces, don’t forget to include your contact information when you submit a letter to the editor.

**ADVOCACY HANDBOOK**

**Appendix A: Suicide Specific Facts and Resources for Use in Advocacy Efforts**

**What You Need to Know… Suicide in General**

No suicide attempt should be dismissed or treated lightly!

**Warning Signs**

* Verbal threats such as "You’d be better off without me" or "Maybe I won’t be around anymore..."
* Expressions of hopelessness and/or helplessness
* Previous suicide attempts
* Daring and risk-taking behavior
* Personality changes (i.e. withdrawal, aggression, moodiness)
* Depression
* Giving away prized possessions
* Lack of interest in the future

**What To Do If A Friend Or Relative Is Suicidal**

* Trust your instincts and believe that the person may attempt suicide
* Talk with the person about your concerns and show that you care and want to help
* Ask the person direct questions. The more detailed their plan, the greater the immediate risk. Remember that the most important thing is to listen
* Get professional help - even if the person resists.
* Do not leave the person alone
* Do not swear to secrecy
* Do not act shocked or judge the person
* Do not counsel the person

If you or someone you know is contemplating suicide, call 1-800-SUICIDE.

**For More Information:**

American Academy of Child and Adolescent Psychiatry 202-966-7300 [www.aacap.org](http://www.aacap.org)

American Association of Suicidology 202-237-2280 [www.suicidology.org](http://www.suicidology.org)

Suicide Prevention Advocacy Network 888-649-1366 [www.spanusa.org](http://www.spanusa.org)

*This fact sheet was originally created by Mental Health America of Colorado*

**ADVOCACY HANDBOOK**

**Appendix A: Suicide Specific Facts and Resources for Use in Advocacy Efforts**

**What You Need to Know… Suicide – Suicide and Depression**

**The Problem of Suicide**

* In 2010 (the most recent year for which data are available), 38,364 suicides were reported, making suicide the 10th leading cause of death for Americans. In that year, someone in the country died by suicide every 13.7 minutes.
* These statistics demonstrate the seriousness of suicide, which is often linked to untreated depression. Clinical depression affects more than 19 million adults every year.
* About 90% of those who die by suicide have some kind of diagnosable mental illness.
* Although women suffer from clinical depression and attempt suicide more than men, men are more likely to complete the act. Any talk of suicide by a friend or loved one should be taken seriously and help should be sought immediately.

**Symptoms**

Depression and thoughts of suicide can impact a person’s life in many different ways. Not everyone experiences depression and suicidal tendencies in the same way. Some people may have behavioral changes, while others experience physical changes.

**Common Warning Signs of Depression and Suicide**

* Sadness or anxiety
* Feelings of guilt, helplessness or hopelessness
* Trouble eating or sleeping
* Withdrawing from friends and/or social activities
* Loss of interest in hobbies, work, school, etc.
* Increased use of alcohol or drugs
* Anger

**Specific Signs of Potential Suicide**

* Talking openly about committing suicide
* Talking indirectly about “wanting out” or “ending it all”
* Taking unnecessary or life-threatening risks
* Giving away personal possessions

Depression alone or in combination with aggressive behavior, substance abuse and/or anxiety is found in over half of all suicides. If depression is present, substance abuse, anxiety, impulsivity, rage, hopelessness and desperation may increase the risks of suicide.

**A Number of Things can Trigger Suicide**

* Stressful events, such as a failed exam or failure to get a job or other economic hardship
* Crises in significant social or family relationships
* Interpersonal losses
* Changes in body chemistry
* High levels of anger or anxiety

If you or someone you know is contemplating suicide, call 1-800-SUICIDE.

**For More Information:**

National Institute of Mental Health 1-800-421-4211 [www.nimh.nih.gov](http://www.nimh.nih.gov)

American Foundation for Suicide Prevention 1-888-333-2377 [www.asfp.org](http://www.asfp.org)

American Association for Suicidology 202-237-2280 [www.suicidology.org](http://www.suicidology.org)

*This fact sheet was originally created by Mental Health America of Colorado*

**ADVOCACY HANDBOOK**

**Appendix A: Suicide Specific Facts and Resources for Use in Advocacy Efforts**

**What You Need to Know… Suicide – Teens and Suicide**

Teens need adult guidance more than ever to understand all the emotional and physical changes they are experiencing. When teens’ moods disrupt their ability to function on a day-to day basis, it may indicate a serious emotional or mental disorder that needs attention - adolescent depression.

**Facing the Danger of Teen Suicide**

Sometimes teens feel so depressed that they consider ending their lives. Each year, almost 5,000 young people, ages 15 to 24, kill themselves. The rate of suicide for this age group has nearly tripled since 1960, making it the their leading cause of death in adolescents and the second leading cause of death among college age youth.

Studies show that suicide attempts among young people may be based on long standing problems triggered by a specific event. Suicidal adolescents may view a temporary situation as a permanent condition. Feelings of anger and resentment combined with exaggerated guilt can lead to impulsive, self-destructive acts.

**Recognizing the Warning Signs**

Four out of five teens that attempt suicide have given clear warnings. Pay attention to these warning signs:

* Suicide threats, direct and indirect
* Obsession with death
* Poems, essays and drawings that refer to death
* Dramatic change in personality or appearance
* Irrational, bizarre behavior
* Overwhelming sense of guilt, shame or reflection
* Changed eating or sleeping patterns
* Severe drop in school performance
* Giving away belongings

**Helping Suicidal Teens**

* Offer Help and Listen. Encourage depressed teens to talk about their feelings. Listen, don’t lecture.
* Trust your Instincts. If it seems that the situation may be serious, seek prompt help. Break a confidence if necessary, in order to save a life.
* Pay Attention to Talk about Suicide. Ask direct questions and don’t be afraid of frank discussions. Silence is deadly!
* Seek Professional Help. It is essential to seek expert advice from a mental health professional who has experience helping depressed teens. Also, alert key adults in the teen’s life - family, friends and teacher.

**What About You?**

Perhaps you have sometimes felt like ending your life. Don’t be ashamed of it. Many people, young and old, share your feelings. Talk to someone you trust. If you like, you can call one of the agencies listed below and talk about the way you feel without telling them whom you are. Things may seem very bad sometimes, but those times don’t last forever. Ask for help. You can be helped. You deserve it.

Remember!!

* These warning signs should be taken seriously.
* Get help immediately.
* Caring can save a life.

**For More Information:**

**Office of Suicide Prevention**

CO Dept of Public Health and Environment

4300 Cherry Drive South HPDP-A2

Denver, CO 80246

Phone 303-692-2560

**American Academy for Child and Adolescent Psychiatry**

3615 Wisconsin Avenue NW Washington, DC 20016

Toll Free 1-800-333-2280

**American Association of Suicidology**   
4201 Connecticut Avenue NW Suite 310

Washington, DC 20008

Phone 1-202-237-2280

*This fact sheet was originally created by Mental Health America of Colorado*

**ADVOCACY HANDBOOK**

**Appendix A: Suicide Specific Facts and Resources for Use in Advocacy Efforts**

**What You Need to Know… Suicide – Older Adults and Suicide**

* While the elderly make up only 13% of the population, they account for almost 19% of the suicides.
* There is one elderly suicide every one hour thirty minutes.
* The suicide rate for the elderly rose 9% between 1980 and 1992. During that rime, there were 74, 675 completed suicides of persons over 65. Rates have declined since that time.
* In 1997, suicide rates ranged from 13 per 100,000 among persons aged 65 to 69, to 21 per 100,000 persons aged 80 to 84, which is nearly double the overall U. S. rate.
* White men over the age of 85 are at the greatest risk of all age- gender-race groups. In 1997, the suicide rate for these men was 65.0 per 100,000. That is nearly 6 times the current overall rate.
* 83% of elderly suicides are men; the number of men's suicides in late life is 5 times that for women (men's rates are 7 times those of women).
* The rate of suicide for women declines after age 60 (after peaking in middle adulthood, age 40-54).
* Although older adults attempt suicide less often than those in other age groups, they have a higher completion rate. The elderly are more lethal in their attempts and complete suicide more often. For all ages combined, there is 1 suicide for every 20 attempts. Among the young (15-24 years) there is 1 suicide for every 100-200 attempts. Over the age of 65, there is 1 suicide for every 4 attempts.
* Firearms are the most common means of completing suicide among the elderly. Men (77%) use firearms more than twice as often as women (35%).
* Alcohol or substance abuse play a diminishing role in later life suicides.
* Contrary to popular opinion, only a fraction (2-4%) of suicide victims have been diagnosed with a terminal illness at the time of their death. Two-thirds of older adults in their late 60's, 70's and 80's were in relatively good physical health when they died by suicide.
* 20% of elderly suicides over 75 have been seen by a physician within 24 hours of completing suicide; 35% have been seen by a physician within a week; 75% have seen a primary care physician within a month of their suicide; and 80% have seen a primary care physician within 6 months of their suicide.
* 66-90% of elderly suicides have at least one psychiatric diagnosis. Two-thirds of these diagnoses are for late-onset, single episode clinical depression.
* As many as 75% of depressed older Americans are not receiving the treatment they need, placing them at an increased risk of suicide.
* Elderly persons are less likely to reach out by calling a crisis line than their younger counterparts.
* Suicide rates are highest in the mountain states of the United States for the nation as a whole and the elderly.

**Myths**

* Depression among the elderly is a normal consequence of aging and associated problems.
* Depression among the elderly cannot be treated.
* Most completed suicides are terminally ill.
* Elders who complete suicide do not have close family members.
* Only elderly persons who live alone are at risk for suicide.
* Suicide and suicidal behavior are normal responses to stresses experienced by most people.
* There is nothing that can be done to stop an elderly suicide.
* Most suicidal elders wilt self-refer to obtain mental health care.
* Suicidal elderly do not exhibit warning signs of their suicidal ideation or intent.
* Adverse living conditions are not significant risk factors in elderly suicide.

*The content of this fact sheet was taken from material by the American Assocation of Suicidology*

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**Appendix A: Suicide Specific Facts and Resources for Use in Advocacy Efforts**

**Help from the American Foundation for Suicide Prevention (AFSP)**

The American Foundation for Suicide Prevention offers educational and training tools to support advocacy efforts to change the way people think and talk about suicide and mental illness, and to participate in the process of shaping helpful laws and policies. They offer the following tools to suicide prevention advocates:

**Video Library**

Watch videos of AFSP advocates, congressional briefings, and keynote addresses from AFSP’s annual Advocacy Forum and other sponsored congressional events.

[www.afsp.org/advocacy-public-policy/education-training/video-library](http://www.afsp.org/advocacy-public-policy/education-training/video-library)

**Policy Webinars**

**2013 Policy Webinars**

[www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series/2013-policy-webinars](http://www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series/2013-policy-webinars)

**2012 Policy Webinars**

[www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series/2012-policy-webinars](http://www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series/2012-policy-webinars)

**2011 Policy Webinars**

[www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series/2011-policy-webinars](http://www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series/2011-policy-webinars)

**Policy Webinar Series**

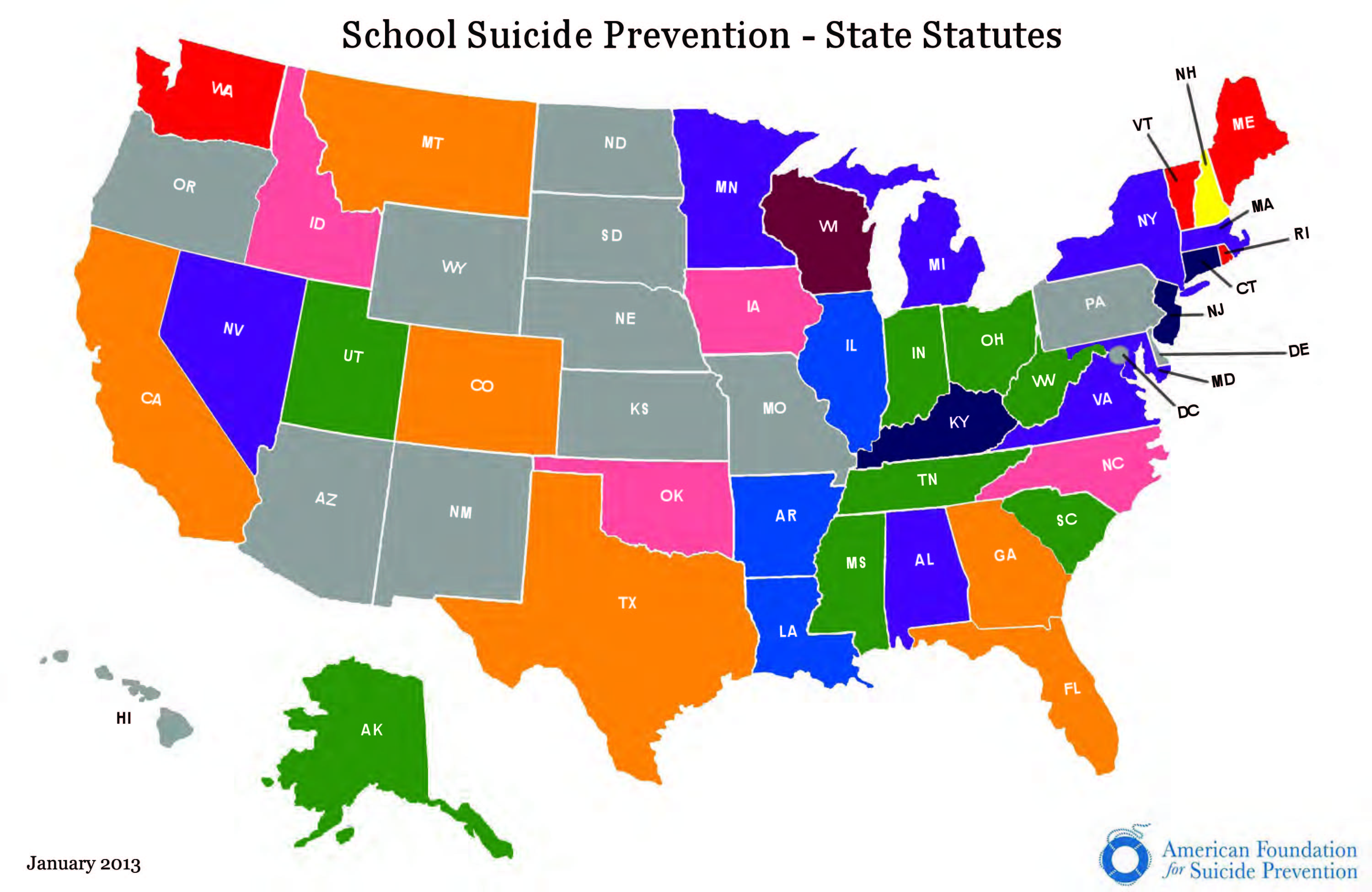
Watch webinars hosted by AFSP’s Public Policy Team on a variety of topics related to advocacy and AFSP’s Public Policy Priorities.

[www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series](http://www.afsp.org/advocacy-public-policy/education-training/policy-webinar-series)

**ADVOCACY HANDBOOK**

**Appendix A: Suicide Specific Facts and Resources for Use in Advocacy Efforts**

**Suicide Prevention in Schools**

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**ADVOCACY HANDBOOK**

**APPENDIX B: Glossary of Advocacy Terms**

**ACT** – Legislation (a bill or joint resolution) that has passed both chambers of Congress in identical form, has been signed into law by the president, or has passed over his veto, thus becoming a law

**ACTION ALERT** – A call to action—through a letter, phone call, fax, e-mail or other form of communication—from an organization or interest group intended to encourage supporters to contact their members of Congress on a particular issue  
  
**ADJOURN** – A motion to adjourn in the Congress will end that day’s session

**ADJOURN SINE DIE** – The end of a legislative session “without day” These adjournments are used to indicate the final adjournment of a Session

**ADVOCACY** – The act of pleading or arguing in favor of something, such as a cause, idea, or policy; to actively support

**AMENDMENT** – An alteration of or addition to a pending bill or other measure. Legislators must vote on an amendment before it becomes part of the measure

**APPROPRIATIONS** – A legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose—for example, to fund the CDPHE.

**AUTHORIZATION** – A legal provision that authorizes appropriations for a program or agency. The authorization could be available for one year, a set number of years, or for an indefinite amount of time. An authorization can be for a fixed amount of money or for “such sums as necessary.”

**BILL** – The main vehicle used by lawmakers to introduce their proposals to Congress. Bills of general interest are referred to as “public bills,” while those with a narrow interest are “private bills”

**CAUCUS** – An informal group of members of the House, Senate, or some combination of the two that discusses issues of mutual concern, conducts legislative research, and performs policy planning for its members. There are caucuses representing political party, ethnicity, regions, etc.

**CHAMBER** – Location where the House and Senate conduct business. Also refers to the House of Representatives or Senate itself.

**CLOTURE** – Procedure where the Congress votes to place a time limit on consideration of a bill to prevent a filibuster

**COALITIONS** – A group of people with common interests who come together, either in a formal or informal arrangement, to support specific issues through joint efforts such as sharing of information, costs, coordinating lobbying efforts, etc.

**COMMITTEE** – Subsidiary of the Congress that considers legislation, conducts hearings and investigations, or carries out other assignments as instructed by the full chamber. Members are assigned to different committees based on their party affiliation, seniority, etc.

**COMPANION BILL** – Similar or identical bills introduced in both chambers

**CONCURRENT RESOLUTION** – A resolution that passes through both chambers that lacks the force of law and does not require the president’s signature

**CONFEREES** – Members of a conference committee (made up of members of both chambers) appointed to reconcile the Senate and House versions of the same bill

**CONFERENCE COMMITTEE** – A temporary committee made up of both Senate and House conferees that work to reconcile differences in the bills that have gone through both chambers

**CONFERENCE REPORT** – The compromise product negotiated by the conference committee. The “conference report,” which is printed and available to members, is submitted to each chamber for its consideration, such as approval or disapproval

**CONTINUING RESOLUTION** – Legislation that provides fiscal authority for agencies to continue to operate at the current funding level until their appropriations are enacted. This action is used at the end of a fiscal year when the following year’s appropriations have not yet been completed

**COSPONSOR** – A member who has joined other members in sponsoring a bill

**DIRECT SPENDING** – Mandatory spending arranged through authorization or entitlement

**DISCRETIONARY SPENDING** – Spending for programs whose funding levels are determined by the appropriations process

**ENTITLEMENT** – A program that is guaranteed certain benefits and funding levels controlled by authorizing legislation. The funding can come from either an authorization or appropriations act

**FILIBUSTER** – The use of obstructive tactics—for example, prolonged speechmaking—for the purpose of delaying legislative action

**FISCAL YEAR** – The 12-month period for using federal funds, beginning October 1 of the previous year and ending on September 30 of the current year

**FLOOR AMENDMENT** – An amendment offered on the chamber floor by an individual member while considering the bill

**GRASSROOTS ADVOCACY** – The process by which an organization or interest group activates its members or citizens who share an interest to contact their elected officials on behalf of their shared public policy views

**HEARING** – Committee meetings, generally open to the public, held to hear testimony by expert witnesses on a subject related to current or upcoming legislation, to conduct an investigation, or to review the operation or other aspects of a federal agency or program

**ITEM VETO** – Ability to veto a part rather than the entire appropriations act. The Congress has the ability to exercise an item (sometimes referred to as a line-item veto); however, the president must sign or veto the entire act

**JOINT COMMITTEE** – Committees made up of membership from both chambers of Congress

**JOINT RESOLUTION** – A legislative measure that requires the approval of both chambers and is submitted to the president for possible signature into law. A joint resolution will be designated as S or HJ Resolution (number)

**JOINT SESSION** – When the House and Senate meet together to conduct formal business

**LAME DUCK SESSION** – When Congress reconvenes in an even-numbered year following November elections to consider various items of business. Some members who return for the session will not be in Congress next year due to loss in a reelection or leaving their seat in Congress—hence the terms “lame duck” members participating in a “lame duck” session

**LEGISLATIVE SESSION** – The part of the chambers’ daily session dedicated to consideration of legislative business (bills, resolutions, etc.)

**MAJORITY LEADER** – Spokesperson and strategist for the majority party, elected by members of the majority party

**MARKUP** – The process by which committee and subcommittee members debate, amend, and rewrite proposed legislation

**MEMBER OF CONGRESS** – Person who is elected in his or her congressional district to serve in the US House of Representatives or the US Senate

**MINORITY LEADER** – Spokesperson and strategist for the minority party, elected by the members of the minority party

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**MOBILIZATION** – The process of individuals or groups organizing to provide strength to a public official on a particular issue as a part of grassroots advocacy

**MOTION** – Formal proposal for procedural action such as to amend, adjourn, consider, reconsider, etc.

**OMNIBUS** – A “catch-all” bill that combines various bills of the same general category. For example, an omnibus appropriations bill would combine all appropriations bills that have not passed through the Congress as stand-alone bills

**ORIGINAL BILL** – A bill that is drafted by a committee. The bill is introduced by the committee chairman after the committee votes to report it, and it is put directly on the Chamber’s Calendar of Business

**OVERRIDE OF A VETO** – When each chamber votes on a bill vetoed by the president. To pass a bill vetoed by the president, a two-thirds vote in each chamber is required

**OVERSIGHT** – Committee review of the activities of a federal agency or program

**POCKET VETO** – The president has 10 days after a measure is passed through the Congress to either sign it into law or veto the measure. If the president has not signed the bill after 10 days, it becomes law without his signature. If Congress adjourns during the 10-day period, the bill dies

**POINT OF ORDER** – When a member claims that a rule of the chamber is being violated on the floor. If the chair finds the point of order in violation of a rule, the action is not permitted

**PRESIDENT PRO TEMPORE** – Officer of the Senate who presides over the chamber when the vice president is absent. The president pro tempore is elected by the Senate and typically is the senator of the majority party with the longest record of continuous service

**PRESIDING OFFICER** – The member of the majority party who presides over the chamber and is in charge of maintaining order, recognizing members to speak, and interpreting the chamber’s rules, practices, and precedents

**PRIVATE LAW** – A private bill enacted into law. Private laws have restricted applicability and often are addressing immigration and naturalization issues affecting individuals

**PRO FORMA SESSION** – A brief meeting of the chamber in which no business is conducted. Typically, a pro forma session is conducted to satisfy the constitutional obligation that neither chamber can adjourn for more than three days without the consent of the other

**PROXY VOTING** – The process by which members can cast a vote in committee for a member who is absent

**PUBLIC LAW** – A public bill that has been passed through both chambers and enacted into law. Public laws have general applicability

**QUORUM** – The number of members that must be present for the chamber to do business. The US Constitution requires a majority of members (51 in the Senate and 218 in the House) for a quorum. Often, fewer members are actually present on the floor, but the chamber presumes that a quorum is present unless the contrary is shown by a roll call vote or quorum call

**QUORUM CALL** – A roll call to determine if a quorum is present. If any member “suggests the absence of a quorum,” the presiding officer must direct the roll to be called. Often, a quorum call is terminated by unanimous consent before completion, which permits the chamber to use the quorum call to obtain a brief delay to work out some difficulty or await a member’s arrival

**RANKING MINORITY MEMBER** – The highest ranking (and typically the longest serving) minority member of a committee. Members can not serve as a ranking minority member on more than one committee

**RECESS** – A break in the chambers’ (or committees’) business. Typically, a chamber will recess rather than adjourn at the end of each day

**REFERRAL** – When a bill or resolution is introduced it is typically referred to the committee with jurisdiction over the subject of that bill

**REPORT** – A committee’s written record of its actions and views on a bill which is then submitted to its respective chamber

**RESOLUTION** – A nonlegislative measure effective only in the house in which it was introduced that does not require concurrence by the other chamber or approval by the president

**ROLL CALL VOTE** – A vote where each member’s name is called by the clerk and his or her vote is recorded

**SECRETARY OF THE SENATE** – The secretary affirms the accuracy of bill text by signing all measures that pass the Senate. The secretary also supervises the preparation and printing of bills and reports and the publication of the Congressional Record and Senate journals. The secretary is nominated by the majority party and elected by the full Senate

**SESSION** – The time frame during which Congress meets and carries out business. Each Congress has two regular sessions—a first session and a second session

**SPONSOR** – The primary person who introduces a measure

**SUBCOMMITTEE** – Subset of a committee for the purpose of dividing the workload. All recommendations of a subcommittee must be approved by the full committee before being reported to the chamber

**TABLE A BILL** – A motion to put a bill aside and remove it from consideration

**VETO** – The procedure by which the president refuses to sign a bill or resolution and thus prevents it from being made into law. A veto can be overridden by a two-thirds vote in both the Senate and the House

**VICE PRESIDENT** – The vice president also serves as the president of the Senate. He or she may vote in the Senate in case of a tie, but is not required to. In the absence of the vice president, the president pro tempore usually performs these duties

**VOICE VOTE** – A vote in which the presiding officer states the question and asks for those in favor and against to speak their vote. The presiding officer then announces the result according to his or her judgment

**WHIPS** – Assistants to the floor leaders who are elected by the party. The whips are responsible for mobilizing votes within their party on major issues

**YIELD** – When a member who is recognized to speak permits another member to speak while the first member retains the floor

**YIELD THE FLOOR** – When a member who is recognized to speak completes his/her remarks, he/she yields the floor, terminating his/her recognition

**YIELD TIME** – When the chamber reaches a unanimous consent agreement limiting the time for debate, a member may be recognized to speak only when a floor manager yields the member a specified amount of time to speak

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*Source: U.S. Senate Web site*

**ADVOCACY HANDBOOK**

**APPENDIX C: List of Colorado House and Senate Legislators for 2013-2014 Sessions**

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