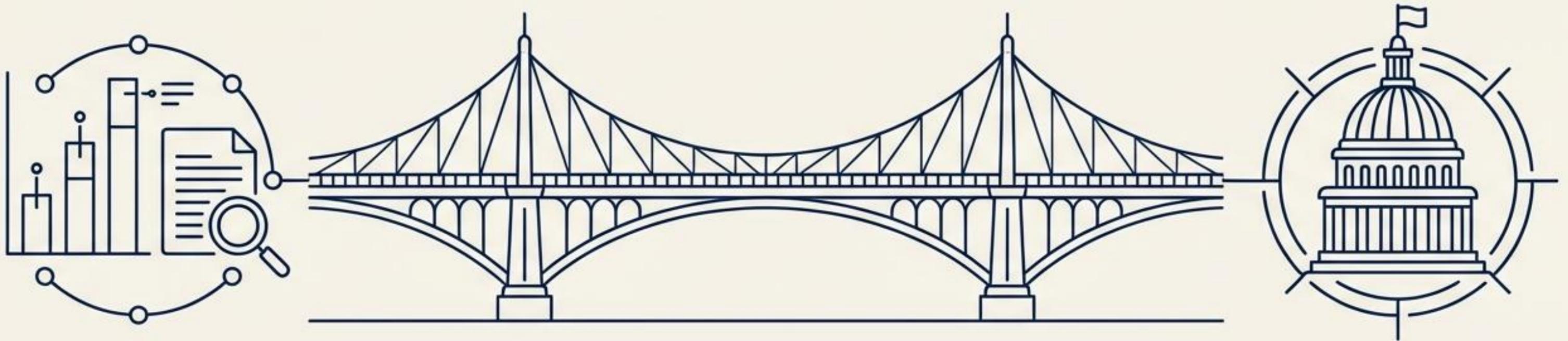


# Data-Driven Advocacy

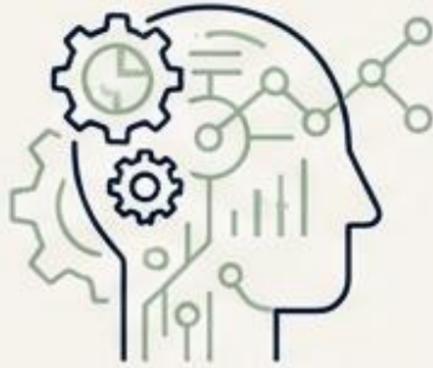
Turning evidence into policy change.



Roland Behm and Kim Jones  
Georgia Mental Health Policy Partnership

# Numbers provide validity. Stories provide urgency.

Effective advocacy requires a deliberate combination of scale and human impact to move a policymaker to act.



## The Head

Data identifies the scale  
of the problem.

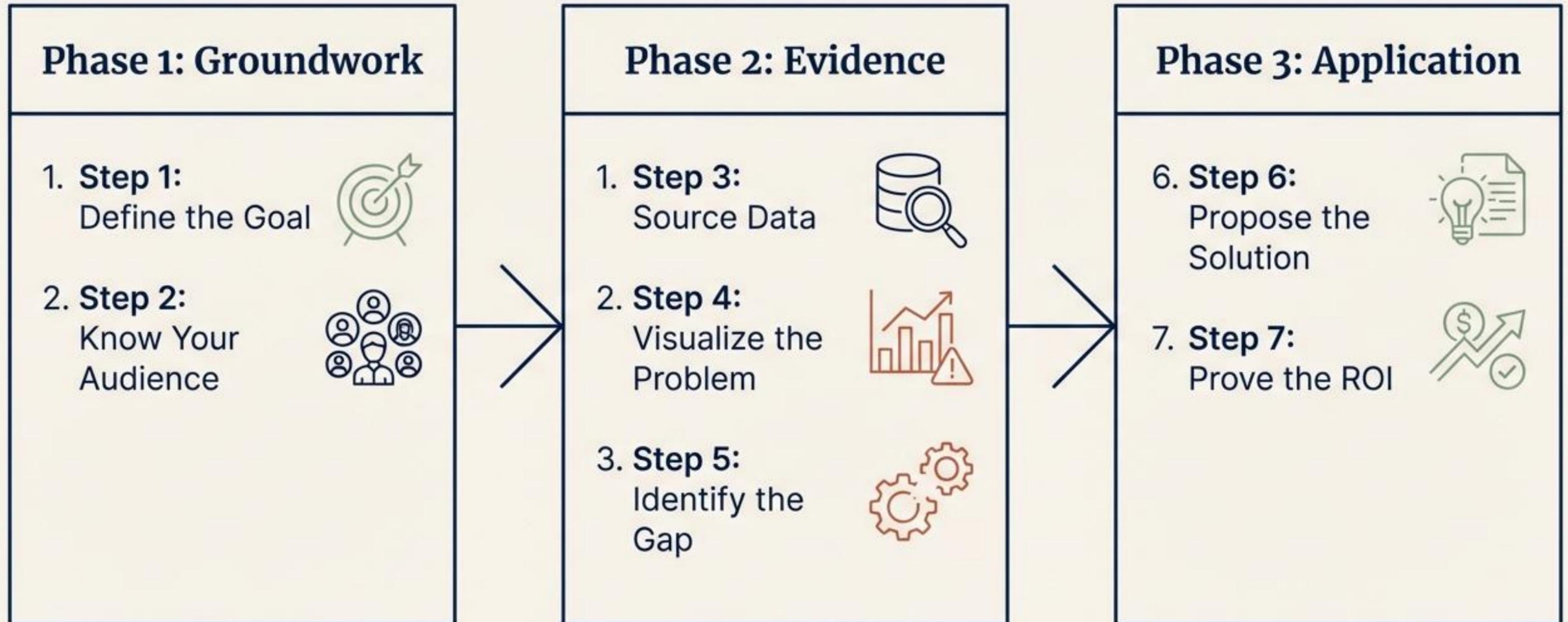


## The Heart

Stories identify the human  
impact of the problem.

“Data are just stories with the  
soul left out. — Brené Brown

# The strategic playbook for legislative influence



STEP 1

# Target a specific legislative lever

## New Law

Creating a program where none exists.



## Amendment

Fixing a tripwire in an existing bill (e.g., HB 1276).



## Budget/Funding

Increasing appropriation for an underfunded service.

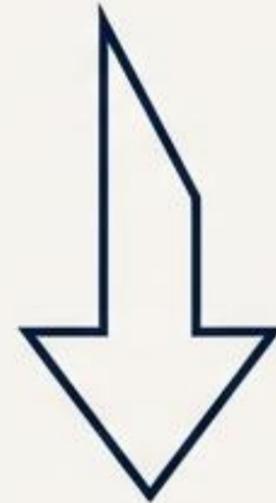


## Regulatory Change

Changing how an agency interprets a rule.



~~Improve healthcare~~



**Reduce Medicaid churn by 10%**

STEP 2

# Map the data to the lawmaker's distinct priorities



## The Fiscal Hawk

Focus: ROI, cost-shifting, and long-term savings.



## The Constituent Champion

Focus: District-level impact and local kitchen table stories.



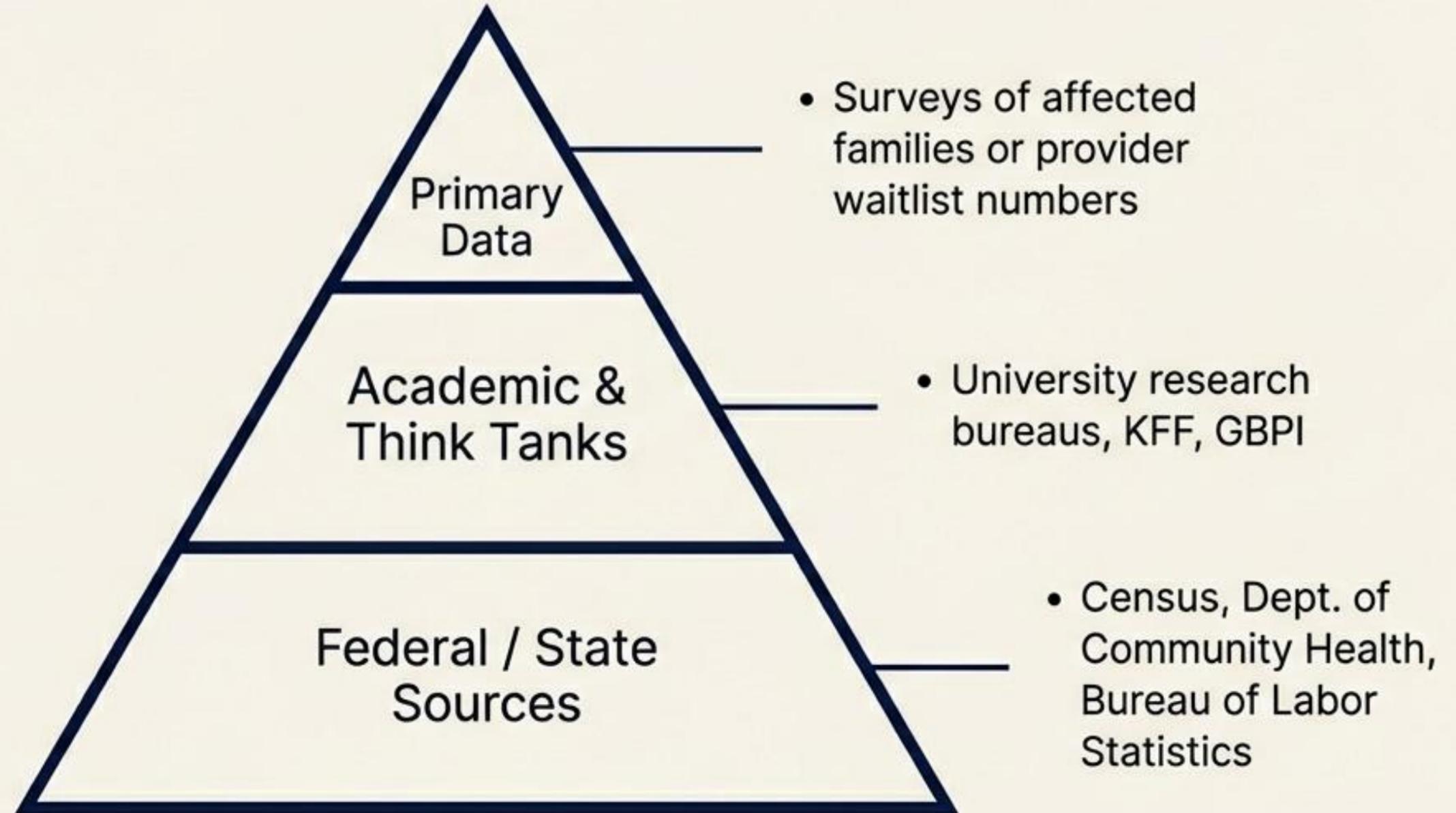
## The Committee Expert

Focus: Technical accuracy, federal compliance, and peer-state comparisons.

**Pro-Tip:** Always research their specific voting record and committee assignments before building your presentation.

### STEP 3

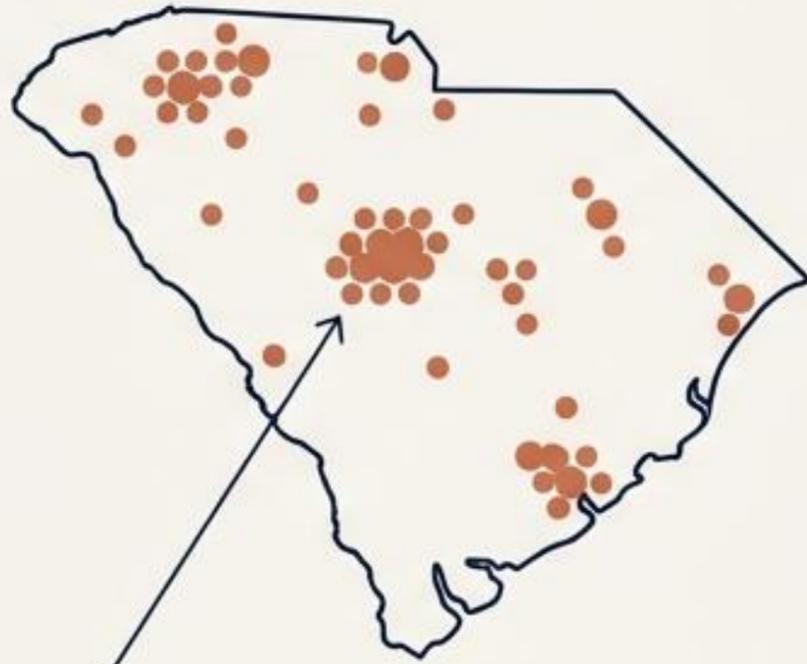
# Build an indisputable foundation of evidence



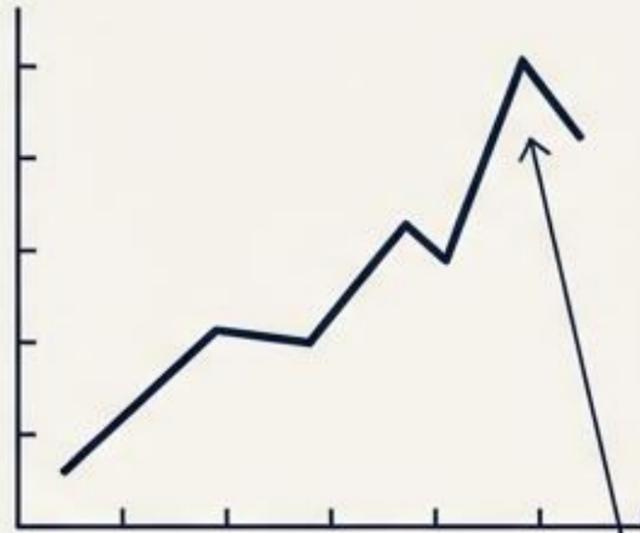
AI can be one of your best assistants, so long as you verify (ask for sources and read those sources to ensure they are accurate and relevant).

STEP 4

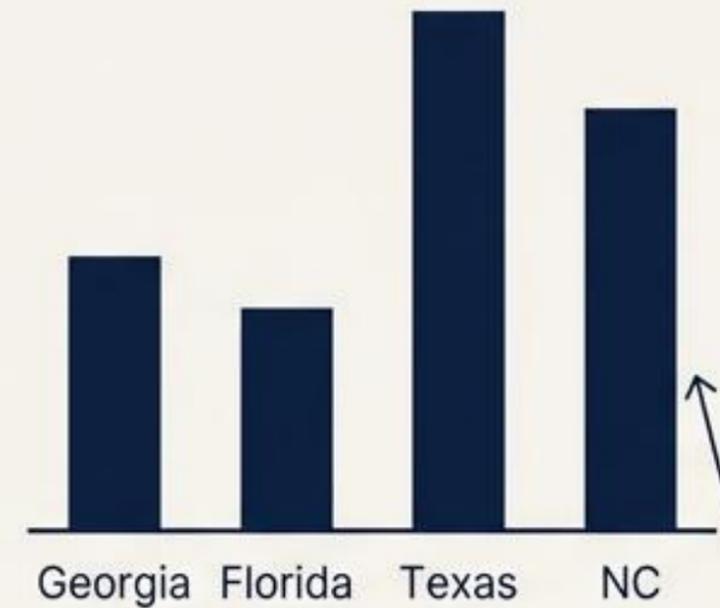
# Make the invisible problem highly visible



Heat maps show exactly how the problem (e.g., lack of specialists) affects the legislator's specific district.



Trend lines prove the problem is actively getting worse, not better.

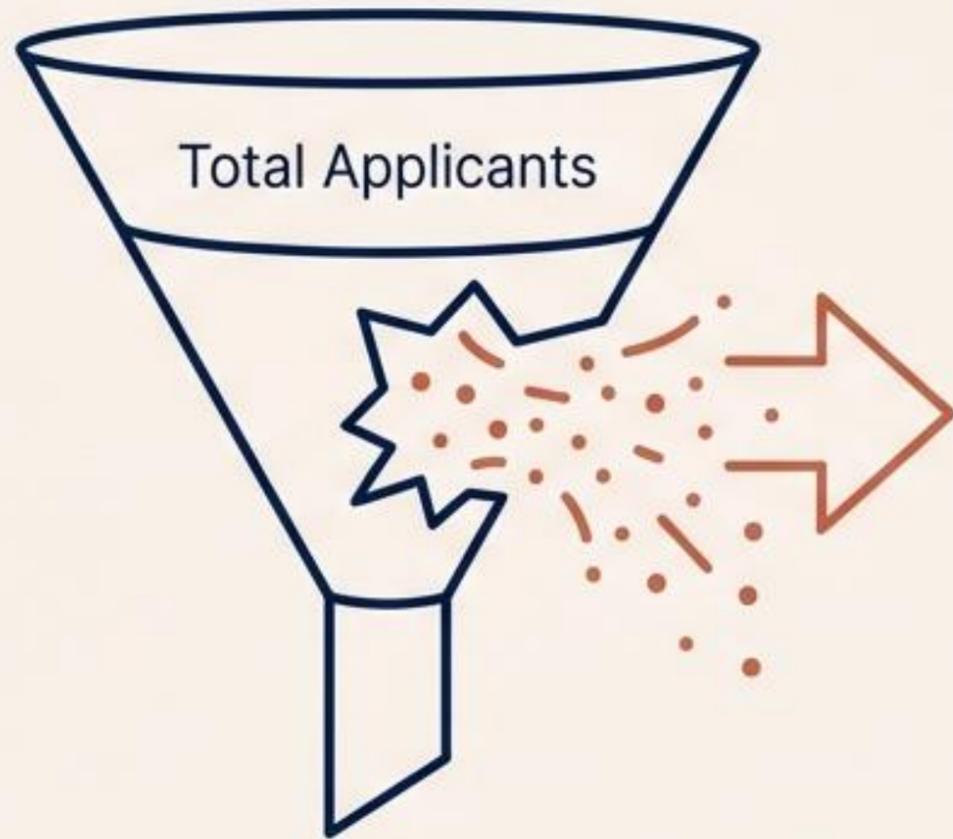


Peer-state comparisons trigger competitive instincts and establish benchmarks.

STEP 5

# Use data to spotlight administrative failures

## Procedural Churn



Compare how many people lose coverage strictly due to paperwork errors versus actual ineligibility.

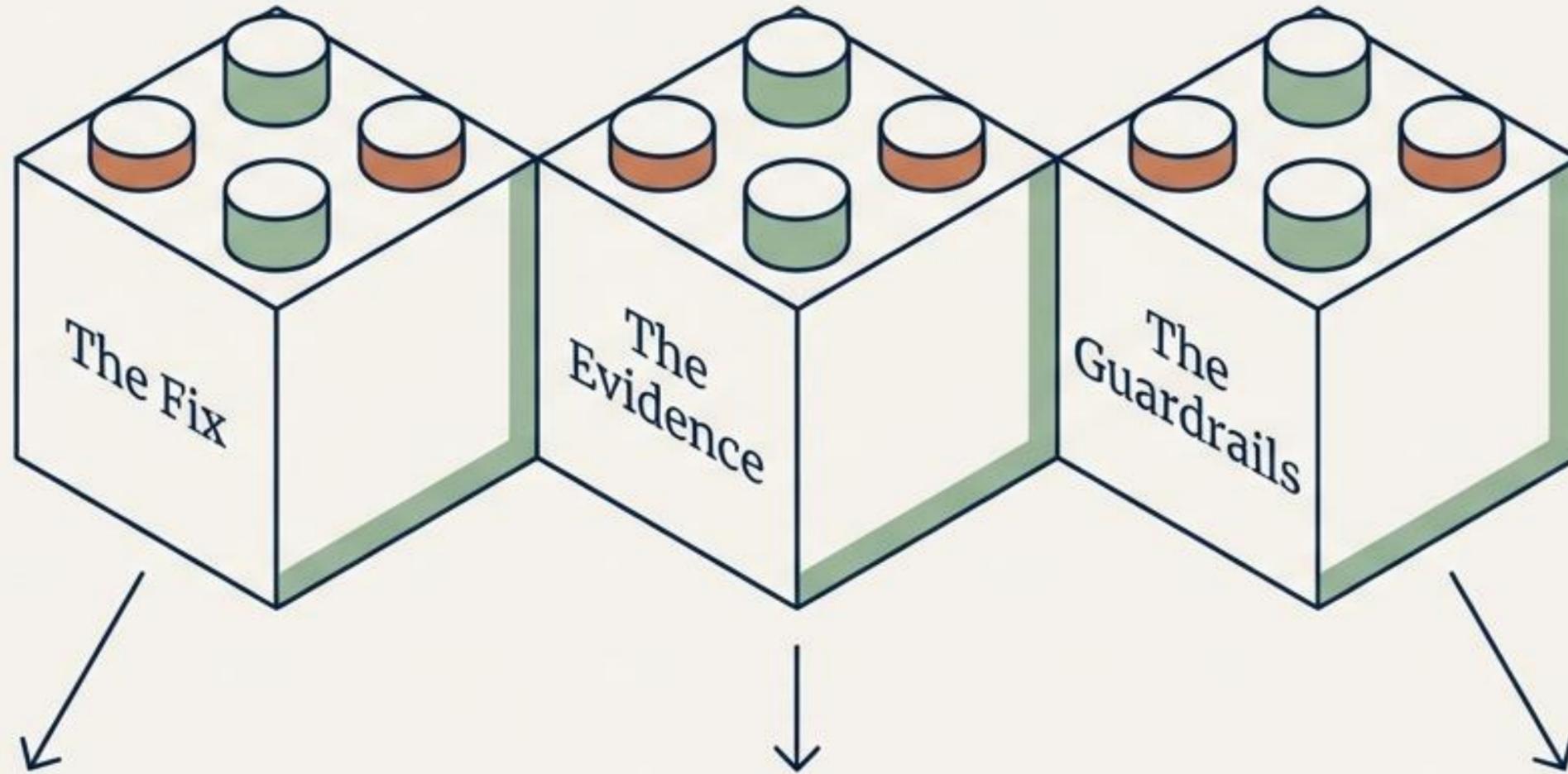
## The Cost of the Gap



Correlate interrupted insurance with massive spikes in localized ER visits.

STEP 6

# Construct a watertight policy solution



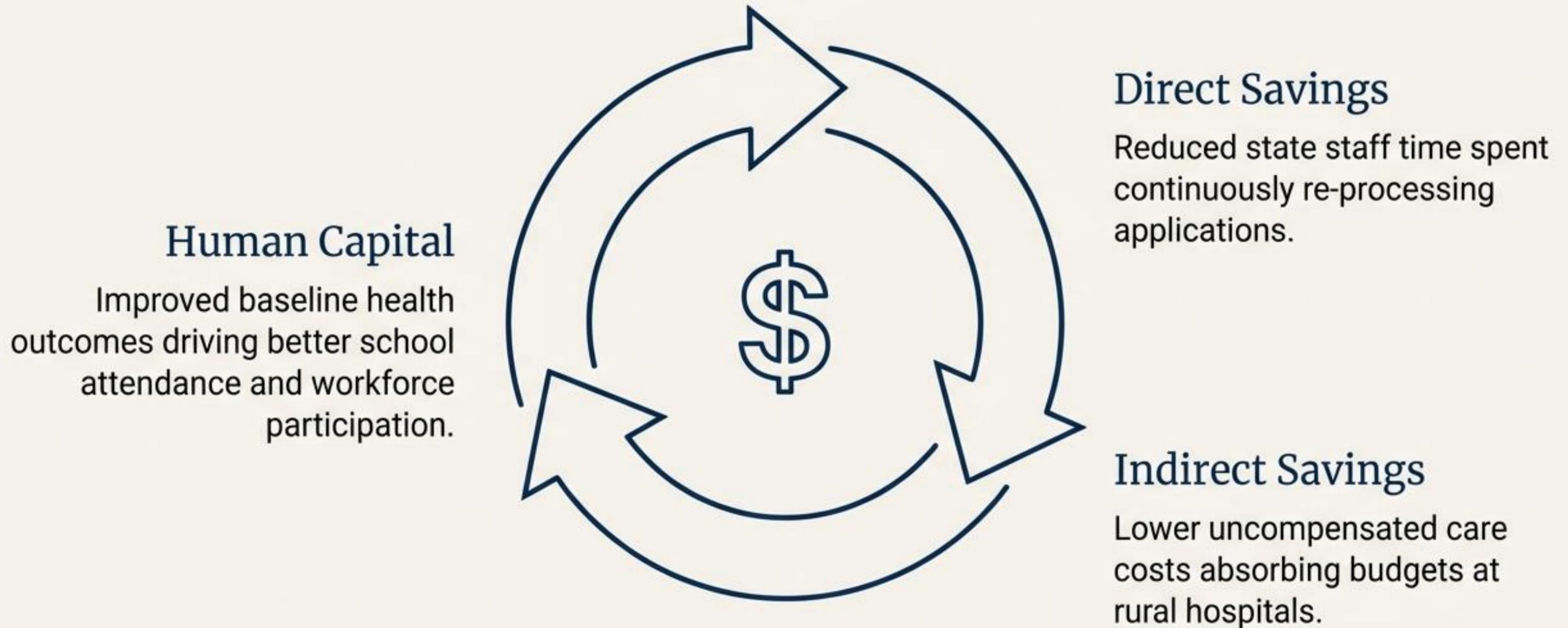
**Precise mechanical action.**  
Implementing ex-parte renewals  
using existing SNAP data.

**Proof of concept.**  
State X implemented this  
mechanism and saw a 15%  
reduction in administrative costs.

**Preventive safety measures.**  
Prohibiting profit-incentives for  
termination.

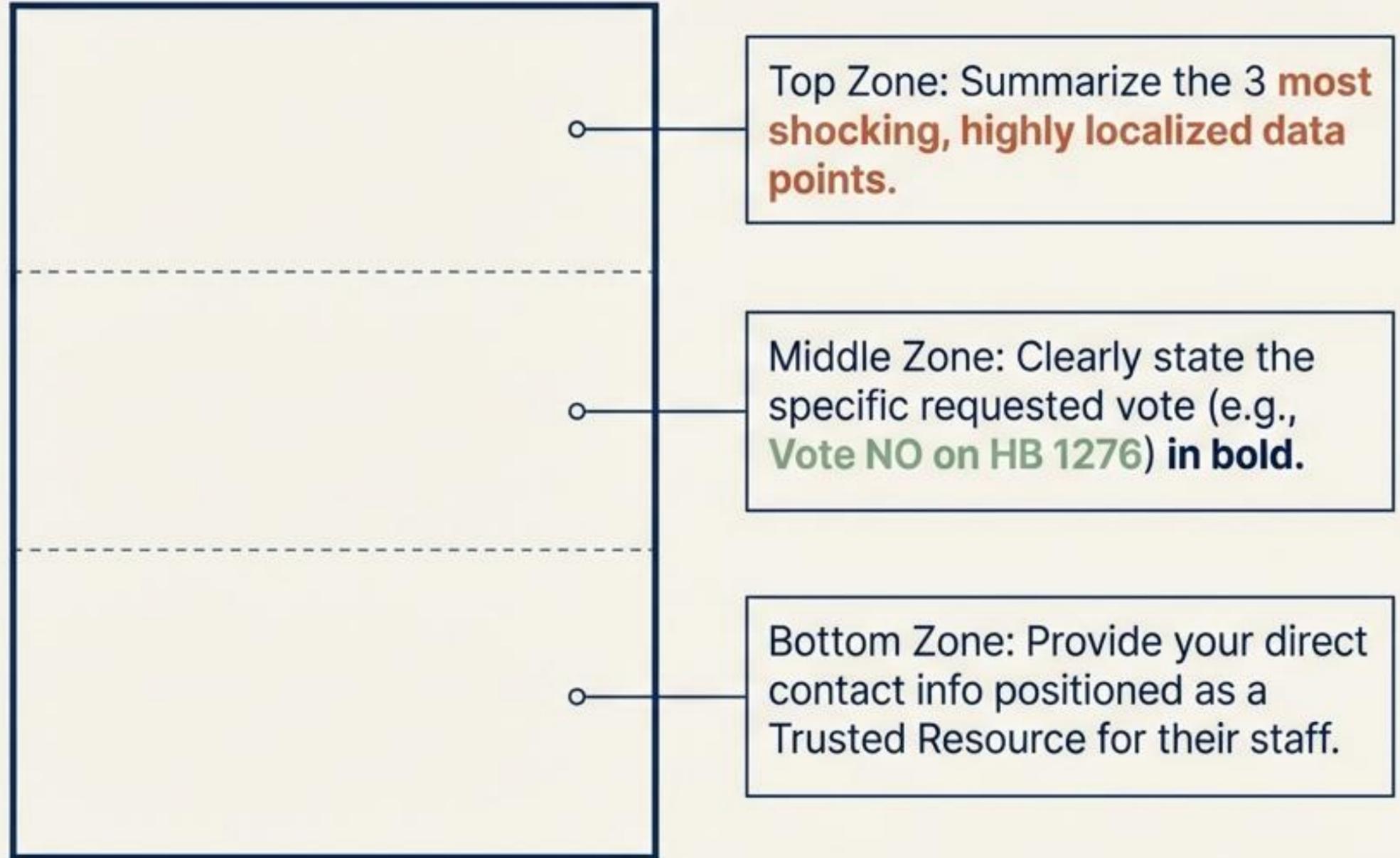
STEP 7

# Prove the policy change pays for itself



FINAL OUTPUT

# The anatomy of the One-Pager leave-behind



# SAVANNAH/CHATHAM COUNTY YOUTH SUICIDE RISK

*2024 Student Health Survey Data Shows a Clear Need for Action*

**“Local data should drive local action on youth suicide prevention in Savannah/Chatham County.”**

The 2024 Georgia Student Health Survey shows that too many Savannah/Chatham County students are dealing with suicidal thoughts, suicide attempts, and thoughts of self-harm. **These numbers call for targeted action.**

## THE LOCAL WARNING SIGNS

**11.3%** reported they had seriously considered attempting suicide in the past 12 months.

**6.0%** reported they had attempted suicide in the past 12 months.

**17.3%** reported they had seriously considered harming themselves on purpose in the past 12 months.

**72.1%** said they know an adult at school they can talk with if they need help.

**27.9%** do not report that kind of connection.

**Why it matters:** students in crisis are more likely to be identified early when they have a real adult connection at school.

## WHAT LOCAL LEADERS SHOULD DO

• **Fund trusted-adult capacity in schools.**

Support staff training, mentorship structures, and school practices that help more students identify at least one adult they trust.

• **Expand school-linked mental health access.**

Prioritize school-based partnerships, referral pathways, and behavioral health workforce capacity in the Savannah region.

• **Use school climate data as an accountability tool.** Encourage school-level review of trusted-adult connection data and related well-being indicators so schools can identify gaps and improve.

• **Treat youth suicide prevention as a local systems issue.** Prevention depends on school connection, early identification, and timely access to care.

## LOCAL DATA SHOULD DRIVE LOCAL ACTION.

Savannah/Chatham County needs a practical youth suicide prevention strategy built around school connection, early identification, and timely access to care.

**Bottom line:** The issue is no longer whether there is a problem. The issue is whether public leaders will respond with urgency and precision.