

Policy Advocacy Plan for an Amendment to Tennessee House Bill 7006

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Abstract

This advocacy proposal outlines a strategic plan to support and promote Tennessee House Bill 7006, a legislative initiative addressing a critical issue of mental health inpatient psychiatric services for people who are uninsured within the state. As of December 2023, the bill focuses on funding uninsured people to seek psychiatric hospitalization. We recognize the importance of comprehensive advocacy, and this proposal integrates evidence-based strategies to engage stakeholders effectively, raise public awareness, and influence key decision-makers.

This proposal underscores the importance of a holistic advocacy approach to maximize the impact of House Bill 7006 by employing evidence-based strategies and engaging with diverse stakeholders and constituents. This advocacy plan seeks to create a compelling case for the bill's passage and contribute to positive social change within Tennessee.

Topic of Focus

Policy Description

The chosen social issue in Tennessee is the inadequate access to inpatient psychiatric hospital services for people who are uninsured.

The policy that is being focused on Tennessee bill HB7006 that focuses on the city of Knoxville. If this bill is passed, it would provide private inpatient psychiatric providers to take in individuals without insurance who are in need of mental health inpatient services. This bill also requests a report of the need to calculate if Knoxville needs to build an inpatient psychiatric hospital that can also serve individuals that don't have insurance.

HB 7006 as it is currently written, impacts individuals in the city of Knoxville, Tennessee who need mental health inpatient psychiatric services but are uninsured. The second part of the bill is requesting data or a report to conclude if funding is needed to build a state inpatient psychiatric hospital to serve uninsured people who struggle with mental health in the city of Knoxville.

In November of 2022, the American College of Emergency Physicians (ACEP) reported an overwhelming need for mental health care in hospitals (Tin, 2023). The ACEP board petitioned the Biden Presidential administration to publicly declare an emergency state of mental health care due to the worsening waits of hospital beds versus need, coming to a "breaking point" (Tin, 2023). In 2018, Substance Abuse and Mental Health Services Administration (SAMHSA) reported that 121% of beds in the hospitals designated for inpatient mental health care at psychiatric hospitals were currently being used. As well as 118% were in use in general care hospitals and 115% of beds were in use at community hospitals. Dr. Sandra DeJong, who is

the current secretary of the American Psychiatric Association board and a pediatric psychiatrist at Cambridge Health Alliance in Harvard Medical School, declares a nationwide issue. Dr. DeJong states “It’s not primarily a bed problem, It’s primarily a system problem. So we would not have had the problem of the shortage of beds if we had a system in place for mental health care that was able to address the increasing demand” (Tin, 2023). In 2021, the National Association of Mental Health Program Directors reported that 22 states nationwide reported increased waiting lists and 14 states reported overcrowding. DeJong goes on to say that not getting immediate mental health care when in crisis, can lead to more complex problems for those with low-income or state health insurance. (Tin, 2023). Even though this is a national issue, this action plan will be focusing on Tennessee.

Policy Goal

This policy goal is advocating for an amendment to HB 7006. Currently, HB 7006 (2023) proposes that the Department of Mental Health and Substance Abuse Services can make state funds available to contract private service providers across the state of Tennessee to provide inpatient psychiatric services for people who are uninsured in Tennessee. HB 7006 (2023) also requires a report to be provided to both houses to conclude if more inpatient psychiatric services are needed in Knoxville and if more state funds are needed to construct a state-owned and operated inpatient psychiatric facility.

Consequences

An unintended consequence could be that it may be difficult to fill needed positions if the amended proposal is extended to other counties in Tennessee. Staff shortage is affecting every industry in our nation, and this could be an unintended consequence. Fox Business reports in 2023 that the Department of Health and Human Services states a shortage of mental health

workers has increased over time (Addison, 2023). The Department of Health and Human Services says by 2025, we will have 10,000 less workers in this field than needed (Addison, 2023).

House Bill 7006 is supported by Representative Scott Cepicky and Senator Joey Hensley. We currently do not know who opposes this bill because it's "laying on the desk" (HB 7006, 2023). The term laying on the desk means there is a temporary postponement of a matter before the house, which may later be brought up for consideration by a motion to "take from the table."

Policy Change

The Tennessee bill HB 7006 (2023) currently states that in the city of Knoxville, the Department of Mental Health and Substance Abuse can make funds available for those to get treatment in private service providers for inpatient treatment whether one may or may not have private insurance. Before it was only those with private insurance or if one wanted to pay out of pocket that would be able to get treatment from private mental health providers. With the bill, there could be funds available for private mental health treatment centers to offer inpatient treatment to all, whether one is insured or not or could not afford it beforehand.

The goal of the bill, as it stands right now, is to provide the needed care for individuals in Knoxville who struggle with mental health and are in need of inpatient psychiatric treatment and are uninsured (HB7006, 2023). This bill also asks for a report or data to find out if funds are needed to build a state inpatient psychiatric hospital in the city of Knoxville. We will be advocating for an amendment to HB 7006 to include all of Tennessee. This could potentially provide the opportunity for other counties in Tennessee that provide data that shows the need of inpatient psychiatric services in other counties in Tennessee for individuals who are

uninsured. We are also asking for an amendment to have state-funded psychiatric institutions in other locations as needed if data supports it. A greater number of people in need would receive services such as individual therapy, medication management, group therapy, and education while in an inpatient treatment facility, and provide a hospital discharge appointment to their community-based provider. As a result, the individual would receive the intensive behavioral healthcare needed to stabilize their mental health and encouragement to continue treatment through outpatient services within their community.

However, HB 7006, once amended, will extend to other areas of Tennessee rather than just Knoxville. This policy advocacy action plan will be asking for an amendment to allow all counties in Tennessee to submit a report to show the need in their communities.

An addition to the bill would be to extend the bill to all counties in Tennessee. The bill outlined would be similar or the same but with an addition to add more treatment availability in additional counties across Tennessee.

Importance

Mental health is an important issue to address due to the sheer number of the population it affects in Tennessee, 937,000 have a mental health issue (United States Census Bureau, 2022). In 2021, Kaiser Family Foundation (KFF) also shared that 38.5% could not afford mental health counseling and over 10% of the Tennessee population do not have insurance (Kaiser Family Foundation, 2023). The U.S. Department of Housing and Urban Development (2020) shows that 1 in 6 homeless people in Tennessee have a mental health issue. According to Bliss and Wadhvani in 2018, more than 8,000 individuals were treated at one of the four Tennessee psychiatric hospitals and stayed an average of four to six days. Sixty percent of these patients are not properly connected to any post care (Bliss and Wadhvani, 2018). This causes one in three of

these individuals to be readmitted within six months (Substance Abuse and Mental Health Services Administration, 2017). The reasons stated in the article by Bliss and Wadhvani (2018) for the readmittance are the lack of resources, HIPAA laws, no insurance, and unstable living environments.

Tennessee has a service gap issue and creates issues when individuals are needing inpatient mental health care. According to the United Health Foundation's 2022 Annual Report, Tennessee is ranked 45 out of all the states for the amount of mental health access to care due to the lack of providers. The Centers for Disease Control and Prevention (2023) shared that 25.6% of Tennessee's population with mental health issues could not receive mental health counseling. Only 11% of Tennessee's mental health needs are being met (Pinpoint Consultants, 2021). These statistics lead up to how patients are being treated when they are needing inpatient psychiatric care. Ben Hall (2023) recently reported on a homeless patient that had to wait in an emergency room for three and a half days for an opening in a state run psychiatric hospital instead of admitting her to their inpatient psychiatric ward. An investigation was opened and found that this was a regular occurrence for individuals with no insurance. There are only four state run hospitals in Tennessee and are the only ones that accept people with no insurance according to the news article.

The lack of available mental health services is a social justice issue as it essentially takes away the person's human rights to mental health care. It takes away their right to health care and their self-worth. This is a social justice issue as it states that individuals should have equal access to care including mental health care. The United Health Foundation's 2022 Annual Report ranking from 1 to 50, the report states that Tennessee is ranked 46 out of the states that have frequent mental health distress. According to the Tennessee Association Mental Health

Organization (TAMHO), unresolved mental health issues may cause job loss, homelessness, loss of productivity, and involvement in the criminal justice system (Pinpoint Consultants, 2019).

Theoretical Framework

For framework, the policy campaign for HB7006 would be a rational framework as it suggests the use of logic and reasoning when advocating for a specific social issue (Hirschi, 2017). This framework would allow for the best outcome using a step by step analysis. When looking at specific rational frameworks that could apply to the campaign, social choice theory or rational choice theory would best fit the campaign. Rational Choice weighs out the pros and cons of a situation and makes a decision based on what would make the best outcome based on one's choice (Hirschi, 2017). Using rational theories in the campaign would allow for the best outcome by using a step by step guide that analyzes and uses scientific data to make the best decision for all involved in the Bill.

Researching the Issue and Legislature Review

Nature of the Current Policy

The lack of mental health care resources is at the heart of Tennessee's policy debate. This is especially true regarding the accessibility of inpatient psychiatric services for the uninsured. In November 2022, the American College of Emergency Physicians (ACEP) reported a high demand for mental health services (Tin, 2023). The problem originates from widespread shortcomings in the nation's mental health care system, not just a shortage of available hospital beds. Tennessean hospitals providing inpatient mental health care were consistently operating at over 100% capacity in 2018, per a Substance Abuse and Mental Health Services Administration (SAMHSA) report, putting a significant strain on already limited resources. Problems including long wait times, crowding, and delaying access to essential mental health care services might

increase mental health crises (Tin, 2023) as a result. The broad nature of this issue is further attested by statistics from the National Association of Mental Health Program Directors in 2021, which showed 22 states reported growing waiting lists and 14 states reported overcrowding difficulties (Tin, 2023). Dr. DeJong underlined the importance of getting prompt mental health care during emergencies, saying that delaying care can lead to more complicated problems and that the solution is not only to add more beds (Tin, 2023) .

Current Policy Landscape

In Knoxville, Tennessee, the uninsured do not have access to inpatient psychiatric care through private service providers funded by the Department of Mental Health and Substance Abuse Services. However, if House Bill 7006 passes, it would benefit uninsured people who are in need of inpatient care. Provisions for determining whether or not Knoxville requires more inpatient psychiatric services are included in this bill as well (HB 7006, 2023). In order for all Tennessee counties to be able to prove the need for such services in their communities, an amendment is required to make this policy statewide. This change may also pave the way for creating state-funded mental facilities in regions where the data indicates their need. Those needing mental health treatments, such as counseling, medication management, and group therapy, would have access to them through expanded outpatient options under these reforms. HB 7006, on August 24, 2023, was put on record for passage by the Finance, Ways and Means Committee of 1st Extraditionary session. The bill then was put on the calendar for the Finance, Ways, and MEans Committee of 1st Extraditionary Session for August 18, 2023. The next step was that the bill was recorded for passage referral to the Calendar & Rules Committee of the 1st Extraditionary Session. Next the bill was placed on the Calendar & Rules Committee of 1st Extraditionary Session. The House then placed the bill on the regular Calendar agenda for

August 24, 2023. The last update was that the bill was held on the desk in the House on August 24, 2023. This is also the case in the Senate, after passing through several committees, SB7005 has laid on the table since August 23, 2023, with no further updates (HB 7006, 2023).

Consequences and Challenges

Inadequate access to mental health care in Tennessee is an urgent problem with severe repercussions if nothing is done about it. An individual's suffering and the cost to society's healthcare systems can be exacerbated when mental health issues are either ignored or improperly managed. Individuals who lack access to adequate mental health care may find it difficult to sustain stable lives, which may lead to an increase in homelessness (Pellegrini, 2022). Individuals and society alike might suffer economically when persons struggling with untreated mental health difficulties lose their jobs or produce less work as a result. Last but not least, people's mental health problems are often not properly addressed in the criminal justice system, leading to a never-ending cycle of incarceration and worsening mental health symptoms (Bonfine et al., 2020).

Contextual Factors

Historical Events

According to Olmstead Rights (n.d.), in the 1800s, there was a large-scale implementation of asylums for people with mental health and other types of disabilities throughout the states. Dorthy Dix, a social worker, and Dr. Thomas Story Kirkbride both were the pioneers for the physical and mental care for patients with mental health illnesses in the 1800s (Ruffalo, 2018). Dorthy Dix advocated for asylums for the mentally ill, especially the Civil War veterans, due to the appalling conditions of the jails and almshouses that housed these people (McMillan & Kane, 2010). Dorthy Dix thought that it was vitally important to have

mental health care offered to everyone, regardless of the ability to pay; Dr. Kirkbride thought that the institutizing would help cure mental health illnesses, especially having light and airy spaces (Ruffalo, 2018). In the 1900s, many of these asylums became overcrowded and this led to the maltreatment of the individuals in them (Olmstead Rights, n.d.). In 1946, the National Mental Health Act was passed to research the causes, diagnosis, and treatment of mental health disorders (U.S. Department of Health and Human Services, 2023). Out of this Act, the National Institute of Mental Health was formed in 1949 to provide research capabilities for mental health disorders (U.S. Department of Health and Human Services, 2023).

President John F. Kennedy had a different way of thinking about mental health due to finding out that his sister, Rosemary, had a lobotomy and was institutionalized. According to Erickson (2021), instead of being in an institution, President John F. Kennedy envisioned mental health patients to be helped by supportive housing and by psychopharmacology. Congress, especially Senator Hill and Congressman Harris, held a bipartisan belief of this as well (Erickson, 2021; Kennedy, 1963). The passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 started the move from institutions to community-based programs (Erickson, 2021). However, this new order left patients scattered across treatment sectors with no safety net and no overall solution for patients, which is what the American Psychiatric Association was afraid of and spoke out on (Erickson, 2021).

Since not all individuals were still not being treated and released into community-based services but were instead being institutionalized, two of these affected individuals, L.C. and E. W., sought legal action against the state officials in Georgia. This case made its way to the Supreme Court, ending in the decision of *Olmstead v. L. C.* in 1999. The *Olmstead v. L. C.* (1999) stated that people with disabilities must be allowed to receive state-funded

community-based services and support instead of in an inpatient psychiatric setting as long as the following conditions were met. The conditions were that community support would be appropriate for the individual, the person does not object to living in the community, and the community services would be a reasonable accommodation. Using the Americans with Disabilities Act (ADA), the Supreme Court determined that being unnecessarily institutionalized was a violation of the ADA.

Arguments For and Against Policy Change

There are advocates and opponents to having inpatient psychiatric care for individuals with mental health disorders. Kyle Ward, 4th District Commissioner in Knoxville, Tennessee, argues that an inpatient mental health hospital needs to be built due to the lack of resources and Knoxville Mayor Glenn Jacobs agrees (Guzman, 2022). With the push from the Knoxville Commissioners and Mayor, Senator Hensley and Representative Cepicky put forth the SB 7005/HB 7006 and Senator Richard Briggs and Governor Bill Lee argue that this is reasonable and needed (Connors, 2023; Guzman. Evans (2016) shares that due to psychiatric hospitals closing, many community-based emergency rooms are being inundated with individuals with mental health issues and argues that this situation leaves individuals with mental health issues left for days in the emergency room, especially for low-income individuals. Ben Hall (2023) recently reported on a homeless patient that had to wait in an emergency room in Tennessee for three and a half days for an opening in a state run psychiatric hospital instead of admitting her to their inpatient psychiatric ward. An investigation was opened and found that this was a regular occurrence for individuals with no insurance. There are only four state run hospitals in Tennessee and are the only ones that accept people with no insurance according to the news article. Sun et al. (2017), showed that in 2014 the treatment and release of a mental health disorder accounted

for nearly 60 percent of the visits to the emergency room by the homeless individuals. Also, during this same year nearly three out of four homeless individuals that went to the emergency room for mental health reasons were admitted to inpatient. Not only that, Musumeci et al. (2020) argues that states can target Home Community Based Services (HCBS) to certain populations and vary from state to state, with only 25% of states even having HCBS. Musumeci et al. (2020) argues that the states that do have HCBS waivers, they are long and have nearly 820,000 people, with 39 months being the average wait time, with 10% of those having a mental health disability.

Evans (2016) shared that advocates for Medicaid allowing stand-alone psychiatric hospitals feel that this will result in an increase in beds and will help fix the gaps in care that exist now for individuals with mental health disorders and not have the emergency rooms inundated with mental health crises. Evans (2016) goes on to state that the advocates say that having more psychiatric hospitals will alleviate the acute hospitalization, prison, and homeless cycle for some individuals who have difficulty remaining stable in the community. However, Evans (2016) shares that opponents argue that by allowing more psychiatric hospitals to be built is a move backward. It would take resources away from the community-based services due to less money and people going into the community-based programs. This is one reason that the Tennessee Department of Mental Health and Substance Abuse Services cite that they are in opposition of a new inpatient psychiatric hospital being built in Knoxville, Tennessee (Guzman, 2022). Senator Becky Duncan Massey, Knoxville, is also against the building of a new inpatient psychiatric hospital because she thinks there are enough beds currently open for short term care to take care of the mental health needs (Kenehan, 2023).

Current Solutions in Other States

There are states that are trying to help fix the accessibility and affordability of mental health treatment in the United States. However, Tennessee is the only one right now proposing to

fix the issue by adding more inpatient psychiatric hospitals. Pitsor (2023) shared in the National Conference of State Legislatures how some states are trying to help with the mental health crisis. New Mexico is looking to help mental health care be more affordable by requiring private insurance companies to have no copays for mental health care (NM SB317, 2021). Pitsor (2023) states that Louisiana, New Jersey, Massachusetts, and Wyoming are moving to a type of collaborative care model that would eliminate fees from private insurance for mental health care and streamline care for individuals with mental health disorders. However, the above examples do not address non government insurance companies and or individuals with no insurance. Nor do they discuss how to deal with the lack of resources that would provide more workers and quicker care.

States such as North Carolina, North Dakota, and Virginia are moving to get Medicaid waivers to support the mental health needs in the community for people (George, 2021). States such as New York and Maine are starting pilot programs to help the homeless population that have mental health disorders have sheltered respite or short-term living arrangements if they do not need to be hospitalized (George, 2021). However, these programs do not address mental health care personnel shortage or inpatient care for the homeless population.

Overall Impact

Key populations in Tennessee have been significantly affected by the current policy that has been in place since the Olmstead Act and the Department of Justice settlement closing all the state hospitals and de-institutionalizing people who were living within the state hospitals prior to the Olmstead Act. House Bill 7006 would support those in need of inpatient psychiatric services that are uninsured. The House Bill 7006 (2023) will help increase the availability of mental health care services for Knoxville's uninsured population by providing financing to private

service providers. Indeed, the local population experiencing mental health concerns and financial hardships has benefited from this focused approach.

Prevalence and Differential Impacts

In 2021, prevalence data predicted that 38.5% of residents would not be able to afford mental health counseling due to a lack of insurance coverage for such services (NAMI, 2021). The restrictions imposed by the current policies have a disproportionate impact on people who are the most defenseless. In Pinpoint Consultants' 2019 review, their report shows a higher frequency of mental health illness and minimal access to care, which Tennessee ranked at 45 as well. One in 5 adult Tennesseans who experience mental health symptoms or have mental health illness cannot get the necessary inpatient and outpatient services they need, and more than half, which is 57%, receive no treatment at all.

Tennessee is ranked 50 regarding access to mental health care for the youth. More than two-thirds of the youth in Tennessee diagnosed with depression go untreated, while 12% of youth with severe depression get regular treatment (Pinpoint Consultants, 2019). Untreated mental health could result in negative consequences such as involvement with the criminal justice system, homelessness, substance abuse, disengagement in school, job loss, and suicide (Pinpoint Consultants, 2019).

Regional Disparities

HB 7006 exclusively focuses on Knoxville and highlights a serious problem: access to mental health care varies widely across Tennessee's several regions. Communities in rural areas and those far from Knoxville are especially hard hit by the state's severe mental health treatment gap. Since most of the policy's benefits will go to Knoxville, the residents of underserved areas will have even less chance of receiving adequate mental health care (County, 2023) than they

would otherwise. Long distances and a lack of public transportation are just two of the many obstacles that make it harder for people living in rural locations to get the medical treatment they need. As a result, these populations have been hit particularly hard by the policy's geographical restrictions, further complicating their difficult access to excellent mental health care (Mistry et al., 2022). Comprehensive policy solutions that expand services outside urban areas like Knoxville are necessary to address regional inequities and achieve equitable access to mental health care for all Tennesseans.

The Tennessee Department of Health Disparities Elimination, founded in 2020, launched the Health Disparities Task Force. The Health Disparities Task Force's primary focus is to examine data, monitor trends in data, and work together to create solutions during the COVID-19 pandemic. The direction of this Task Force is to identify individuals who are vulnerable minorities and otherwise at-risk individuals for contracting COVID-19. The Task Force reports to academics, healthcare providers, and public health officials. It has community members as well as members from faith-based organizations and members from the community. It reports that it also has expanded to focus on chronic diseases, infectious diseases, environmental justice, and mental health (Tennessee Department of Health, n.d.).

According to the Appalachian Regional Commission, the rate of suicide in Appalachian Tennessee is 32% higher than in other areas of Tennessee. The rate of depression is also higher in the Appalachian Southeast region of Tennessee. In 2020, the rate reported by Medicare for South East Tennessee was approximately 17.7%, which is higher than the 15.4 % that is reported on average by the United States for suicides.

Disparities in Mental Health Needs Met

According to NAMI statistics from 2021, only 11% of Tennesseans' mental health needs are satisfied (Pinpoint Consultants, 2021). Inadequate mental health treatment access entails continued hardship for a sizable population, including important subgroups like those with severe mental health illnesses or those facing socio-economic challenges. These inequalities can be traced back to the current policy's limited coverage of counties, leaving many vital groups without access to mental health services. (Appalachian Regional Commission, 2020).

A 2020 study by The Department of Health Management and Policy reported that of the 2,000 US responders to their research study, 21% said they had experienced discrimination while seeking medical care. Additionally, of those 21% who reported experiencing discrimination, they reported not just experiencing it once but also shared that they had experienced it on more than one occasion. In this study, the primary discrimination experienced in healthcare was racism and prejudice in other areas, such as sex, age, income, and weight discrimination. This is a wake-up call when 1 in 5 feel treated poorly due to prejudices of others when seeking medical care (Malcom, 2020).

The racial disparities in mental health care and access to health care have recently been nationally recognized in an effort to close the gap in services. The government-assisted insurance plans have contributed to lower racial and prejudicial disparities. Previous financial barriers have decreased as the Affordable Care Act (Medicaid, Medicare, and other government grant programs such as Safety Net) have allowed low-income individuals to afford mental health care. However, the gap has not been completely closed as many minorities report lesser quality services that are provided for primary white patients (Mongelli F., et. al, 2020).

Presentation of the Brand and Support Mapping

The Brand

The title of our campaign is “Hope, Link and Care; Bridging Mental Health Gaps”.

The branding, "Hope, Link, and Care; Bridging Mental Health Gaps," encapsulates the essence of Tennessee House Bill HB7006, positioning it as a powerful catalyst for change in the state's mental health landscape. "Hope" embodies the optimism and the promise of a brighter tomorrow for individuals and communities affected by mental health challenges. The bill is framed as a beacon of hope, offering improved mental health support, especially for uninsured individuals, awareness, and outcomes in Tennessee. "Link" emphasizes the interconnectedness of our society, underscoring that the bill is the vital link between various stakeholders, from policymakers to mental health professionals, from communities to individuals in need. It highlights the importance of collaboration and unity in addressing the complex issue of mental health and that through this link, solutions can be created and formed.

"Care" signifies the compassion and empathy that underpin the bill, asserting that the well-being of those facing mental health challenges is at the forefront of our collective responsibility. By framing the bill as an embodiment of care, it reinforces the commitment to provide individuals with the support they require and have the right to. Lastly, "Bridging Mental Health Gaps" is a straightforward call to action. It explicitly conveys the purpose of the bill: to bridge gaps in mental health services providing improved access to care for all Tennesseans. This branding evokes a sense of unity, empathy, and determination. It frames the issue as an urgent need, highlighting that the bill is a crucial mechanism for positive change. It brings together the state's resources, expertise, and compassion to bridge the gaps in mental health support and services.

Non-Legislator Supporters and Detractors

The research identified supporters and detractors of our proposed legislation. This information allows us to reach out to the detractors to persuade them to support the legislation. We can also use the data to encourage more support as we need it. See Appendix A for the Positional Map.

Persuasive Arguments for Support

To effectively move potential supporters in the middle closer to our side of the advocacy plan for Tennessee HB 7006, we need to present compelling and well-reasoned arguments that resonate with a broad spectrum of perspectives.

Economic arguments may sway many individuals in the middle. We can highlight that investing in mental health services, as proposed in HB 7006, can yield long-term economic benefits. Improved mental health support leads to a more productive workforce, lower absenteeism, and reduced strain on emergency services. It is a fiscally responsible move that not only benefits individuals but also the state's economy.

Another persuasive argument is that enhanced mental health services can contribute to public safety by addressing underlying mental health issues. By investing in preventive care and support, we can reduce the risk of individuals with untreated mental health conditions becoming involved in criminal activities, which can be costly and detrimental to communities.

We can emphasize that a mentally healthier community is a more resilient community. Through HB 7006, we are taking proactive steps to strengthen our communities' ability to bounce back from adversity, such as natural disasters or economic downturns. By bolstering mental health services, we create a safety net for individuals and families facing challenging times.

For those concerned about workforce productivity and competitiveness, we can argue that improving mental health care can make Tennessee's workforce more competitive. Mental health issues can result in lost productivity, absenteeism, and high turnover rates. HB 7006 supports a healthier, more resilient, and ultimately more competitive workforce.

Sharing personal stories and real-life examples can be a compelling argument for individuals in the middle. By illustrating the positive impact of improved mental health services on individual lives, we can make the issue relatable and show that the bill's passage would genuinely make a difference in the lives of people in our state.

In our advocacy efforts, we should ensure that these arguments are presented with factual data and compelling narratives to connect with the personal and professional interests of potential supporters in the middle. By emphasizing the diverse benefits and wide-ranging positive impacts of HB 7006, we can engage a broader spectrum of individuals and secure their support for this vital legislation.

Legislator Supporters and Detractors

The Tennessee General Assembly has more supporters than detractors. However, we will need to reach out to any detractors to encourage either more participation in our efforts or persuade them to support our proposed legislation. See Appendix B for the Positional Map of Legislators, where we identified supporters and detractors.

Opposition

When looking at the side of opposition on the bill, it could be opposed in private mental health facilities as it is bringing those who may not be able to pay the normal prices and that not only would limit the scope of practice but also bring in less funding. Even though the private mental health facilities would receive their money back later from government funding, there

could be arguments on whether or not it is right to force this type of bill on the private facilities.

Another opposition would be those who work in the public facilities. When others have more options for treatment, the public facilities may not have to be staffed as much so there would be job loss. This may anger employees and employers on both sides as the private facilities could be understaffed to prepare for more clients while the once full and busy public facilities are no longer running at capacity like in the past.

When looking at specific individuals that may oppose the bill, Democrats such as Knoxville Representative Gloria Johnson may oppose due to wanting to push for resources to work on gun violence instead. Gun violence is a large policy issue all over the United States, and taking away campaigning gun violence would not have the states best interest (Connors, 2023).

Plans to Form a Coalition

Potential Coalition Members

In our advocacy campaign for Tennessee House Bill HB 7006, we recognize the importance of building a diverse and influential coalition consisting of both logical partners and some unexpected allies, the "odd bedfellows". These strategic coalition members will each play unique roles in advancing the campaign's objectives and fostering a broader base of support.

Logical Partners

Groups like NAMI Tennessee and the Tennessee Suicide Prevention Network are indispensable logical partners in our coalition. Their inclusion is based on their expertise in mental health issues and vast networks. Their role will primarily involve mobilizing their members for grassroots advocacy efforts, providing insights into the intricacies of the bill, and leading public awareness campaigns to garner support.

Physicians, psychologists, nurses, and healthcare associations in Tennessee hold

significant influence in matters related to mental health and would be considered a logical partner for HB 7006 and our advocacy for an amendment to expand the data reporting for the entire state. Their inclusion in the coalition brings credibility and expertise. They will play a vital role by offering professional perspectives, sharing data on the bill's potential impact on healthcare, and possibly testifying before legislative committees.

Local organizations such as the United Way and community centers are valuable coalition partners due to their deep community engagement and understanding of local needs. Their role will be facilitating town hall meetings, connecting with underrepresented communities, and contributing insights into community-specific concerns.

We believe once we educate and inform the youth and student organizations, including high school clubs and college groups, how important HB 7006 is to the state of Tennessee, they will become supporters of this bill. This is essential for the campaign's long-term impact as the youth become our next generation of voices that can make a change. They can be pivotal in raising public awareness, organizing social media campaigns, and engaging young voices in advocacy efforts.

Odd Bedfellows

The inclusion of odd bedfellows is a strategic move to expand the campaign's reach and to demonstrate that mental health is an issue that transcends traditional boundaries. By engaging with these unexpected allies, our campaign can showcase the multifaceted significance of HB 7006 and how it positively impacts various aspects of our community, reinforcing its importance from both a humanitarian and economic standpoint.

Veterans' groups would be considered an odd bedfellow as they have a unique perspective on the bill's potential impact on veterans' mental health. Their inclusion in the

coalition is essential as they can advocate for the bill, share personal stories, and encourage support from veterans and their families.

Involving local small business associations and chambers of commerce might seem unconventional, but their role is to advocate for the bill from an economic perspective. They can highlight how improved mental health services can lead to a more productive workforce, reduced absenteeism, and ultimately create a healthier and more economically robust community.

Media Campaign

Campaign Goals

For the campaign, each intended audience can include mental health providers such as Helen Ross McNabb Center, Volunteer Behavioral Health Care Systems, Knoxville Behavioral and Mental Health Services, the citizens of Knoxville, and government officials in Knoxville and the surrounding counties.

Mental health providers will aim to make their services more accessible for those who have insurance and for those who do not. They will aim to create equal treatment for all. Public mental health treatment centers will be a place for those who are uninsured as well as insured, and private treatment centers will also be a place that individuals have an option to go to regardless of income.

Knoxville Behavioral and Mental Health Services will be an audience that will be important for the campaign as they will be the first ones to implement the new policy as it is originally going to be implemented in Knoxville. The hope is that Knoxville mental health services will provide adequate data and resources for the campaign to prove that it will make a difference in treatment for uninsured individuals who need inpatient mental health treatment.

The citizens of Knoxville are an important audience as they are the ones that will benefit

and advocate for the campaign in their city. Building a leadership from the city would be one goal to add more like minded individuals to the campaign and bring awareness. Another goal the citizens could achieve to help is to help advertise online through social media messages and news outlets.

Another large audience are the voters who will vote to put the bill into action. The voters who vote for the bill are the supporters who want the bill passed and can see the benefit from it the most. The campaign hopes to bring the voters out and be a voice in the area. The voters are the ones who are truly making an impact for action as they are the ones voting for the representation of the bill.

When looking at the government officials, the Legislators in the government are the ones ultimately deciding if the bill passes or not and a good campaign can help make that decision. The campaign hopes the government will do their best research on their issue and listen to the public's opinion whether that be through campaigns or city council meetings that are open to the public. The government needs to advocate for what they think is right for the city and what will make a positive impact for its citizens.

Avenues for Campaigning

The campaign for media messages will be for newspapers in the target area of the state of Tennessee including more urban areas of Chattanooga, Knoxville, Nashville, and Memphis. Targeting the cities that are more populated will get the word out to the more rural areas as they have access to newspapers, radio stations, and most utilize or look at some form of social media. The ad campaign will be published both in the physical newspaper and internet ads in the major cities of Tennessee.

The advertisements will run on the three top social media platforms of Twitter, Facebook

and Instagram.

The advertisement will also be on the top two talk radio stations and music radio stations that cover the Chattanooga, Knoxville, Nashville, and Memphis areas.

Advertisement Messages

The campaign will include the following media messages. "Imagine a Tennessee where mental health is a priority, where individuals in crisis receive the care they need when needed. That is the vision of House Bill 7006. This vital legislation aims to establish a mental health hospital in our state, bridging gaps in care and reducing stigma. By supporting HB7006, you're not just advocating for a bill; you're advocating for a healthier, more compassionate Tennessee. Join us in making a difference for countless lives. Stand up for House Bill 7006 and be a part of a brighter future for our great state."

Tennessee stands at a pivotal moment in the realm of mental health care, and your advocacy has the power to steer the change we so urgently require. House Bill 7006, the Mental Health Bill for Knoxville, Tennessee, represents a significant breakthrough. This bill paves the way for uninsured residents of Knoxville to gain access to private psychiatric hospitals during times of crisis.

Moreover, the state Legislature is making a crucial move by requesting data to assess if Knoxville necessitates the establishment of a new state psychiatric hospital. Our proposed amendment to House Bill 7006 opens a ray of hope for our community. It carries the potential to set a precedent for other Tennessee counties in dire need of psychiatric hospital facilities.

By extending our amendment to encompass data from various counties across Tennessee, we can enable those counties to submit their reports as well. This way, House Bill 7006 becomes not just a local solution but a template for addressing mental health needs statewide. Your

support can make this vision a reality. Stand with us for a brighter future in mental health care across Tennessee.

Here's why HB7006 is worth fighting for:

- This bill ensures that individuals in crisis receive timely, accessible mental health care in Knoxville, Tennessee and this bill will contract private psychiatric facilities to take uninsured Knoxville residents. With our amendment, it's about putting care within reach for all Tennesseans with or without insurance.
- By championing HB7006, you're advocating for a Tennessee where mental health is destigmatized. Let's end the misconceptions and stereotypes surrounding mental health.
- Mental health is as important as physical health. When we prioritize it, we build a stronger, more compassionate state. HB7006 is the first step toward a healthier Tennessee.

Join us in the advocacy movement for a brighter future. Raise your voice, spread the word, and let your lawmakers know you stand with House Bill 7006 and our amendment for all counties in Tennessee to have the opportunity to report their numbers of individuals in need of services through a psychiatric hospital who are uninsured. Together, we can create a Tennessee where mental health is a priority for everyone. #HB7006 #MentalHealthMatters

Please see Appendix D, E, F, and G for Press release, News article, more social media messaging and other campaign messaging.

Campaign Implementation

December 1, 2023- The social media platforms, radio stations and newspaper were all contacted with the information sent to them via certified mail with the Fact Sheet and Press Release included in a letter for informing them of our campaign and asking for help in addressing

the mental health crisis in Tennessee by supporting this campaign. The three top social media companies of Twitter, Facebook and Instagram were contacted in the same way with the Fact Sheet and Press Release and agreed to run the campaign for one month without any charge. We will be placing policy content in the Nashville, Knoxville, Chattanooga, and Memphis area newspapers.

January 1, 2024 -The initial advertising campaign will launch the campaign for the local newspapers in the target areas of Nashville, Knoxville, Chattanooga, and Memphis Tennessee. The ad campaign will be published both in the physical newspaper and internet ads in the Major cities in Tennessee so rural areas surrounding the urban cities will also have the chance to read our advocacy message of HB7006. These ads will run simultaneously for 1 month.

February 1, 2024 -The campaign will run on the social media platform Twitter for the month of February.

March 1, 2024-The campaign will run on the social media platform of Facebook for the month of March.

April 1, 2024- The campaign will run on the social media platform of Instagram for the month of April.

May 1, 2024- The campaign will run for three months on the top two local talk and music radio stations that cover the Chattanooga, Knoxville, Nashville, and Memphis areas. The campaign will play on two talk radio stations and two music radio stations in Chattanooga, Knoxville, Nashville and Memphis Tennessee areas. The two talk radio stations in the Chattanooga, TN area that the campaign will run on will be the radio stations of WGOW Talk Radio 102.3 FM and NOOGARADIO 92.7 FM. The two music radio stations in the Chattanooga, TN area that the campaign will run on will be HITS 96 FM and MOODY 88.9 FM.

The two talk radio stations that the campaign will run on in the Knoxville, TN area will be WUOT 91.9 FM and WOKI 98.7 FM. The two music stations in the Knoxville, TN area that the campaign will run on will be WDVX 89.9 FM and WIVK 107.7 FM. The two talk radio stations in the Nashville, TN area that the campaign will run on will be Talk Radio WLAC 98.3 FM and WLAC 1510 AM. The two music stations that the campaign will run on in the Nashville, TN area will be WSM 95.5 FM and WFFH 94.1 FM. The two talk radio stations that the campaign will run on in the Memphis, TN area will be WREC 600 AM and ESPN 92.9 FM. The two music radio stations that the campaign will run on in the Memphis, TN area will be WMC 100 FM and KIX 106 FM.

Policy Brief

The policy brief will summarize the social issue that our campaign is addressing, how the issue is currently being addressed and what our recommendation is. See Appendix I for the policy brief.

Advocacy Plan

Identify Focus and Intended Beneficiaries

The focus of the advocacy plan for Tennessee House Bill 7006 is primarily on the Tennessee legislature, Tennessee Department of Mental Health and Substance Abuse, private and community mental health care providers and community systems. The intended beneficiaries and consumers of the policy include those experiencing acute mental health crises requiring immediate and specialized care for people who are uninsured. Specifically, those who currently lack insurance coverage for mental health services in the city of Knoxville, TN. If the bill is amended, consumers of mental health who do not have insurance would benefit from a newly built inpatient psychiatric hospital.

The intended beneficiaries are professionals involved in inpatient mental healthcare delivery, including psychiatrists, psychologists, counselors, and support staff, organizations and individuals advocating for mental health awareness, support, and access to quality care for people who are experiencing mental health without insurance. Police officers and first responders are also considered intended beneficiaries who frequently encounter individuals in mental health crises who aim to provide them with appropriate care options.

Another intended beneficiary and consumers would be families and caregivers who provide care and support to those affected by mental health challenges along with local government agencies and entities involved in overseeing mental health services and policy implementation at the local level. Substance abuse prevention, treatment centers, and organizations that address the intersection of mental health and substance abuse, as House Bill 7006 may impact individuals with dual diagnoses are also seen as intended beneficiaries.

Research, Effective Advocacy, and Strategies

Effective strategy can be used to further promote and advocate for future policy plans. When advocating for HB7006, there are many ways to be successful in the approach for different strategies, and advocacy. A study done on anti-poverty public policies had several activities that aided in their strategic action plan. The first strategy included educating the public on the issue, the second was setting an agenda and sticking to it, and the third one was implementing the citizens into the policy action plan when available (Britton, 2018). These activities led to an overarching strategy that the general public could be a part of such as being active in the community with the campaign.

Decision making roles is a fourth effective strategy that Britton (2018) found as it allows for all members involved in the decision making process to have an individual plan or area that

they are assigned. Each individual person can ensure their decision is in place and has a role in the advocacy plan. When each member can view themselves as a part of the plan, Britton (2018) found that more individuals were willing to participate in and fight for the advocacy plan.

To successfully engage the minority in advocacy strategies, research was done on those whose identity was Muslim and specific Arab activities. Jamal (2005) found that Muslims were into advocating on areas they thought would help others, from health to educational opportunities. A fifth strategy to engage minority efforts is to bring in a topic that others from a different background would be passionate about and want to advocate for (Jamal, 2005). Using one's specific place of worship and gathering such as a Mosque for those who practice the Muslimn faith can aid in efforts as it allows for a place that is comfortable for the minority (Jamal, 2005).

A sixth for advocacy strategies is a way that social workers and political leaders can bring the most awareness to strategies which includes increasing communication efforts and making them unique to the population hearing the message (Reynolds et al., 2020). This strategy allows for the message to be clearly given to all communities and it shows the importance of detail to the overall policy goal. Reynolds et al (2020) found that if the same message is given over and over again then it is less likely to be heard and taken seriously which leads to a reduction in support.

Advocacy Efforts

In planning advocacy efforts for amending Tennessee House Bill 7006, it is important to actively include the beneficiaries, consumers and, where applicable, their family members or legal guardians. This comprehensive approach ensures that the perspectives, needs, and concerns of those directly affected by the legislation are accurately represented.

We will conduct and organize listening sessions or forums specifically tailored for individuals who have experienced mental health crises and their families. Create a safe space for open dialogue, allowing them to share personal experiences, challenges, and expectations regarding mental health services. This insight will inform the advocacy strategy.

We have an opportunity to collaborate and engage with local mental health support groups and organizations that cater to individuals and families impacted by mental health challenges. Collaborate on awareness campaigns, informational and educational sessions, and community events to gather input and ensure representation in advocacy efforts.

We will form a consumer advisory board composed of individuals with lived experience, family members, and legal guardians. This board can provide ongoing feedback, guidance, and recommendations, ensuring that the advocacy campaign remains grounded in the real needs of those it seeks to serve.

We can share personal stories and encourage individuals and families to share their personal stories through various mediums, such as testimonials, articles, or social media. Humanizing the impact of mental health crises will create a compelling narrative that resonates with policymakers and the broader community.

We will schedule and organize town hall meetings or virtual forums that specifically address the concerns of mental health service users and their families. Allow for direct interactions with elected officials, policymakers, and stakeholders, providing a platform for them to voice their perspectives and ask questions.

We will develop accessible and informative resources about House Bill 7006, explaining its potential impact on mental health services. Ensure that these resources are tailored to different audiences, including service users and their families, and are available in multiple languages.

We will include the use of social media platforms to share stories, testimonials, and informational content. Encourage service users and families to actively participate in online discussions actively, fostering a sense of community and solidarity around mental health advocacy.

We will strengthen and collaborate with existing advocacy organizations that focus on mental health and involve them in the campaign. These organizations often have established connections with service users and families, facilitating broader outreach. By proactively involving beneficiaries and their families, the advocacy efforts for House Bill 7006 can ensure that the proposed changes address the real-world needs of the individuals and families affected by mental health issues.

Positive Ramifications

There are positive ramifications involving the beneficiaries, family members, and legal guardians in the advocacy activities. Including beneficiaries in the advocacy plan empowers the person and gives them back their dignity and worth. The stigma of having mental health issues decreases more as people speak out concerning getting help for mental health issues. Decreasing the stigma of receiving mental health help would alleviate social isolation. Using either the beneficiaries' or family members' stories will help put a face on the advocacy plan. A personal story is a powerful, persuasive part of advocacy.

Negative Ramifications

There are also negative ramifications in involving the beneficiaries, family members, and guardians in an advocacy capacity. Having the beneficiaries, families, and guardians share their experience open them up to being ostracized instead of accepted. People around the beneficiaries, family members, and guardians may fear the negative stigma that mental health

has will impact their employment if they voice their experiences. Beneficiaries, family members, and guardians that have had negative experiences will not offer support of others that advocate for mental health help. If any of the examples happens during advocacy, the beneficiary, family members, and guardians will isolate further and refuse the mental health help they need.

Opposition and Approach

Anticipating potential opposition to Tennessee House Bill 7006, which focuses on contracting with private psychiatric hospital providers for uninsured individuals and establishing a mental health hospital, is crucial for effective advocacy. Here are some possible oppositions and suggested approaches to addressing them.

Budgetary Concerns

An opposition we see is that critics may argue that allocating funds for a new mental health hospital is financially unsustainable. Our approach to addressing this opposition is to provide a detailed breakdown of the budget, emphasizing the long-term cost-effectiveness and potential savings in other sectors, such as reduced strain on emergency services and law enforcement.

Stigma and Misconceptions

The second opposition we see is there might be stigma and misconceptions associated with mental health facilities, leading to public resistance. Our approach to address this opposition is to conduct public awareness and educational campaigns highlighting the importance of mental health, debunking myths, and showcasing success stories from areas with similar facilities.

Prioritization of Other Issues

The third opposition we need to address is that some may argue that there are more pressing issues that deserve legislative attention. Our approach to addressing this opposition is to

emphasize that mental health is a critical aspect of overall well-being, and by addressing it, the community becomes healthier and more resilient. We need to highlight the interconnectedness of mental health with other societal issues.

Resistance from Certain Communities

The fourth opposition we see is that specific communities may resist the establishment of a mental health hospital in their vicinity due to fears or misunderstandings of people who struggle with mental health symptoms. Our approach to addressing this opposition is to engage directly with these communities, address concerns through open dialogues, and involve community leaders in advocating for mental health awareness. Emphasize the positive impact on the entire community when people who struggle with mental health receive treatment immediately instead of continuing to not address it.

Political Opposition

The fifth opposition we may face arises from political adversaries who may view the bill unfavorably because they may feel mental health is already being addressed with outpatient clinics. Our approach to addressing this opposition is to seek bipartisan support by emphasizing that mental health is a non-partisan issue. Showcase instances where similar bills gained support from diverse political backgrounds. Get into the hearts of political adversaries as most have a family member or someone they know who struggles and lives with mental health.

Lack of Understanding

The sixth opposition is that some lawmakers or constituents may lack a comprehensive understanding of the mental health system's needs. Our approach to addressing this opposition is to conduct educational sessions, provide informational materials, and collaborate with mental

health professionals to offer insights. Illustrate the potential benefits to individuals and the community.

Concerns About Facility Management

The seventh opposition we see is that questions may arise about the effective management and operation of the proposed mental health hospital. Our approach to addressing this opposition is to outline a comprehensive plan for facility management, including partnerships with experienced healthcare providers, adherence to best practices, and regular evaluations to ensure efficiency.

By proactively addressing these potential oppositions with well-researched data, community engagement, and clear communication strategies, we can build support for Tennessee House Bill 7006 and our request to amend the bill to include reports from all counties in Tennessee.

Elected Officials to Approach

Our group will approach the elected officials that we have identified as possible sponsors for the amendment before the legislative session begins. We will also find constituents in the legislators territories to come to the meetings with us for their prospective legislators. The group will then contact these legislators in December 2023 to schedule a meeting in the first week of January 2024 with Tennessee General Assembly legislator Senator Joey Hensley and Lori Anderson, Senator Joey Hensley's executive secretary. By approaching the legislators in December and January, a media blast will have had time to catch traction and get the attention of the legislators and their constituents. Also, the constituents will have had time to contact their legislators to support this proposed amendment. At the same time, we will email Representative Scott Cepicky and Jan Wright, executive secretary, to schedule a meeting. Both of these

legislators are Republican and sponsored the previous version of the proposed bill. Senator Joey Hensley is on the Committee for Health and Welfare. Our group would also reach out to schedule a meeting with either the legislator or staff member of Senator Rusty Crowe, chair of the Health and Welfare Committee, Senator Ferrell Haile, Vice-Chair for the Health and Welfare Committee, and Senator Shane Reeves, 2nd Vice-Chair for the Health and Welfare committee, which are all Republicans. Finally, we will reach out to Republican Governor Bill Lee.

To reach across the party aisles on the Health and Welfare committee, we would contact Democratic committee members Senator Jeff Yarbo and Senator Art Swann. The email will include the fact sheet (See Appendix C) and policy brief (See Appendix I) and a copy of both will be given at all meetings with the elected officials. In the Finance and Ways committee, we will reach out to Republican Representatives Gary Hicks, Chair, and committee members Ryan Williams and Sam Whitson. To bridge the gap with those who may be on the fence about supporting the bill, we would contact Finance and Ways committee members Democrats Karen D. Camper and Harold Love, Jr., and Republicans Jerome Moon and Jeremy Falson. We would ask the committee chair for both the Finance and Ways Committee and the Health and Welfare Committees for an invitation to testify at the hearing.

Key Talking Points to Discuss

If given the opportunity, we will first present the statistics that reflect the scope of the current problem of uninsured people who are experiencing a mental health crisis getting into a psychiatric inpatient hospital. We also want to bring to attention the negative consequences, such as costs associated with people experiencing a mental health crisis, plugging up the emergency rooms, and costing the state thousands of dollars. The Substance Abuse and Mental Health Services Administration (2014) reports the bed crisis for treatment in the United States that in

1986, the mental health spending on inpatient care was 42% of the government spending budget. However, in 2014, it was at a mere 27% of the budget. Unfortunately, the number one crisis in America, substance use disorder, is often comorbid with a mental health diagnosis. However, due to stigmas and criminalization, people are offered fewer care access resources and have an average reduction in life expectancy of 15-30 years (Substance Abuse and Mental Health Services Administration, 2014).

Statistics Reflecting the Scope of the Problem

The first talking point that will be presented is the compelling statistics that highlight the current mental health crisis in Tennessee. The limits in hospital bed availability for mental health care are at a crisis point nationally, but also across the state of Tennessee. There is limited access to mental health services, inpatient psychiatric beds, and services coordination within the state for clients in mental health crises needing immediate care. As a result, emergency rooms are commonly overcrowded with psychiatric patients and remain so for more extended periods. Due to the lack of inpatient facilities to send individuals who are in a mental health crisis on a psychiatric hold, they need intensive inpatient treatment, which can result in a hold of an average of two to ten days. This causes emergency room overcrowding and many other side effects due to the lack of facilities to transport individuals, including higher wait times for individuals who are seriously physically injured. As well as individuals prematurely leaving the emergency room against medical advice due to long wait times and inadequate staffing for the number of patients (Davis, 2016). The National Institute of Mental Health reports that in the United States, 1 in 5 adults have a mental health illness. In 2021, according to the last report, there were approximately 57.8 million American adults diagnosed with a mental health illness. The need for inpatient services is crucial when you learn that according to the National Institute of Mental

Health and the Center for Disease Control (2023), the national suicide rate due to mental health is the leading cause of death for ages 10-14 years old, 25-34 years olds. Additionally, it was the third leading cause of death for ages 15-24 and the fourth leading cause of death for adults ages 35-44 years old. Homicides are outnumbered by suicide rates as much as two times (National Institute of Mental Health, 2023).

Need for Addressing the Social Problem

The second talking point discusses the reasons why addressing this mental health crisis is crucial for the well-being of the community. Emergency room patients with psychiatric diagnoses are more likely to visit the emergency room on multiple occasions throughout the year versus patients without a psychiatric diagnosis. Nine out of 10 hospitals report being at total capacity due to boarding or holding patients for as long as two weeks at a time while they await patients with psychiatric diagnoses to be transported when a bed is available in an inpatient behavioral health facility. The need for behavioral health treatment at all levels of care has grown substantially in just the past few years due to several factors not previously seen in America. Those variables for increased need for care for mental health include a dramatic decrease in State hospital beds without a replacement source of inpatient beds for uninsured patients. Also, it shut down community-based resources that were previously accessible but, due to budget cuts, have been permanently eliminated. An increased rate of stress in society as a whole, as well as increased mental health diagnosis, especially in the population referred to as the “baby boomers.” The complexity of mental health disorders, along with the increased amount of substance use disorders and comorbidity of both, as well as an increase in suicide rates in the last decade (Davis, 2016). In 2019, Tennessee had a higher rate of suicide that resulted in the deaths of 1,200 individuals yearly. Tennessee suicide deaths increased from 16.1 deaths per 100,000

people in 2015 to 17.9 deaths per 100,000 people. Tennessee ranked at a 29% higher rate of suicide deaths than the national average of 13.9 deaths per 10,000 people (Tennessee Department of Health, 2021).

Additionally, the rate of emergency room visits in 2019 in Tennessee for self-harm was 7,294. In the same year, 40,000 patients across the state of Tennessee were treated in emergency rooms for non-self-harm suicidal ideation. Both of these are forty times higher than the rate of deaths by suicide, further demonstrating the need for mental health treatment to prevent suicide deaths (Tennessee Department of Health, 2021).

Costs and Value Considerations

The third talking point explains the economic costs associated with the current state of mental health in Tennessee. It emphasizes the value of investing in mental health initiatives, showcasing potential long-term cost savings and improved overall community health. Individuals choose to go to the hospital for mental health care because, first, they are uninsured and cannot receive care anywhere else due to lack of insurance or ability to pay. Second, they may be homeless and have nowhere else to go to meet the basic needs of shelter. Third, they are unable to get their mental health meds immediately to treat their acute symptoms. Fourth, they are having mental health and medical health needs that are causing severe or immediate need. Fifth, they have other needs and nowhere else to obtain resources for their shelter, food, medications, or basic care. There continues to be a lack of detox or substance use disorder care, and the emergency room is a source that is always open and available for this need (Davis, 2016).

Policy Change to Address Mental Health

The fourth talking point outlines the policy change proposed in HB 7006. Additionally, it showcases how views on mental health have changed with the development of mental health drugs, therapy approaches, and insurance views on mental health care (American Psychiatric Association, 2022). In 1955, there were an average of 500,000 available beds, 370,000 in the 1970s, and now an average of only 40,000 beds with much shorter stays; these federal policy changes on mental health. In the United States, 1 in 13 people reported needing inpatient care, but only 12.2% received care (Substance Abuse and Mental Health Services Administration, 2014).

Community Impact and Effectiveness

The fifth point will reveal that an amendment to HB 7006 has the potential to reduce crime rates in communities that are a result of instability in mental health care. A recent article in the News Channel 5 News reports that the current mental health crisis in Tennessee has led law enforcement to charge individuals with crimes to remove them as a danger to themselves or others within the community. However, the article reports that the Sheriff of Nashville, in Coffee County, states that due to state-run hospitals and state-wide shutdowns of mental health facilities, there has been an influx and overloading of the jails and emergency rooms. The Sheriff reports that the individuals are having mental health issues and should not be put in jails, but there is little alternative due to a lack of mental health care facilities (Hall, 2023).

Monitoring Plan

To monitor the progress of the amendment proposal, we will start tracking the bill through the Tennessee General Assembly website, LegiScan website, and by weekly contact with the sponsor and co-sponsor legislative aides. In order to monitor the implementation of the policy issue, we will maintain contact with the legislative aides of the sponsor and co-sponsor.

We will also contact the Department of Mental Health and Substance Abuse Services tasked to oversee the policy. After initiating contact, we ask for a point of contact to continue to touch base to monitor the implementation monthly.

References

- Addison, J. (2023, March 19). *Mental health workers shortage has created a growing healthcare crisis*. Fox Business.
<https://www.foxbusiness.com/features/mental-health-workers-shortage-created-growing-healthcare-crisis>
- American Psychiatric Association. (2022). The Psychiatric bed crisis in the US. Understanding the problem and moving Toward Solutions. *American Psychiatric Association*.
<https://tha.com/wp-content/uploads/2015/12/Jeri-Davis-THA-PPT-2016.pdf>
[/www.psychiatry.org/getmedia/81f685f1-036e-4311-8dfc-e13ac425380f/APA-Psychiatric-Bed-Crisis-Report-Full.pdf](http://www.psychiatry.org/getmedia/81f685f1-036e-4311-8dfc-e13ac425380f/APA-Psychiatric-Bed-Crisis-Report-Full.pdf)
- Appalachian Regional Commission. (2020). Creating a culture of health in Appalachia: Disparities and bright spots, key findings in Appalachian Tennessee.
<https://www.arc.gov/wp-content/uploads/2020/07/TNHealthDisparitiesKeyFindings8-17.pdf>
- Bonfine, N., Wilson, A. B., & Munetz, M. R. (2020). Meeting the needs of justice-involved people with serious mental illness within community behavioral health systems. *Psychiatric Services*, 71(4), 355-363.
- Britton, Tammy (2018) Engaging low-income individuals and communities to advocate for antipoverty public policies. *SPNHA Review (14) 1*, 43-63.
<https://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1072&context=sphareview>
- Centers for Disease Control and Prevention.. (2023). CDC 2021 Suicide Rates By State. *Centers for Disease Control and Prevention, National Center for Injury Prevention and Control*. <https://www.cdc.gov/suicide/suicide-rates-by-state.html>

- Connors, R. (2023, August). *Here's what may be passed during the upcoming Special session in Nashville*. wbir.com.
<https://www.wbir.com/article/news/politics/nashville-special-session-whats-proposed/51-621b34bc-a4c9-485d-8f3c-45a5304e3e76>
- Davis, J. (2016). Reducing Behavioral Health Emergency Department Utilization and Readmissions.. *Tennessee Hospital Association*. Jeri Davis International.
<https://tha.com/wp-content/uploads/2015/12/Jeri-Davis-THA-PPT-2016.pdf>
- Erickson, B. (2021). Deinstitutionalization through optimism: The Community Mental Health Act of 1963. *The American Journal of Psychiatry. Residents' Journal*.
<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp-rj.2021.160404>
- Evans, M. (2016). Behind Medicaid's move to pay psychiatric hospitals. *Modern Healthcare*, 46(7), 22-24.
<https://www.modernhealthcare.com/article/20160213/MAGAZINE/302139980/behind-medicare-s-move-to-pay-psychiatric-hospitals>
- George, K. (2021, August 11). *Safe, affordable housing can increase health and reduce state costs*. National Conference of State Legislatures.
<https://www.ncsl.org/state-legislatures-news/details/safe-affordable-housing-can-increase-health-and-reduce-state-costs>
- Guzman, M. M. (2022, October 25). *Knox Co. commissioners call for new state mental health facility in East Tennessee*. Health. WBIR.
<https://www.wbir.com/article/news/health/state-mental-health-facility-knox-county-commissioners-calling-for/51-eaeb7151-6084-442d-8953-f8d83f3025cb>
- Hall, B. (2023, August 8). *Emergency rooms becoming the "dumping ground" for mentally ill*

who often wait days for help. News Channel 5 Nashville (WTVF).

<https://www.newschannel5.com/news/newschannel-5-investigates/emergency-rooms-becoming-the-dumping-ground-for-mentally-ill-who-often-wait-days-for-help>

Hall, B. (2023). ‘We cannot continue to lock these people up’: Sheriff’s blast lack of treatment for mentally ill. 911 calls reveal crisis inside Tennessee emergency room. *News Channel 5 Nashville*.

<https://www.newschannel5.com/news/newschannel-5-investigates/broken-mental-health-crisis/we-cannot-continue-to-lock-these-people-up-sheriffs-blast-lack-of-treatment-for-mentally-ill>

HB 7006. *113 TN General Assembly* (2023).

<https://wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=HB7006&GA=113>

Hirschi, T. (2017). On the compatibility of rational choice and social control theories of crime. *In The Reasoning Criminal* (pp. 105-118). Routledge.

Jamal, A. (2005). The political participation and engagement of Muslim Americans: Mosque involvement and group consciousness. *American Politics Research*, 33(4), 521-544.

https://www.researchgate.net/profile/Amaney-Jamal/publication/249691775_The_Political_Participation_and_Engagement_of_Muslim_Americans/links/5613a33608aea34aa92a9f98/The-Political-Participation-and-Engagement-of-Muslim-Americans.pdf

Keenehan, K. (2023, August 21). *Proposed and denied | could funding for a bridge be reallocated to build a mental health facility in Knoxville*. Health. WBIR.

<https://www.wbir.com/article/news/health/could-funding-for-a-bridge-be-reallocated-to-build-a-mental-health-facility-in-knoxville/51-a406f355-fca5-4914-a8fe-7215d789887f>

Kennedy, J. F. (1963, October 31). *Remarks upon signing bill for the construction of mental retardation facilities and community mental health centers*. The American Presidency Project.

<https://www.presidency.ucsb.edu/documents/remarks-upon-signing-bill-for-the-construction-mental-retardation-facilities-and-community>

Knox County Tennessee Health Department. (2023, April 13). *Knox county mental health report 2023*. Mental Health Report 2023.

<https://www.wate.com/wp-content/uploads/sites/42/2023/04/MentalHealthReport23.pdf>

Malcom, K. (2020). 1 in 5 have been discriminated against in the healthcare setting. *Michigan Medicine, University of Michigan*.

<https://www.michiganmedicine.org/health-lab/1-5-have-been-discriminated-against-healthcare-setting>

McGregor, S. C. (2019). Social media as public opinion: How journalists use social media to represent public opinion. *Journalism, 20*(8), 1070-1086.

McMillan, F. M., & Kane, J. S. (2010). *Institutional memory*. National Archives and Records Administration.

<https://www.archives.gov/publications/prologue/2010/summer/institutional.html>

Mistry, S., Tonyushkina, K. N., Benavides, V. C., Choudhary, A., Huerta-Saenz, L., Patel, N. S., ... & Sperling, M. A. (2022). A centennial review of discoveries and advances in diabetes: Children and youth. *Pediatric Diabetes, 23*(7), 926-943.

Mongelli F., Georgakopoulos P., Pato M. (2020). Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus, 18*(1):16-24. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7011222/>

Musumeci, M., Watts, M. O., & Chidambaram, P. (2020, February 4). *Key state policy choices about Medicaid home and community-based services - issue brief*. KFF.

<https://www.kff.org/report-section/key-state-policy-choices-about-medicaid-home-and-community-based-services-issue-brief/>

NAMI. (2021, February). *Mental health in Tennessee*. TN State Fact Sheet.

<https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/TennesseeStateFactSheet.pdf>

NIMH (2023, March). Mental Health Information. *National Institute of Mental Health*.

<https://www.nimh.nih.gov/health/statistics>

NM SB317, Regular Session. (2021, March 20). *LegiScan*. Retrieved September 30, 2023, from

<https://legiscan.com/NM/bill/SB317/2021>

Olmstead v. L. C., 527 U.S. 581 (1999).

Olmstead Rights. (n.d.). *Olmstead v. L.C.: History and current status*. Olmstead Decision.

<https://www.olmsteadrights.org/about-olmstead/>

Pellegrini, A. M. (2022). Treatment and ethical considerations for psychotherapists providing care to individuals experiencing transitional homelessness. *Practice Innovations*, 7(1), 18.

Pinpoint Consultants. (2019). *All hands on deck: Tennessee's mental health workforce shortage*.

TAMHO. <https://www.tamho.org/uploads/All-hands-on-deck.pdf>

Pitsor, J. (2023, May 15). *States seek to lower costs, increase coverage of mental health care*.

National Conference of State Legislatures.

<https://www.ncsl.org/state-legislatures-news/details/states-seek-to-lower-costs-increase-coverage-of-mental-health-care>

Reynolds, J. P., Stautz, K., Pilling, M., van der Linden, S., & Marteau, T. M. (2020).

Communicating the effectiveness and ineffectiveness of government policies and their impact on public support: A systematic review with meta-analysis. *Royal Society Open Science*, 7(1), 190522. <https://royalsocietypublishing.org/doi/full/10.1098/rsos.190522>

Ruffalo, M. L. (2018, July 13). *The American mental asylum: A remnant of history*. *Psychology Today*.

<https://www.psychologytoday.com/us/blog/freud-fluoxetine/201807/the-american-mental-asylum-remnant-history>

Substance Abuse and Mental Health Services and Administration. (2014). *National mental health services survey*. National Mental Health Services Survey 2014.

<https://www.datafiles.samhsa.gov/dataset/national-mental-health-services-survey-2014-n-mhss-2014>

Sun, R., Karaca, Z., & Wong, H. S. (2017, October). *Characteristics of homeless individuals in emergency department services in 2014*. Statistical Brief #229.

<https://hcup-us.ahrq.gov/reports/statbriefs/sb229-Homeless-ED-Visits-2014.jsp>

Tennessee Department of Health. (n.d.) *Tennessee Health Disparities Task Force*. Division of Health Disparities.

<https://www.tn.gov/health/health-program-areas/division-of-health-disparities-elimination-/tennessee-health-disparity-task-force.html>

Tennessee Department of Health. (2021). *2021 Tennessee Department of Health: Suicide Prevention Report*.

<https://irp.cdn-website.com/d1aaa55a/files/uploaded/TDH-2021-Suicide-Prevention-Annual-Report.pdf>

Tin, A. (2023). *Overflowing demand for mental health care stretching hospitals, new data shows*. CBS News.

<https://www.cbsnews.com/news/mental-health-psychiatric-hospital-beds-shortage/>

United Health Foundation. (2022). 2022 annual report. *America's Health Rankings*.

<https://www.americashealthrankings.org/learn/reports/2022-annual-report>

U.S. Department of Health and Human Services. (2023, June 28). *National Institute of Mental Health (NIMH)*. National Institutes of Health.

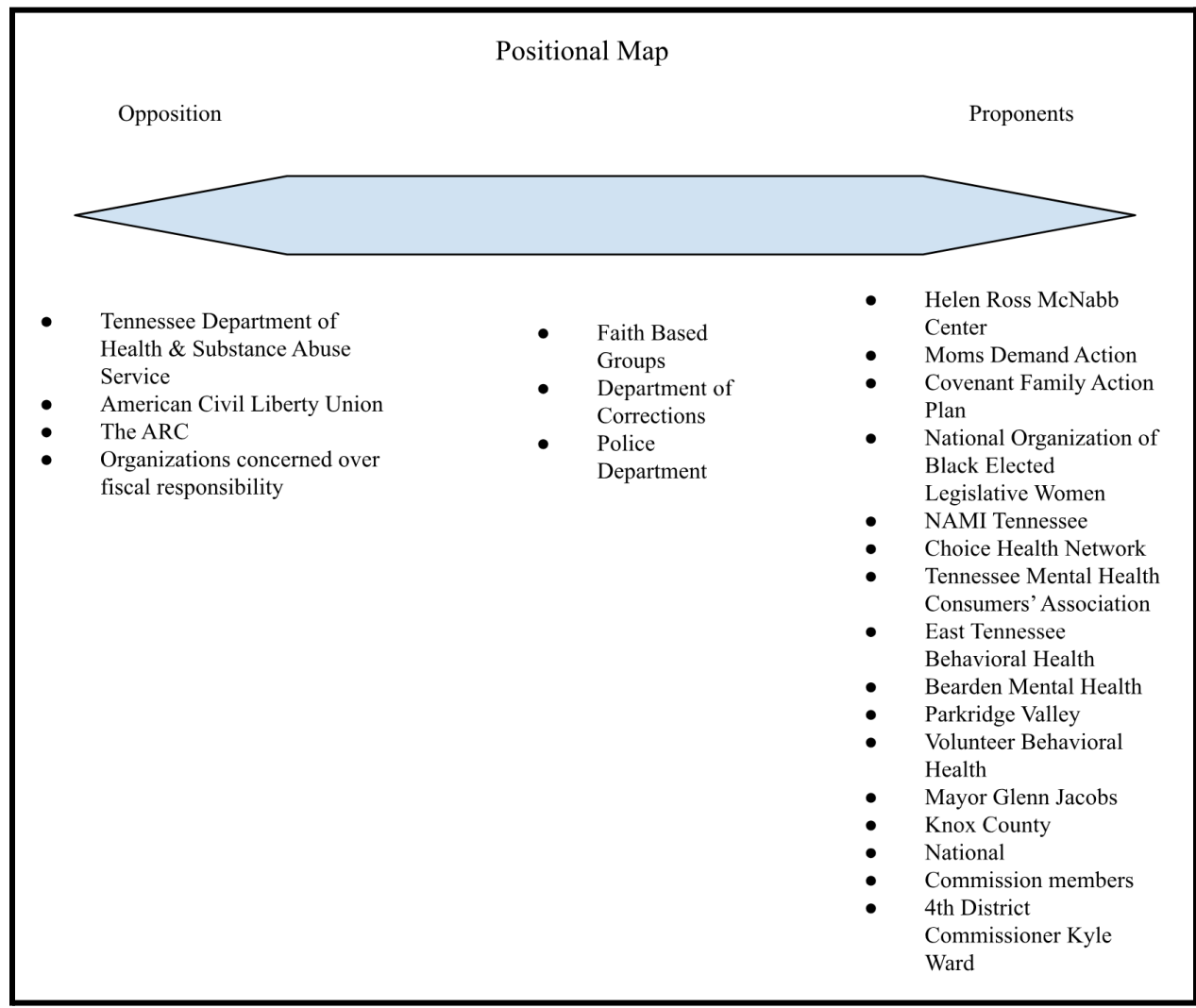
<https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh#:~:text=1946%E2%80%94PL.%2079%2D487%2C,and%20treatment%20of%20psychiatric%20disorders>

World Health Organization. (2021, June 10). *New WHO guidance seeks to put an end to human rights violations in Mental Health Care*. World Health Organization.

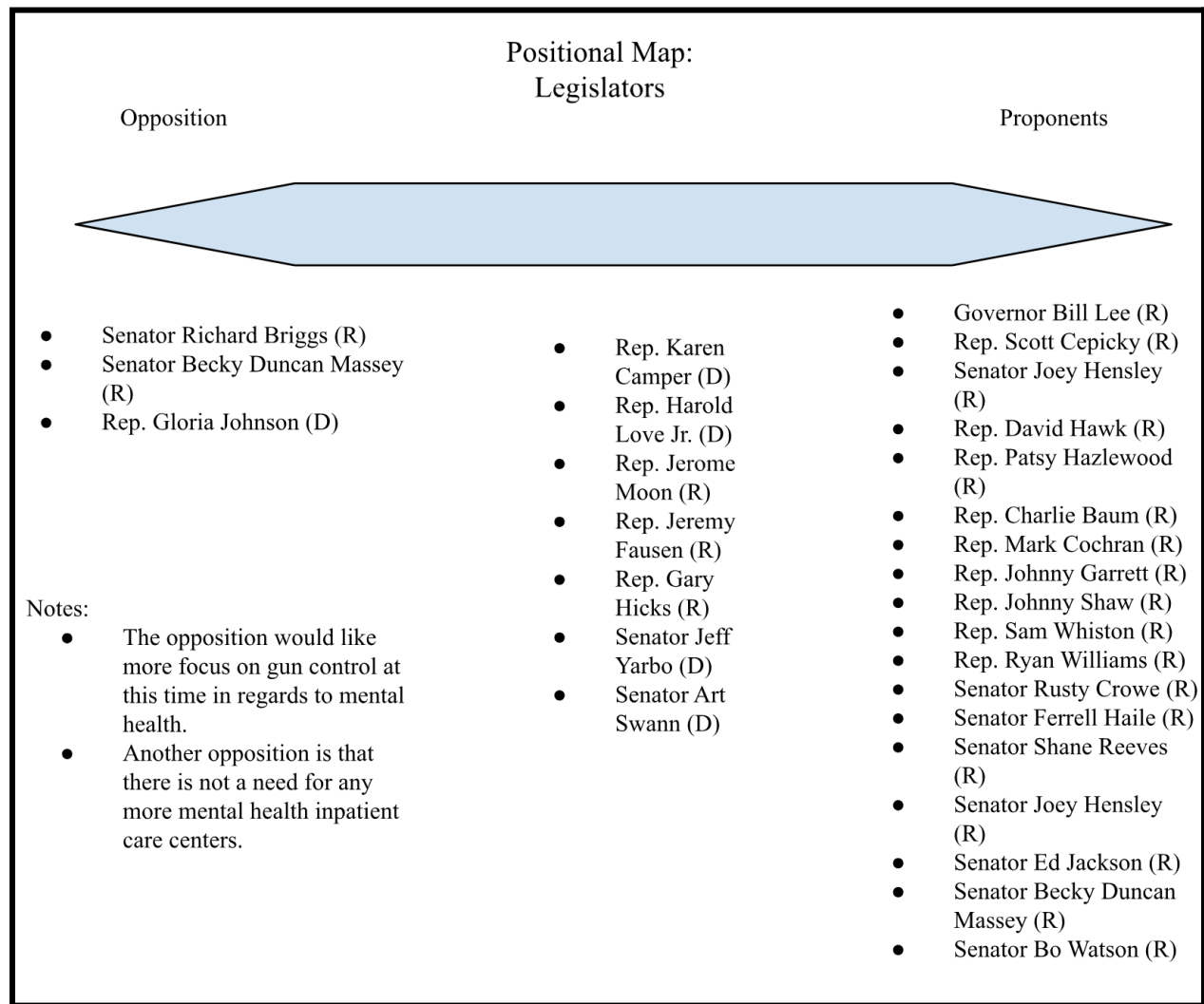
<https://www.who.int/news/item/10-06-2021-new-who-guidance-seeks-to-put-an-end-to-human-rights-violations-in-mental-health-care>

World Health Organization. (2022). World mental health report: transforming mental health for all. <https://archive.hshsl.umaryland.edu/handle/10713/20295>

Appendix A



Appendix B



Appendix C

"HOPE, LINK, AND CARE; BRIDGING MENTAL HEALTH GAPS"

It's time to prioritize Tennessee's mental health.

COST
EFFECTIVE

ACCESSIBILITY

- In Tennessee, only **53.3%** of adults with a mental illness have private insurance that offers mental health treatment.^{^3}
- In Tennessee, individuals with a mental illness are paying \$ 1,449 for insurance plans and payments.^{^3}

- Tennessee's mental health public facilities currently operate consistently at 100% capacity.^{^1}
- There has been an increase in waiting lines and delays to mental health care across TN.^{^1}
- Only 11% of Tennesseans' mental health needs are satisfied. ^{^2}
- According to the World Health Organization: "Few People around the world have quality access to mental health care."^{^4}



Policy Solution

We are advocating to amend House Bill 7006 to allow more cities than Knoxville to see if state funded inpatient psychiatric hospitals are needed in their area, so that the uninsured can get the help they need in a timely manner.

CURRENT POLICY

Tennessee currently operates only 4 inpatient psychiatric hospitals throughout the state.



1. Tin, A. (2023). Overflowing demand for mental health care stretching hospitals, new data shows. CBS News. <https://www.cbsnews.com/news/mental-health-psychiatric-hospital-beds-shortage/>

2. Pinpoint Consultants. (2019). All hands on deck: Tennessee's mental health workforce shortage. TAMHO. <https://www.tamho.org/uploads/All-hands-on-deck.pdf>

3. Mental health and substance use state fact sheets. KFF. (2023, March 20). <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/tennessee/>

4. World Health Organization. (2021, June 10). *New who guidance seeks to put an end to human rights violations in Mental Health Care*. World Health Organization. <https://www.who.int/news/item/10-06-2021-new-who-guidance-seeks-to-put-an-end-to-human-rights-violations-in-mental-health-care>

CURRENT ORGANIZATIONS FIGHTING FOR BETTER TREATMENT

- Knoxville Behavioral and Mental Health Services
- East Tennessee Behavioral Health
- Helen Ross McNabb Center
- Bearden Mental Health
- Volunteer Behavioral Health
- Parkridge Valley

**Join Them and Others For Better Treatment Options That Are
Affordable and Equal!**

REAL STORY IN REAL TIME

Ben Hall (2023) recently reported on a homeless patient that had to wait in an emergency room in Tennessee for three and a half days for an opening in a state run psychiatric hospital instead of admitting her to their inpatient psychiatric ward. An investigation was opened and found that this was a regular occurrence for individuals with no insurance. There are only four state run hospitals in Tennessee and are the only ones that accept people with no insurance according to the news article.⁵

Don't allow this to be a story in Tennessee.
- **Advocate** for an **Admendment for House Bill 7006** and **stand** with fellow Tennesseans to fight for **equal and affordable** inpatient mental health for all.

CONTACT

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5. Hall, B. (2023, September 28). Mental health crisis leaves suicidal patients waiting for days in emergency departments. News Channel 5 Nashville (WTVF). <https://www.newschannel5.com/news/newschannel-5-investigates/broken-mental-health-crisis/mental-health-crisis-leaves-suicidal-patients-waiting-for-days-in-emergency-departments>

Appendix D

Press Release

Contact: Connie Bradshaw
Cell-423-618-2595
Email:conniebradshaw@southern.edu

Press Release: Scheduled for December 1, 2023

Title: Advocates Rally for House Bill 7006 to Revolutionize Mental Health Care in Tennessee

Nashville, TN – December 1, 2023 – Today, a coalition of passionate advocates is uniting to champion House Bill 7006, which currently focuses on Knoxville at present time, a groundbreaking piece of legislation aimed at contracting uninsured residents of Knoxville to receive care through contracting with private psychiatric facilities and the possibility of establishing a state-of-the-art mental health hospital in Knoxville, Tennessee. The bill represents a significant step towards transforming the landscape of mental health care, reducing stigma, and ensuring timely support for individuals in crisis. We are advocating that the whole state be included in a report to be submitted along with Knoxville so Tennessee can determine if there is a need for more state-of-the-art psychiatric facilities in other areas of Tennessee.

House Bill 7006 envisions a Tennessee where mental health is a priority, where individuals in crisis receive the care they need when needed. It's a vision that calls for a healthier and more compassionate Tennessee. By supporting #HB7006, advocates are not just endorsing a bill but advocating for the well-being of countless lives in the state.

As a dedicated advocate, this is a pivotal moment for mental health in Tennessee. We can profoundly impact our community's mental health landscape by endorsing House Bill 7006. Together, we can create a brighter and more compassionate future for our great state."

This campaign seeks to empower Tennesseans from all walks of life to stand up for mental health. It's a call to action for individuals, organizations, and community leaders to rally behind #HB7006 and contribute to a healthier, stigma-free, and more supportive Tennessee.

The advocacy campaign engages with the public through various social media platforms, public events, and direct outreach to garner widespread support for House Bill 7006.

To learn more about the campaign and how you can participate in this transformative movement, please visit www.breakmentalhealthbarriers@HB7006.org or Contact: Connie Bradshaw at 423-618-2595

Appendix E

Newspaper Advertising

Newspaper Ad or Write up.

“Imagine a Tennessee where mental health is a priority, where individuals in crisis receive the care they need when needed. That's the vision of House Bill 7006. This vital legislation aims to establish a mental health hospital in our state, bridging gaps in care and reducing stigma. NAMI reports that 252,000 adults in Tennessee have a severe mental health illness. By supporting HB7006, you're not just advocating for a bill but a healthier, more compassionate Tennessee. Join us in making a difference for countless lives. Stand up for House Bill 7006 and be a part of a brighter future for our great state.”

Tennessee is at a turning point in mental health care, and your advocacy can drive the change we need. House Bill 7006, the Mental Health Bill, is a beacon of hope for our community.

Here's why HB7006 is worth fighting for:

- **Accessible Care:** This bill ensures that individuals in crisis receive timely, accessible mental health care. It's about putting care within reach for all Tennesseans.
- **Breaking Stigma:** By championing HB7006, you're advocating for a Tennessee where mental health is destigmatized. Let's end the misconceptions and stereotypes surrounding mental health.
- **Healthier State:** Mental health is as important as physical health. We build a more vital, compassionate state when we prioritize it. HB7006 is the first step toward a healthier Tennessee.

Join us in the advocacy movement for a brighter future. Raise your voice, spread the word, and let your lawmakers know you stand with House Bill 7006. Together, we can create a Tennessee where mental health is a priority for everyone. #HB7006 #MentalHealthMatters

Appendix F

Radio Advertising

"About Our Campaign" for radio advertising

Title: About HB7006

Our campaign is driven by a vision of a Tennessee where mental health is a top priority. We believe in a state where individuals in crisis receive the care they need when needed. House Bill 7006 is at the heart of this vision. This crucial legislation seeks to establish a state-of-the-art mental health hospital in Knoxville, Tennessee, that will bridge the existing gaps in care and reduce the stigma surrounding mental health issues.

We are advocates for a healthier, more compassionate Tennessee. When you support #HB7006, you're not just backing a bill but advocating for countless lives' well-being. We invite you to join us in making a difference in our great state and supporting an amendment for the entire state to have the opportunity to report their numbers to see if other areas in Tennessee could benefit from a new state-of-the-art psychiatric facility.

Regardless of background or affiliation, this campaign is a call to action for everyone in Tennessee. It's an opportunity for individuals, organizations, and community leaders to unite and rally behind House Bill 7006. Together, we can build a brighter future and a stigma-free environment for mental health.

Be a part of the change. Stand up for House Bill 7006 and join us in creating a healthier Tennessee for all. Together, we can make a lasting impact on our state's mental health landscape.

Appendix G

Social Media Posts and Hashtags

Tweet 1: "🏠 Imagine a Tennessee where mental health is a priority, and help is there when needed. Stand up for #HB7006 to establish a mental health hospital and make a difference. Together, we can build a brighter, healthier future. ❤️ #MentalHealthMatters #MakeTennesseeMentalHealthStrong" #252,000withseverementalhealthillnessinTN

Tweet 2: "Every voice counts! Join us in supporting #HB7006, a vital step towards bridging gaps in mental health care. It's time to prioritize mental health in Tennessee. ✨ #YouAreNotAlone #ChangeMakers"

Campaign Post for Social Media:

Join the Movement for a Healthier Tennessee!

Imagine a Tennessee where mental health is a priority, where individuals in crisis receive the care they need when needed. That's the vision of House Bill 7006. This vital legislation aims to establish a mental health hospital in our state, bridging gaps in mental health care for uninsured people. By supporting #HB7006, you're not just advocating for a bill; you're advocating for a healthier, more compassionate Tennessee. Join us in making a difference for countless lives. Stand up for House Bill 7006 and be a part of a brighter future for our great state.

Learn more about our campaign and show your support:

www.breakmentalhealthbarriers@HB7006.org.

#YouAreNotAlone

#ChangeMakers

Appendix H

Social Media Posts for Facebook

Our campaign is driven by a vision of a Tennessee where mental health is a top priority. In Tennessee, 252,000 adults have severe mental health illness. We believe in a state where individuals in crisis receive the care they need when needed. House Bill 7006 is at the heart of this vision. This crucial legislation seeks to establish a state-of-the-art mental health hospital in Knoxville, Tennessee, that will bridge the existing gaps in care and reduce the stigma surrounding mental health issues.

We are advocates for a healthier, more compassionate Tennessee. When you support #HB7006, you're not just backing a bill but advocating for the well-being of countless lives. We invite you to join us in making a difference in our great state and supporting an amendment for the entire state to have the opportunity to report their numbers to see if other areas in Tennessee could benefit from a new state-of-the-art psychiatric facility.

Regardless of background or affiliation, this campaign is a call to action for everyone in Tennessee. It's an opportunity for individuals, organizations, and community leaders to unite and rally behind House Bill 7006. Together, we can build a brighter future and a stigma-free environment for mental health.

Be a part of the change. Stand up for House Bill 7006 and join us in creating a healthier Tennessee for all. Together, we can make a lasting impact on our state's mental health landscape.

Tennessee stands at a pivotal moment in mental health care, and your advocacy has the power to steer the change we so urgently require. House Bill 7006, the Mental Health Bill for Knoxville, Tennessee, represents a significant breakthrough. This bill paves the way for uninsured residents of Knoxville to gain access to private psychiatric hospitals during times of crisis.

Moreover, the state Legislature is making a crucial move by requesting data to assess if Knoxville necessitates the establishment of a new state psychiatric hospital. Our proposed amendment to House Bill 7006 creates hope for our community. It carries the potential to set a precedent for other Tennessee counties in dire need of psychiatric hospital facilities.

By extending our amendment to encompass data from various counties across Tennessee, we can also enable those counties to submit their reports. This way, House Bill 7006 becomes a local solution and a template for addressing mental health needs statewide. Your support can make this vision a reality. Stand with us for a brighter future in mental health care across Tennessee.

Contact us at: www.breakmentalhealthbarriers@HB7006.org.

#MentalHealthMatters #ChangeMakers #TennesseeStrongcall423advocate

Appendix I

Policy Brief
05 November 2023

“Hope, Link, and Care: Bridging Mental Health Gaps”- Amend HB7006

"Hope" embodies the optimism and the promise of a brighter tomorrow for individuals and communities affected by mental health challenges. "Link" emphasizes the interconnectedness of our society, underscoring that the bill is the vital link between various stakeholders, from policymakers to mental health professionals, from communities to individuals in need. "Care" signifies the compassion and empathy that underpin the bill, asserting that the well-being of those facing mental health challenges is at the forefront of our collective responsibility. Lastly, "Bridging Mental Health Gaps" is a straightforward call to action.

Problem

Mental health is an important issue to address due to the sheer number of the population it affects. In Tennessee, 937,000 have a mental health issue.¹² Thirty-eight and a half percent could not afford mental health counseling⁵ and over 10 percent of the Tennessee population do not have insurance.⁶ 1 in 6 homeless people in Tennessee have a mental health issue.¹¹ There are only four state run hospitals in Tennessee and are the only ones that accept people with no insurance.³

Current Policy Situation

Currently HB7006 states that the goal of the bill, as it stands right now, is to provide the needed care to those who struggle with mental health by providing contracts with private service provided across the state. The bill also proposed a need assessment to see if funds are needed to build a state funded inpatient psychiatric hospital in the city of Knoxville.⁴

HB7006 will help people with mental health issues across the state by providing care to those who can afford to pay for the mental health care. Also, one city in Tennessee will receive the needed mental health treatment by building a state funded inpatient psychiatric hospital. The bill has allocated \$29,403,022 to help in the endeavor.⁴

While this sounds amazing, there is still a need throughout Tennessee for inpatient mental health care. Just one city having a needs assessment completed to see if additional inpatient mental health facilities need to be built will not fix the mental health issues that the state of Tennessee is facing. Currently, only 11 percent of Tennessee's mental health needs are being met.⁸

Policy Recommendations

Our recommendation is to amend HB7006 to include all of Tennessee. This could potentially provide the opportunity for other counties in Tennessee that provide data that shows the need of inpatient psychiatric services in other counties in Tennessee for individuals who are

uninsured. We are also asking for an amendment to have state-funded psychiatric institutions in other locations as needed if data supports it. A greater number of people in need would receive services such as individual therapy, medication management, group therapy, and education while in an inpatient treatment facility, and provide a hospital discharge appointment to their community-based provider. As a result, the individual would receive the intensive behavioral healthcare needed to stabilize their mental health and encouragement to continue treatment through outpatient services within their community.¹

Currently Tennessee is the first state to try to address the mental health crisis for the uninsured by proposing to open private inpatient hospitals in the state and doing a needs assessment in a city to see if more needs to be done.⁴ Research shows that the current solutions in other states are not trying to solve the mental health crisis for the uninsured.^{9,7,2} Research has shown thought that by allowing stand-alone psychiatric hospitals that help the underinsured and uninsured, this will help alleviate the crisis going on the emergency rooms, prisons, and with the homelessness.¹

Conclusion

We need to fix the inadequate access to mental health care in Tennessee. Tennessean hospitals providing inpatient mental health care were consistently operating at over 100% capacity in 2018 putting a significant strain on already limited resources. Problems including long wait times, crowding, and delaying access to essential mental health care services might increase mental health crises as a result.¹⁰ Let us instead amend HB7006 to provide a needs assessment throughout Tennessee to see if any city has a need for state funded inpatient psychiatric hospitals and if there is a need, have the facility built.

References

1. Evans, M. (2016). Behind Medicaid's move to pay psychiatric hospitals. *Modern Healthcare*, 46(7), 22-24. <https://www.modernhealthcare.com/article/20160213/MAGAZINE/302139980/behind-medicaid-s-move-to-pay-psychiatric-hospitals>
2. George, K. (2021, August 11). *Safe, affordable housing can increase health and reduce state costs*. National Conference of State Legislatures.
3. Hall, B. (2023, September 28). *Mental health crisis leaves suicidal patients waiting for days in emergency departments*. News Channel 5 Nashville (WTVF). <https://www.newschannel5.com/news/newschannel-5-investigates/broken-mental-health-crisis/mental-health-crisis-leaves-suicidal-patients-waiting-for-days-in-emergency-departments>
4. HB 7006. *113 TN General Assembly* (2023). <https://wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=HB7006&GA=113>
5. Kaiser Family Foundation. (2021). *Mental health and substance use*. State Health Facts. <https://www.kff.org/state-category/mental-health/>
6. Kaiser Family Foundation. (2023, October 27). *Health insurance coverage of the total population*. State Health Facts. <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>
7. NM SB317, Regular Session. (2021, March 20). *LegiScan*. Retrieved September 30, 2023, from <https://legiscan.com/NM/bill/SB317/2021>
8. Pinpoint Consultants. (2019). *All hands on deck: Tennessee's mental health workforce shortage*. TAMHO. <https://www.tamho.org/uploads/All-hands-on-deck.pdf>
9. Pitsor, J. (2023, May 15). *States seek to lower costs, increase coverage of mental health care*. National Conference of State Legislatures.

- <https://www.ncsl.org/state-legislatures-news/details/states-seek-to-lower-costs-increase-coverage-of-mental-health-care>
10. Tin, A. (2023). *Overflowing demand for mental health care stretching hospitals, new data shows*. CBS News. <https://www.cbsnews.com/news/mental-health-psychiatric-hospital-beds-shortage/>
 11. U.S. Department of Housing and Urban Development. (2020). *Coc homeless populations and subpopulations reports*. CoC Homeless Populations and Subpopulations Reports. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>
 12. United States Census Bureau. (2022, February 16). *City and town population totals: 2010-2019*. Data and Maps. <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html>