

Assignment 1: The Policy Issue **Review by Noreen & Laretta**

Names of Group Members who Contributed to the Ass#1:

Select an issue/topic on which to focus for the duration of the semester and identify a relevant policy within this topic. This should pertain to a state level policy. Your instructor will provide you with feedback before you work further on your assignments [see Libby's Step 1]. (20 pts.). Review the sample policy campaign [on E-Class](#)

Introduce the chosen social problem/topic and in what state (e.g., homelessness, high dropout rates in Georgia)

Describe your chosen policy/issue/topic. (What are the goals of the policy? What primary issue is addressed in this policy? What does the policy say are the provisions or, rules or benefits or what is mandated by the policy? **Who does the policy impact [i.e., intended targets/beneficiaries but also may include agencies and their frontline workers that have to implement it]? What are the potential unintended consequences? Who supports the policy/bill?**

Topic of Focus

Policy Description

Addiction has a devastating impact on the community and its individuals. The primary issue we are addressing is the fact that many Americans are suffering from addiction and cannot afford treatment. Due to rising gas prices and loss of income due to Covid, it is increasingly difficult for Americans to make ends meet much less afford treatment. This policy will promote bridging the gap between the Behavioral Health Safety Net (BHSN) grant funding from at or below poverty level to just above poverty level. We would like to allow for more funding for Intensive Outpatient (IOP) treatment for individuals just above the income limitations for TennCare. We propose to cover individuals whose household income is at or below 150% of the federal poverty level.

Who opposes the
policy/bill?) (10 pts.)

This policy will impact those with opioid abuse disorder and their loved ones, insurance companies, pharmacies and those who work in the medical field. We expect the majority of the community will support the bill as many have lost a loved one due to addiction and those currently suffering from addiction could benefit from obtaining IOP services. Some insurance companies may be included in supporting the bill changes because services would no longer be paid by them, but instead by the grant provided. However, pharmaceutical companies and doctors stand to lose money from the decrease in sales. The intended consequences will be that patients/clients fitting the income requirements will be eligible to receive financial aid towards treatment. The potential unintended consequences would be for potential patients/clients to fly under the eligibility radar, that may benefit from eligibility change, without real need for it.

The existing policy already in place for persons with low income to cover treatment is as followed. The TN Together initiative which expands Tennessee's behavioral health safety net to serve an additional 3,900 individuals with opioid use disorder (OUD) each year, funded in the approved FY 2018-2019 budget with a \$9,250,000 recurring increase. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) estimates about 22,500 low-income Tennesseans with OUD could qualify for safety net treatment. Based on historical utilization, TDMHSAS projects reaching about 63% of these individuals with approved FY 2018-2019 funding.

	<p>Another service to low-income persons in need of substance abuse treatment is the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) which receives the Substance Abuse Prevention and Treatment Block Grant (SABG) from the U.S. Department of Substance Abuse and Mental Health Services Administration (SAMHSA) to provide prevention, treatment and recovery support services, and activities for people who are at-risk of or have a substance abuse problem. There is no income eligibility at the prevention stage of persons needing services. However, there is a need for the person to meet the 133% federal poverty guideline in order to receive treatment. As part of TN Together, TDMHSAS created a statewide public-private collaborative to help the unmet need of people dealing with substance abuse. The collaborative launched in March 2018, and TDMHSAS hopes to leverage state funds through foundations and for-profit entities to serve more low-income Tennesseans with OUD (TDMHSAS, 2012). However, there are no more updates on the outcomes of this collaboration at the moment.</p>
<p>Within the context of your chosen policy/bill; determine what policy or policy change you will be advocating for. This may include proposing a bill to change an existing policy (the law is already in place) and stating what specific change you plan to advocate for; advocating to change some aspect of a bill and state what is the specific change you are proposing;</p>	<p>Policy Context</p> <p>We will be advocating to allow for more funding for an intensive outpatient (IOP) treatment for individuals suffering from substance abuse. These individuals will be just above the income limitations of TennCare. We plan to advocate for these changes because the lower income population often struggles to obtain health insurance and with the proper funding for treatment a larger population will be served. If a provider determines a client has become addicted, or has begun to show signs of addiction to a controlled substance, the provider will refer the client to a substance abuse treatment facility. If the client is not eligible for TennCare or is above the income limit, the client would be</p>

<p>supporting or opposing a proposed (bill) in its entirety or as is or seeking to repeal some section or add to or amend a specific section.(5 pts.)</p>	<p>eligible for intensive outpatient treatment through available funding. We are advocating for more funding for an intensive outpatient (IOP) treatment for individuals suffering from substance abuse. The Addiction Recovery Program (ARP) may help individuals, but only for 138% above the federal poverty line. We propose to cover individuals that are 150% of the poverty line. The lower income population often struggles to obtain health insurance. Proper funding for treatment will ensure a larger population. End the Substance Abuse Crisis campaign proposes to cover individuals that are at or below 150% of the poverty line with the Safety Net Fund. The funding will come from the surplus fund from the last fiscal year which has a projection for the current year of over \$900 million. It will also come from the opioid supplemental lawsuit fund.</p>
<p>Why is it important to address this policy/issue/topic that you are focusing on? (Research gap, services gap, community needs based, social justice issue, etc.) (5 pts.)</p>	<p>Importance</p> <p>In 2017, the U.S. declared the opioid epidemic a national public health emergency (Bowen, 2020). More than 107,000 people died of drug overdose in 2021, with 75% of those being from opioids. That number has doubled since 2015. It is important to address this topic for the wellbeing and health of the population of Tennessee. People dealing with substance abuse are part of the vulnerable population of the community. There is a service gap when it comes to low-income people's access to treatment services.</p> <p>Bowen, E. A., & Irish, A. (2020). Trauma and principles of trauma-informed care in the U.S. federal legislative response to the opioid epidemic: A policy mapping analysis. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i>. Advance online publication. https://doi.org/10.1037/tra0000568</p>

	<p>Center for Disease Control and Prevention, National Center for Health Statistics. U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020, But Are Still Up 15%. (2022, May 11). https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm</p> <p>National Institute on Drug Abuse. (2022, July 13). Percentage of overdose deaths involving methadone declined between January 2019 and August 2021. https://nida.nih.gov/news-events/news-releases/2022/07/percentage-of-overdose-deaths-involving-methadone-declined-between-january-2019-august-2021#:~:text=In%202021%2C%20provisional%20data%20from,a%20highly%20potent%20synthetic%20opioid.</p> <p>Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). Substance Abuse Prevention & Treatment Block Grant. (2012). Tn.gov. https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/substance-abuse-prevention-and-treatment-block-grant-.html</p> <p>Pellegrin, M. (2018, August 9). <i>How TN Policymakers Reacted to the Opioid Epidemic in 2018</i>. The Sycamore Institute. https://www.sycamoreinstitute.org/opioid-epidemic-tn-policy-actions/</p>
<p align="center">Assignment 2: Research the Issue Review by & Melissa & Mattie</p> <p>Names of Group Members who Contributed to the Ass#2:</p> <p>Conduct a literature and resource review regarding your policy of interest. The research report will have two main components: the written narrative expounding on the questions asked, and a one-paper fact sheet with no more than 2 sides [see Libby's Step 2 & 3]. (70 pts.)</p>	
<p>Explain the nature of the policy issue as it presently stands [Provide a definition of the issue if it is not commonly understood and any relevant categories. Present the rates of the social problem with which the existing and/or proposed policy is concerned and provide breakdowns in rates or disparities, negative</p>	<p align="center">Research the Issue</p> <p>Nature of the Current Policy</p> <p>The substance abuse epidemic is defined as the rapid increase of substance abuse. Significant medical, psychological, social, and social consequences are a result of this epidemic. Opioids are a commonly abused class of drugs that are derived from the poppy plant. These drugs work in the brain to relieve pain.</p>

consequences of the problem/issue. Discuss where things are currently in the policy area such as: has a bill been drafted, introduced, and if so, where it is in the legislative or decision-making process, and what if any action has been taken. For existing policies, you can write things such as if it has been implemented and how, funding, etc.] (10 pts.)

This study reported according to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) and the National Survey on Drug Use and Health, 21.5 million people aged 12 years and above had a substance use disorder, including drug and/or alcohol addictions (Shamsaei, 2019). According to the Tennessee Bureau of Investigation approximately 70,000 Tennesseans are addicted to opioids. More than 107,000 people died of drug overdose in 2021, with 75% of those being from opioids. That number has doubled since 2015. Substance abuse has significant impacts on communities. Substance abuse often leads to homelessness. The financial demands of substance abuse leaves its victims struggling to pay their bills or maintain employment. These negative consequences destroy relationships and disrupt family stability.

The U.S. economic cost of opioid use disorder (\$471 billion) and fatal opioid overdose (\$550 billion) during 2017 totaled \$1,021 billion. Financial cost is a barrier to seeking treatment for substance abuse addiction. In 2016, 27.6 million people did not have health insurance. The National Comorbidity Survey - Replication of 9,000 people, asked why people with substance abuse disorders did not seek treatment. 15% of the respondents cited financial barriers due to lack of insurance and inability to afford costs. Almost 17% reported that they left treatment early due to their insurance not paying for further treatment. The CDC reported the cost per case of opioid use disorder (\$221,219) was derived by dividing the total U.S. cost of opioid use disorder (\$470,975 million) during 2017 by the number of opioid use disorder cases the same year (2.129 million). A bill has not been drafted yet therefore we have not found a sponsor.

We currently have the Behavioral Health Safety Net program which is federal funding for outpatient substance abuse treatment. The current policy allows for coverage for those that are at 138% of the poverty line. The TN Together initiative which expands Tennessee's behavioral health safety net to serve an additional 3,900 individuals with opioid use disorder (OUD) each year, funded in the approved FY 2018-2019 budget with a \$9,250,000 recurring increase. BHSN grant covers costs for IOP treatment which includes medications, therapy, and group support. The TN Together initiative which involved House Bill 1831/Senate Bill 2257 and House Bill 1832/Senate Bill 2258 fell through.

Bowen, E. A., & Irish, A. (2020). Trauma and principles of trauma-informed care in the U.S. federal legislative response to the opioid epidemic: A policy mapping analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0000568>

Center for Disease Control and Prevention, National Center for Health Statistics. U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020, But Are Still Up 15%. (2022, May 11). https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

National Institute on Drug Abuse. (2022, July 13). Percentage of overdose deaths involving methadone declined between January 2019 and August 2021. <https://nida.nih.gov/news-events/news-releases/2022/07/percentage-of-overdose-deaths-involving-methadone-declined-between-january-2019-august-2021#:~:text=In%202021%2C%20provisional%20data%20from,a%20highly%20potent%20synthetic%20opioid.>

U.S. Department of Health and Human Services. (2021, April 13). *How much does opioid treatment cost?* National Institutes of Health. Retrieved October 12, 2022, from <https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-much-does-opioid-treatment-cost>

Substance abuse and homelessness. - veterans affairs. (n.d.). Retrieved October 13, 2022, from <https://www.va.gov/HOMELESS/nchav/resources/docs/mental-health/substance-abuse/Substance-Abuse-and-Homelessness-508.pdf>

	<p>Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). Substance Abuse Prevention & Treatment Block Grant. (2012). Tn.gov. https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/substance-abuse-prevention-and-treatment-block-grant-.html</p> <p>Pellegrin, M. (2018, August 9). <i>How TN Policymakers Reacted to the Opioid Epidemic in 2018</i>. The Sycamore Institute. https://www.sycamoreinstituten.org/opioid-epidemic-tn-policy-actions/</p>
<p>Discuss the contextual factors that have influenced the development of both the actual policy and opinion on the policy/issue. This section should cover the historical movement and events/crises, key persons, theoretical forces, political forces, etc. that brought attention to the problem in the first place, led to policy, and/or influenced policy changes over time.)</p> <p>Next discuss has anyone done this before? Include any previous attempts or bills to address the issue in the state you are focused on and what was the outcome - did it pass or fail? What were the opposition arguments and supporter arguments? What has been done in other states (i.e., describe what legislation and associated solutions have</p>	<p>Contextual Factors</p> <p>The contextual factors that have influenced the development of both the actual policy and opinion on the policy/issue are related to data surrounding substance abuse. According to the Tennessee Bureau of Investigation approximately 70,000 Tennesseans are addicted to opioids and because of this the state is seeing record numbers of overdoses and deaths. With recent legislation the number of opioid abuse cases has dropped some but Tennessee is still ranked third in the country for prescription drug abuse (Opioids, 2022).</p> <p>History</p> <p>The state of Tennessee has been fighting opioid abuse for many years. Tennessee first started their focus on opioid abuse in 2012 with the Passage of the TN Prescription Safety Act of 2012, this act started the beginning of targeted regulation of pain management clinics. Then in 2013 The Safe Harbor Act was passed, which allowed pregnant women to receive public funding</p>

been passed and implemented. include.) (20 pts.)

and be a priority for treatment. Tennessee then passed the Prescription Safety Act of 2016, which made the changes under the Prescription Safety Act of 2012 permanent. In 2017 the TN House Opioid Task Force was developed and the state allowed for \$6M for safety net.

Attention was again brought to opioid abuse under Governor Haslam's first "TN Together" legislation. In 2018 and 2019 the Tennessee General Assembly passed laws such as, Public Chapter 1039, which regulated the initial opioid supply, however, these laws only put regulations on medical doctors. According to Tennessee Together's website, public Chapter 1039 focuses on prevention and treatment. This legislation limits the duration and dosage of opioid prescriptions for new patients, with reasonable exceptions. However, these laws did not seek to assist people with current substance abuse issues from opioids.

Legislation

The stand alone law we are proposing has not been attempted before and we wish to expand services to allow for more funding for an intensive outpatient (IOP) treatment for individuals suffering from substance abuse. However, there are many previous laws surrounding opioid abuse that were able to be passed. According to the Bipartisan Policy Center the response to previous laws enacted surrounding opioid abuse has been effective according to statistics. In June 2017, it was reported that the laws decreased opioid prescriptions for pain by 805,208; and Increased funding to 53 recovery courts—enrollees increased by 179 percent, from 1,405 in 2013 to 3,919 in 2017 (Bipartisan Policy, 2018).

When Tennessee Together was an initiative the Tennessee Medical Association Board of Trustees was opposed to the initiative and listed several reasons for this. According to the Elizabethton Star, a few of the listed reasons TMA opposed the initiative was that it interferes with the physician- patient relationship, fails to protect patients who are suffering from legitimate chronic pain, and unfairly labels and segregates patients. The state of Georgia has similar laws in place for prescription opioids. For instance, HB 249 requires pharmacists to register and upload prescription information every 24 hours, and requires prescribers to review information from the PDMP before issuing a prescription to a patient for the first time (Legislative Updates, 2022).

Sources

- Tennessee Bureau of Investigations. (2012). Opioids. Tn.gov.
<https://www.tn.gov/tbi/crime-issues/crime-issues/opioids.html#:~:text=Opioids%20are%20a%20class%20of,Tennessians%20are%20addicted%20to%20opioids>
- opioids - TNMED*. (2018). Tnmed.org.
<https://www.tnmed.org/opioids/#:~:text=The%20Tennessee%20General%20Assembly%20in,901>
- TN Together. (2022). Laws and Policies. Tn.gov.
<https://www.tn.gov/opioids/education-and-prevention/laws-and-policies.html>
- Department of Mental Health and Substance Abuse Services. (2022). Funding for Treatment. Tn.gov.
<https://www.tn.gov/behavioral-health/substance-abuse-services/criminal-justice-services/funding-for-treatment.html>
- Chaney, D., (2018, February 12). TMA takes position on Governor's TN Together Initiative www.elizabethton.com.
<https://www.elizabethton.com/2018/02/12/tma-takes-position-on-governors-tn-together-initiative>
- Office of the Attorney General*. (2014). 7. *How is Georgia Addressing the Crisis?* Georgia.gov
<https://law.georgia.gov/key-issues/opioid-abuse/7-how-georgia-addressing-crisis>

Discuss in detail the impact that existing policy has had on key populations, both the overall and subgroups (include related, prevalence and differential impacts as applicable on sub-groups, etc.; how may have varying implementations of the policy impacted populations differentially?) (10 pts.)

Policy Impact

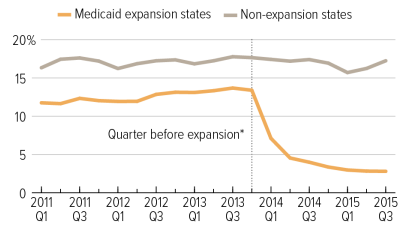
According to a study by Lee and colleagues, state drug policies were associated with variation in opioid use and drug overdose mortality in 50 states between 2007 and 2018. Of these patients, 12 582 378 (55.1%) were women, and the mean age was 45.9. Policies were associated with reduced known indicators of prescription opioid misuse and deaths from a prescription opioid overdose. Policies were also related to increased diagnoses of a substance use disorder, overdose, and drug overdose mortality from illicit drugs (Lee et al., 2021). These findings may be associated with the quality of service populations can obtain from increased insurance amounts and better quality of service offered due to new policies.

In the incarcerated community, a study showed the impact of Medicaid enrollment on the likelihood of receiving health care in the 30-days post-incarceration for adults with a history of substance use. Medicaid coverage in the month of release increased from 39% at baseline to 56% after the introduction of the enrollment assistance program to 69% after it was fully operational. Medicaid coverage increased the chances of outpatient health care use within 30-days of release by 26 percentage points (pp) for any outpatient visit, 2.6 pp for OUD-related outpatient visits, and 1.5 pp for MOUD (Burns, 2021). This demonstrates the need for accessible Medicaid coverage for incarcerated patients with a history of substance abuse, as incarceration release may be related to the need for assistance in substance abuse treatment. Policies around insurance may give way to establishing pre-discharge enrollment programs due to more initiative with more funding. Expanding policies would also ensure inmates' insurance coverage post-discharge.

The Foundation for Government Accountability states 12 reasons states should not expand Medicaid. These include that Medicaid expansion will harm the needy and that many good healthcare services are available (Blase, 2021). However, the studies around policies related to Medicaid expansion of services and access provide care for the unique needs of the SUD community and increase the need for better healthcare services. As stated by Bailey, most states fail to cover the full range of SUD treatment, though they can cover it with Medicaid. Fourteen states have yet to implement the Affordable Care Act's Medicaid expansion, including Tennessee. Those current states coverage overlooks low-income people needing substance use services and gives fragmented SUD services (Bailey, March 18, 2021).

Medicaid expansion in the states which have used it has improved coverage and access to care for low-income enrollees with SUDs. A study shows that the uninsured rate among people with opioid-related hospitalizations went from 13.4 percent in 2013, the year before expansion, to 2.9 percent two years later (See Fig. 1). More studies found that Medicaid expansion in the states which have used it has improved coverage and access to care for low-income enrollees with SUDs (Bailey, March 18, 2021).

ACA Medicaid Expansion Reduced Share of Opioid-Related Hospitalizations in Which Patient Was Uninsured



*The Affordable Care Act (ACA) gave states the option to expand Medicaid to adults with income up to 138 percent of the poverty line starting in 2014.
Source: CBPP analysis of Healthcare Cost and Utilization Project data from the Agency for Healthcare Research and Quality. Analysis includes 25 states for which data are available for all of 2011-2015 and which either expanded Medicaid in January 2014, or had not expanded as of October 2015.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Fig 1

Though Tennessee did not opt for Medicaid expansion, a study by Hoagland and colleagues found that it was using its funding for an implementation model. Tennessee, Louisiana, and New Hampshire are using federal funding to implement a hub-and-spoke model. The hub-and-spoke model organizes the state into central “hubs,” providing intensive treatment for complex addictions. These are linked to local “spokes,” including primary care physicians and outpatient addiction programs. First implemented by the state of Vermont, this method ensures at least one licensed mental health or addictions counselor per 100 patients (Hoagland et al., 2019). Though an excellent plan to implement, it is still soon to evaluate its effect on those populations.

Bailey, A. (2021, March 18). States Can Use Rescue Plan’s Medicaid Funding to Strengthen Substance Use Care | Center on Budget and Policy Priorities. Center on Budget and Policy Priorities.
<https://www.cbpp.org/blog/states-can-use-rescue-plans-medicaid-funding-to-strengthen-substance-use-care>

	<p>Bailey, A. Hayes K., Katch H., Solomon J., (2021, March 24). Policy Brief: Medicaid Key to Building Comprehensive Substance Use Care System for Low-Income People Center on Budget and Policy Priorities. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/policy-brief-medicaid-key-to-building-comprehensive-substance-use-care-system-for-low-income-people</p> <p>Blase, B., Adolphsen S., Turner, G-M. (2021, April 13). Why states should not expand Medicaid. The Foundation for Government Accountability. Galen Institute. https://thefga.org/additional-research/why-states-should-not-expand-medicaid/</p> <p>Burns, M., Cook, S., Brown, L., Hernandez, K., Tyska, S., & Westergaard, R. (2021). Does Medicaid Coverage Increase Access to Health Care after Release from Prison for Adults with a History of Substance Use? Health Services Research, 56(S2), 8–8. https://doi.org/10.1111/1475-6773.13722</p> <p>Hoagland G. W., Parekh A., Swope T., Bailie M., Hart N., LaBelle R., Cafaro C. S., Tracking Federal Funding to Combat the Opioid Crisis. (2019). Bipartisan Policy Center https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/Tracking-Federal-Funding-to-Combat-the-Opioid-Crisis.pdf</p> <p>Lee, B., Zhao, W., Yang, K.-C., Ahn, Y.-Y., & Perry, B. L. (2021). Systematic Evaluation of State Policy Interventions Targeting the US Opioid Epidemic, 2007-2018. JAMA Network Open, 4(2), e2036687. https://doi.org/10.1001/jamanetworkopen.2020.36687</p>
<p>Discuss at least 4-5 future direction related to the policy.</p> <p>(Information in this section could include research gaps, lingering issues/questions such as other things other than what you are advocating for that needs to be addressed in relation to this policy such as social justice issues, better funding, implementation,</p>	<p>Future Direction</p> <p>In recent studies it has been shown that most substance abuse disorders are followed by a co-occurring mental health disorder. It has been shown that MAT(medication assisted treatment) helps with funding when it comes to those who struggle with these co-occurring disorders. This funding was proposed in 2020 which requires the Attorney General (who will delegate this to the Drug Enforcement Agency) to revise the Three-day Rule so that “practitioners, in accordance with applicable State,</p>

evaluation or more detailed evaluation such as longer follow-ups or more mixed method or qualitative , more representative samples, more benefits. You can also include any upcoming events that are pertinent to the policy/issue, etc.) (10 pts.)

Federal, or local laws relating to controlled substances, are allowed to dispense not more than a three-day supply of narcotic drugs to one person or for one person's use at one time for the purpose of initiating maintenance treatment or detoxification treatment. This funding is fairly new, and is something the campaign would like to advocate for in the future reference. There are many individuals who struggle with substance abuse addictions who become addicted from pharmaceutical experiences and this funding will help delegate to those who are already in treatment/have been in treatment.

Primary care doctors should have more education when it comes to substance use disorders. It has been shown in recent studies that regular primary care doctors have little knowledge when it comes to these disorders. More education in this field would help prevent prescriptions which should not be prescribed to those individuals who struggle with addictive tendencies. More classes should be implemented for those in the medical field over mental health, and substance abuse disorders. This would all around give patients better care, and help implement a more firm foundation for those who struggle with these disorders.

Another factor that the campaign would like to touch base on is the existing treatment gap which happens to those who struggle with substance abuse. There are ROIs in place at such times, but the research shows that as though there is not good communication which goes on between providers and those who work in the mental health field or those who work with those in substance abuse. Future sessions should be held between general providers and those who are in the mental health field. For those to exist between the two and have better communication.

	<p>An upcoming event the campaign would like to shed light on is the housing workforce and development committee. This helps those who struggle with substance abuse to show how to function in life again. It helps them find housing and jobs through this, and educates them on living a normal life after addiction.</p> <p style="text-align: center;">References</p> <p>Brendan Saloner, PhD; Kenneth A. Feder, BA; Noa Krawczyk, BA. (2017, June 19). <i>Closing the Medication-Assisted Treatment Gap for Youth With Opioid Use Disorder</i>. https://web-s-ebscohost-com.ezproxy.southern.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=a276866c-a43d-4f6b-a14d-fa62f28af014%40redis</p> <p>Jayson J. Spas, Joanna Buscemi, Ravi Prasad, E. Amy Janke and Claudio R. Nigg. (2020, May 4). <i>The Society of Behavioral Medicine supports an increase in funding for Medication-Assisted-Treatment (MAT) to address the opioid crisis</i>. https://go.gale.com/ps/i.do?p=AONE&u=tel_oweb&id=GALE%7CA669688538&v=2.1&it=r</p> <p>Joseph H. Donroe and Jeanette M. Tetrault. (2018, March 5). <i>Narrowing the treatment gap in managing opioid use disorder</i>. https://www.cmaj.ca/content/190/9/E236</p> <p>Kimberly Johnson. (2021, March 8). <i>Treatment for opioid use disorder in the Florida medicaid population: Using a cascade of care model to evaluate quality</i>. https://web-p-ebscohost-com.ezproxy.southern.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=29f97f5b-891e-4eae-a69f-c2d9938e6691%40redis</p> <p><i>Housing and workforce development committee meeting</i>. (n.d.). Opioid Task Force – Together, we can tackle the serious problem of heroin and prescription drug addiction in Franklin County and the North Quabbin Region of Massachusetts. https://www.opioidtaskforce.org/event/housing-and-workforce-development-committee-meeting-23/</p>
<p>Fact Sheet is attached (20 pts- follow the guidelines in the textbook. Additionally, you can find the requirements on the Fact Sheet Checklist on E-Class</p>	<p>x Yes <input type="checkbox"/> No</p> <p>(This fact sheet should be designed for public consumption by both key stakeholders invested in the policy and the general public. The fact sheet should not be overly research-focused or technical. Organize the content in a reader-friendly manner and may, if you choose, make use of graphs, charts, figures, and other visual aids but these should not be overpowering. Ensure the font size and color of text are legible and easy to read based on background.</p>
<p style="text-align: center;">Assignment 3: Branding and Mapping Support Review by Noreen & Laurretta</p>	

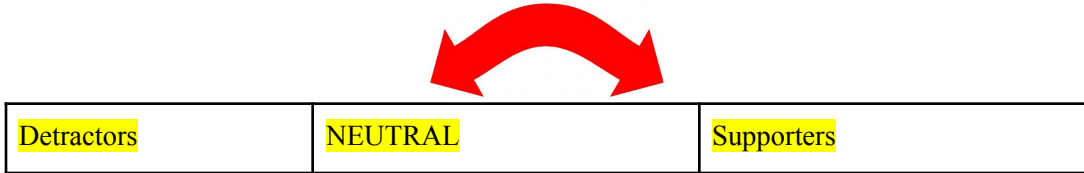
Names of Group Members who Contributed to the Ass#3:

Create a brand name for your advocacy campaign that follows the instructions and best practices presented in your e-workshop and the associated materials provided in E-class. Discuss the framework for your brand, and discuss your possible supporters and detractors [Libby's Step 4 -6]. (75 pts.)

What is your "branding" [the title of campaign]? Discuss the your branding (5. pts.)

Presentation of the Brand and Support Mapping**The Brand**

The brand name is: End the Substance Abuse Crisis. In our campaign we look to take initiative towards the lack of funding for substance abuse treatment. We wish to get funded by the state, and develop funding through health safety net to offer treatment to those who struggle with addiction. We would like to allow for more funding for IOP treatment for individuals just above the income limitations for TennCare. We propose to cover individuals that are 150% of the poverty line. The increase in funds will come from Tennessee's in tax surplus funds, which amounted to \$3 billion in 2021. Funding will also come from the opioid

	supplemental lawsuit funds ¹ . Through our policy we will offer Intensive Outpatient Services that are 36 sessions long, three times a week, with three hour sessions. There will also be medication management offered as well.
Map out your non-legislator supporters and detractors (see pages 122-123). Use either the a chart or a force field analysis described on page 123-paragraph 1 or use the fornother on p.165 on figure 8.2).mat in figure 6.1(also a Insert the map here, or attach it to the submission. (20 pts.)	<p style="text-align: center;">Appendix H</p> <p style="text-align: center;">Positional Map - Non-Legislators</p>  <p style="text-align: center;"> Detractors NEUTRAL Supporters </p>

¹ Jonathan Skrmetti. *Opioid Settlements*. (2022). Tn.gov. <https://www.tn.gov/attorneygeneral/working-for-tennessee/filings-of-interest/opioids.html>

- Assignment 5 revision, Lauretta's notes/ Email professor for revision notes - Melissa, Lauretta
- Edit the the whole document to include 150% increase, safety net fund with tax surplus and opioid lawsuit fund- Noreen
- Review All assignments up to revision notes- Everyone
- Move everything to google document, to edit- Noreen
- Cover page, Table Contents - Mattie
- Lauretta- Make sure it flows, Theoretical Framework
- Melissa- Abstract
- References, Appendixes- Noreen
- 8.1 (Past Monday meeting) Noreen
- 7.1, 8.2 Melissa- done

		<ul style="list-style-type: none"> - Pharmaceutical Companies looking to make profit off of drugs and medications 	<ul style="list-style-type: none"> -Doctors -Healthcare professionals -Tax conscious citizens 	<ul style="list-style-type: none"> -National Association of Social Workers -Center for Disease Control and Prevention -American Psychological Association -Substance Abuse and Mental Health Services -National Institute on Drug Abuse -National Association for Alcoholism and Drug Abuse Counselors -Community Anti-Drug Coalitions of America -American Addiction Centers -Social Psychology Network -Child Protective Services -Law enforcement -Child advocates -Prevention Action Alliance -Families of Substance Abuse Patients 	
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List at least 5 arguments you could use to move potential supporters found in the middle, closer to your side of the advocacy plan. (10 pts.)

Persuasive Arguments for Support

Potential arguments one could use to move potential supporters found in the middle are as follows. The first argument is that this policy may affect supporters closer to home than they may believe. According to the statistics, many families have at least one loved one that is suffering from addiction. Substance abuse has negatively impacted families and communities all across America. This disease disrupts the family structure often displacing children into foster homes. Supporting the campaign advocacy plan will strengthen families in need of substance abuse treatment support, and prevent family members and especially children to live through the disruption which exists with someone living with substance abuse. The second argument is that deaths due to drug overdoses continue to rise at alarming rates. More than 107,000 people died of drug overdose in 2021, with 75% of those being from opioids. That number has doubled since 2015. The cost related to hospital care of those in need of treatment to prevent those deaths is exponential. The campaign would ensure treatment for those in need before they reach critical health care needs.

The third argument for this advocacy plan is that substance abuse often leads to homelessness. The financial demands of substance abuse leaves its victims struggling to pay their bills or maintain employment. This causes a strain in landlord tenant relationships, with money going to lawsuits, and demanding payments that those struggling with abuse are not able to afford. When homeless, they result in more substances to cope with their situations. More substance abuse treatment funding will ensure

	<p>the care of those in need so they do not end up in dire situations, which costs much to cover in court bills and rental assistance programs. A forth argument to move supporters from the middle is that addiction costs taxpayers millions of dollars every year.</p> <p>Someone in the middle could argue that they do not wish for the Safety Net Funding to come from their tax money. That is why it is important to note that the campaign proposes to cover individuals that are at or below 150% of the poverty line with the Safety Net Fund. The funding will come from the surplus fund from the last fiscal year which has a projection for the current year of over \$900 million. It will also come from the opioid supplemental lawsuit fund.</p> <p>The fifth argument is an appeal for supporters to care for the well-being of fellow citizens. Those struggling with substance abuse are ones who used to have good lives, and have used substances to cope with an issue or tragedy. Those seeking substance abuse treatment may just need a few sessions and support to reach recovery. One more supporter could ensure to advancement of the advocacy plan in helping Tennesseans in need.</p>			
Create a separate positional map/chart for legislators with supporters and detractors. Follow the example of Figure 6.1 on page 125 in your Libby textbook and showcase which legislators are likely allies and detractors. (20 pts.)	<div><div>Appendix H</div><div>Positional Map- Legislative Allies and Detractors</div><table><tr><td>Supporters</td><td>Neutral</td><td>Detractors</td></tr></table></div>	Supporters	Neutral	Detractors
Supporters	Neutral	Detractors		

		State Rep. Carson W. Beck (R) State Rep John Ray Clemmons (D) State Rep Bud Hulsey (R) Senator Richard Briggs (R) Senator Rusty Crowe (R) Senator Micah Van Huss (R)		State Rep. Andy Holt (R) Senator Janice Bowling (R)	
List and describe at least 2-3 notes on the opposition. (see figure 6.1, p 133). (10 pts.)	<p>Opposition</p> <p>There will be some concerns from citizens that the increase in funding requested will raise taxes or pull funding from a source that they feel is a more important need. However, significant opposition to this proposal has yet to appear. Prior attempts to pass this legislation showed opposition from taxpayers, doctors, and pharma. However, more research and public knowledge has occurred since then. Pharmaceutical companies and physicians tend to oppose legislation that would impact their financial gain. Big pharma has presented opposition during our initial coalition forming, but we determine that was due to a lack of knowledge in regards to the prevalence, impact on society, and severity of the impact of the individuals health and quality of life.</p>				

Discuss potential coalition members that would help with your team's advocacy campaign composed of "logical partners" and "odd bedfellows". State the logical partners (at least 4 to 5), why they are included and what will be their role in the campaign? State at least 1-2 "odd bedfellows", why they are included and what will be their role in your campaign. (10 pts.)

Plans to Form a Coalition

One logical partner that would be part of our team's advocacy plan would be the CDC. The CDC already promotes and provides education on the opioid epidemic, and helps ensure care of those who struggle with addiction. With this partnership we would help to educate more people on what addiction is, and how it affects the person with this addiction. Another logical partner would be "*Tennessee Association for Addiction Professionals (TAADAC)*" This group helps the families and individuals who are struggling with addiction. Services and therapy are offered at a low cost. This group would be ideal to partner with because if we could get the funding sorted out, we could work closely together and refer clients. For this partnership there could be a joint role in the campaign which could alleviate stress on the clients. Another partner to think about would be regular health care professionals, ones who are of the general practice. If we could partner with them and educate them on how easily addiction starts and maybe get them on board with the policy it could be shown that prescribing immense amounts of pain medicine is actually harming those who struggle with addiction. Lastly, the partner that would benefit our campaign is the National Institute of Drug abuse. It is the lead federal agency supporting research on drug use. Having this partnership it would be immensely great to be able to educate those of what really happens to individuals and their brains biologically when someone becomes addicted. An odd bed fellow for this campaign are tax payers. Our policy is funded by the state and comes from taxpayers money and this could make people who pay taxes potentially angry. There is a stigma which needs to be learned about when it comes to addiction that many people do not know, or wish to pay for. Providing education to these taxpayers would maybe help alleviate the stigma

	<p>which is around addiction/treatment for addiction. Big pharma would also be an odd bed fellow because most addiction starts with prescriptions. By spreading awareness and talking to these individuals may be able to slow the process down of prescriptions.</p>
<p align="center">Assignment 4: Media Campaign Review by Melissa & Mattie</p> <p>Names of Group Members who Contributed to the Ass#4:</p> <p>Create a clear and concise plan for launching a general media or social media campaign related to your advocacy issue. While you can choose to create a general media campaign, the most effective and efficient way to do so would be to plan a social media campaign [Libby's Step 7 and 8]. (60 pts.)</p>	
<p>Provide in detail the concrete goals for the campaign in relation to each intended audience. These are not your campaign activities but what actions you hope each audience will take to help you accomplish your campaign goals (10 pts.)</p>	<p align="center">Media Campaign</p> <p>Campaign Goals</p> <p>End the Substance Abuse Crisis campaign proposes to cover individuals that are at or below 150% of the poverty line with the Safety Net Fund. The funding will come from the surplus fund from the last fiscal year which has a projection for the current year of over \$900 million. It will also come from the opioid supplemental lawsuit fund. This treatment will provide group therapy (36 sessions) of intensive outpatient, and be able to receive medication management if a dull diagnosis is presented. The main goal the campaign wishes to present to legislators is education on those who struggle with addiction. Addiction is a disease, and in need of treatment in order for these individuals to be able to live a successful life. In order to receive funding, we must prove that this policy is worth funding. This will mean showing legislators as to how addiction is a biological issue, and that the brain</p>

	<p>becomes ill when such chemicals are introduced. That these individuals suffer from a disease that invades the brain, and show them scientific features that prove this. The ultimate goal is to receive a vote yes of funding for this policy.</p> <p>For potential coalition members this policy will have a media campaign which provides education for the general public, and for all to be able to read on the struggles individuals have with addiction. From being exposed to the campaign, viewers will sign the petition in support of the advocacy plan, write letters and emails to the appropriate legislator, and call the appropriate legislator. They will also contact the campaign to join the advocacy events, or be featured in a media avenue if they have a story to share. The goal of the media campaign is to urge Tennessee voters to take action and agree with our policy for them to vote yes to funding. This means both democratic and republican parties must agree, or the dominating side votes yes.</p>
<p>Describe the avenues you plan to use and include traditional/paid media (Newspaper X, Radio Station Y) and social media (e.g. Twitter, Facebook, etc.) (5 pts.)</p>	<p>Media Avenues</p> <p>We will be using multiple different media routes such as social media and traditional media. The social media platforms we plan to use are Facebook, Twitter, and Instagram. Instagram and Facebook will be used in multiple ways. We will also be using traditional media with the Tennessee newspapers. We will start with a press release in the top three Tennessee newspapers: <i>Knoxville News Sentinel</i>, <i>The Commercial Appeal</i>, and <i>The Chattanooga Times</i>. The campaign will be announced on local Television news stations such as WTVF and WATE-TV.</p>
<p>Provide the content of your media messages (advertisements, tweets,</p>	<p>Media Content</p>

links, post topics, items that you will post etc.) (20 pts.)

EtSAC will use media to reach out to its target audience and provide information to the public in the following ways. The coalition will send a press release to newspapers in the major cities across the state. The press release will introduce the formation of the coalition and advertise public meetings held in Chattanooga and Nashville during November (see Appendix A). We will send a policy brief (see Appendix B) and fact sheet (see Appendix C) to potential collaborative partners and state agencies that offer public assistance for bulletin board posting.

We will create a Facebook, Instagram and Twitter account. Social media will be used heavily in this campaign. Facebook will be an essential tool to promote EtC message. Topics addressed on the coalition's Facebook page include facts in relation to the opioid crisis, our policy concerns, our proposed solution and the organizational support we have so far. The page will also have a moving timeline which will be updated from the first conversation of our stand alone bill, to its acceptance by congress (See Appendix D). Information will be shared on Facebook on how to contact legislators. Phone and letter scripts for social media followers to utilize when contacting lawmakers will be posted on the **Facebook, Instagram and Twitter** pages as well as our website(see Appendix E). Finally, a petition will be circulated online to demonstrate the amount of support throughout the state from those who are demanding the cover for individuals that are at or below 150% for opioid related treatment (see Appendix F). Social media and website tools and format will be located in Appendix G.

Hashtags will aid our social media campaign in ensuring the algorithms to place out posts in the right accounts and platforms. EtC's campaign will use the following hashtags: #EndtheCrisis, #EndOpioids, #TreatOpioid, #EtC2023,

	<p>#OpioidSafetyNet, and #Careforthe150. Some of the messages on Twitter and Instagram include: (1) “Let’s expand Tennessee’s care for those in need of Opioid treatment. Let's support the wish for fellow citizens to a better life, without judgment of their financial limitations. Let’s use Tennessee funds where it truly matters. #OpioidSafetyNet #Careforthe150”, and (2) “Thousands of Tennesseans are in need of help to aid in their substance abuse recovery. Though substances may have had a toll on them, they deserve a fighting chance, especially when we can do our part. Tennessee has the funds to End the Substance Abuse Crisis Crisis. #EndtheSubstanceAbuseCrisis #EtSAC2023.”</p> <p>add TV</p> <p>Media Link:</p> <p>https://docs.google.com/document/d/1enl_PnS3LT6O4fxhCDry-Yv4HnlpXysC7oIWkPmkxw/edit</p>
<p>Outline the specific steps and dates on how the campaign will be implemented. (5 pts.)</p>	<p>The following are the specific steps and dates in which the campaign will be implemented.</p> <p>Implementation Steps</p> <ol style="list-style-type: none"> 1. The first step will be to create a campaign task force by November 30th, 2022. 2. The task force will work to create a press release by December 5th, 2022. 3. The task force will then have all the social media platforms ready to be approved by all group members by December 7th, 2022.

	<ol style="list-style-type: none"> 4. By December 9th, 2022, the task force will have the policy briefs completed and ready to provide to the public. 5. The policy will be announced to the public on December 10th, 2022, when all social media platforms open. 6. On December 11th, 2022, the press release will be in the Knoxville News Sentinel, The Commercial Appeal, and The Chattanooga Times editions of the “sunday paper.” 7. The seventh step of this bill will be to talk and make contacts with the government officials who are in agreement with further assistance with opioid abuse treatment. On December 12th, information will be sent via email to all the government officials we made contact with.
<p>Create a brief of your policy issues and advocacy plan (2 pages). A good review of policy and issues briefs can be found at What Makes a Good Policy Brief. The three examples provided on the site are: Smoking ban, Alcohol tax, Housing trust fund, as well as the textbook. A checklist for the brief is provided in E-Class) (20 pts.)</p> <p>Lauretta insert super scripts instead of citations</p>	<p>Bridging the Gap: Providing Substance Abuse Treatment for Low Income Individuals</p> <p>Introduction</p> <p>At the end of this year, voters will be asked to approve our proposal for increasing funding for substance abuse treatment. Currently, substance abuse costs the nation \$151 billion dollars annually. How many individuals have had a loved one struggle with addiction and could not afford treatment. Help me in combating the substance abuse crisis and improving communities and the lives of its citizens. Much of addiction starts with prescribed medication. More often than not, addiction is a result of negligence on behalf of pharma and medical professionals who prescribe the medication. Our country has come far by leaps and bounds in regards to funding for treatment of mental</p>

~~under insert tab~~
~~links~~
~~photo references~~
~~headings, subheadings~~
~~need full reference with~~
~~author year~~
~~checklist on eclass~~

health and substance abuse (SA). However, we are now seeing where we need to bridge the gap. As many families struggle to make ends meet due to the Covid epidemic and rising gas prices, treatment for addiction is simply unattainable.

Recommendation

The current BHSN grant covers those at or below 138% poverty level. We need to bridge the gap for those who are just above the poverty level. These are hard working Americans that should not have to struggle due to the negligence of pharmaceutical companies and medical professionals. We would like to allow for more funding for IOP treatment for individuals just above the income limitations for TennCare. We propose to cover individuals that are 150% of the poverty line. This policy will impact those with substance use disorder and their loved ones, insurance companies, pharmacies and those who work in the medical field. A majority of the community supports the bill as many have lost a loved one to addiction. The intended consequences will be such that those fitting the income requirements will be eligible to receive financial aid towards treatment.

Policy Improvements

Legislators and stakeholders can use cost-benefit analysis to aid in understanding the necessity of SA treatment. There are many costs associated with SA that would offset the spending by far. Substance abuse is the most costly health problem in the nation. It is linked to causing 33 diseases. Stimulant abuse causes cognitive dysfunction which results in many individuals ending up drawing SSI. The combined costs of medical care, social services, and loss of productivity add up to \$33.5 billion annually. Many children are displaced into foster care due to parents' addiction inhibiting their ability to properly care for their children. There are many costs associated with the judicial process as well. Victims of SA are criminally charged when found in possession of these substances. This is an enormous cost that taxpayers endure.

The existing policy already in place for persons with low income to cover treatment is as followed. The TN Together initiative which expands Tennessee's behavioral health safety net to serve an additional 3,900 individuals with substance use disorder each year, funded in the approved FY 2018-2019 budget with a \$9,250,000 recurring increase. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) estimates about 22,500 low-income Tennesseans with SA could qualify for safety net treatment. Based on historical utilization, TDMHSAS projects reaching about 63% of these individuals with approved FY 2018-2019 funding.

Change

It is important to recognize that this grant has had a significant impact on the reduction of substance abuse and addiction. It is estimated that if effective prevention programs were implemented nationwide, there would be a decline of 1.5 million youth alone. Our country has come far by leaps and bounds in regards to funding for treatment of mental health and substance abuse. However, we are now seeing where we need to bridge the gap. As many families struggle to make ends meet due to the Covid epidemic and rising gas prices, treatment for addiction is simply unattainable. The current BHSN grant covers those at or below 138% poverty level. We propose that we bridge the gap for those who are just above the poverty level. We propose to increase the cut off to 150%. Funding will be drawn from less urgent programs such as parks and recreation in order to generate more revenue. These are hard working Americans that should not have to struggle due to the negligence of pharmaceutical companies and medical professionals. Currently, Tennessee ranks third in the nation for prescription drug abuse. 40,000 Tennesseans are addicted to opioids. Due to this, Tennessee is seeing a staggering amount of deaths and overdoses. With recent funding, those numbers have dropped dramatically. Tennessee would be the first state to initiate this policy setting a precedent for other States and bringing attention to the growing need. Tennessee's funding is lower than most states. Tennessee spends \$113 million a year

on SA treatment whereas Georgia spends \$185 million per year. DHS estimates the annual cost of SA to be over \$510 billion. This prevention framework provides insight to the cost-benefit analysis. Other states have heeded to the Affordable Care Act's Medicaid expansion. Though Tennessee has not opted to expand Medicaid coverage, the state has approximately \$2.1 billion in surplus funds which could be used to help those with substance abuse treatment needs to have their treatment provided for..

This proposal aims to lift our fellow Americans out of the despair of addiction. The goal of this campaign is to bridge the gap of funding coverage for those just above the poverty line in active addiction. If this proposal is passed, this will create a positive impact on the community. Join the fight for our families and community. Join the fight for our fellow Americans. We owe it to them to atone for the mistakes of the people we trusted and relied on for health care.

*****add the rest of these sources and superscript**

<https://fox17.com/news/local/tennessee-gets-3-million-grant-to-enhance-substance-abuse-resources>

<https://www.wbir.com/article/news/health/tennessee-department-of-mental-health-receives-federal-funding/51-cb2de931-6496-4adf-ba60-6b7ce24d807f>

https://www.theportlandsun.com/news/tennessee-making-progress-reducing-prescription-drug-abuse/article_2f5989bc-0c35-5573-9d77-1c9e2160f24b.html

<https://www.usnews.com/topics/subjects/drug>

<p style="text-align: center;">Assignment 5: Advocacy Plan</p> <p style="text-align: center;">Names of Group Members who Contributed to the Ass#5:</p> <p>Craft a clear and concise advocacy plan related to your policy area of interest. Use evidence-based practices to justify your steps designed to create the change you desire. Your advocacy plan should also address Libby's (2011) steps 9 and 10: approaching elected officials and monitoring progress. In terms of sources, you should use the scholarly literature, and /or data from the government, think tank, or advocacy websites. You should have at least 6-8 substantial references. (75 pts.)</p>	
<p>Identify your focus: legislature, legal system, agency leadership, school system, etc.). Identify the intended beneficiaries/consumers of your policy for the advocacy plan (5 pts.)</p> <p>Noreen</p>	<p>Focus and Target Population</p> <p>The advocacy plan will focus on Tennessee's state legislature and legal system to encourage Tennessee representatives to pass the bill. These representatives will be able to bring about the desired change for low-income citizens in need of substance abuse treatment.</p> <p>End the Substance Abuse Crisis will target the general population in Tennessee and state legislators in the Tennessee General Assembly. Tennesseans are willing to participate in the advancement of this bill by contacting legislators about their wish to pass it. This policy's intended beneficiaries and consumers for the advocacy plan are the clients and recipients of intensive outpatient care provided by the extension of funds for income eligibility.</p>

What does the research say about effective advocacy strategies applicable to this issue, legislators, and and/type of decision makers? What does it say specifically about strategies to successfully engaged minority and oppressed, excluded populations? (20 pts.)

Advocacy Strategies - see powerpoint and instructions at top what are the most effective for legislature search google scholar

-effective legislative strategies, effective strategies to involve citizens for advocacy involve citizens effective strategies to engage

citizens

lauretta

test the waters for community support

refine definition into a clear practical policy initiative

identify targets, allies, opponents

organize where the focus should be for allies prepare and analyze

negotiate and meet with l legislators

celebrate and evaluate successes . prepare for possible litigation

once clear of court huddles, negotiate with opposition

maintain grassroots involvement throughout this process

identify who is likely to support it , build broad supports

what kind of support is needed to win, who is most likely to support the initiative and who can influence the target d how

many votes are needed

who will review and approve the decision making process , identify appropriate levels of support ,

knowledge of the community to identify supporters

search google scholar -effective legislative strategies, effective strategies to involve citizens for advocacy\

involve citizens effective strategies to engage citizens

here is an effective way to engage minorities or stigmatized group b/c your section says what does research say is a .. so say according to x research -using the media or communication is effective in reaching x group

what works well

stick to topic/questions in the box...you just writing about strategies, am i answering this question, how does this sentence fit the question. dont end up with a lot of repetitive info

research on effective advocacy strategies applicable to this issue, an/type of decision makers

	<p>effective strategies for legislative advocacy or lobbying legislators or govt policy and policy change</p> <p>effective strategies for engaging the public in legislative advocacy or effective legislative advocacy</p> <p>effective strategies in your policy area (eg mental health, foster care)</p> <p>effective strategies with yuour targeted population)eg foster youth, deaf community)</p>
<p>How do you plan to include the beneficiaries/consumers or their family members or legal guardians in your advocacy efforts? If it is not possible to include them, provide a compelling reason,</p>	<p>Target Population</p> <p>This policy’s target population will be paramount in ensuring it moves forward in legislation and its success to be passed.</p> <p>Many beneficiaries and consumers in the state deal with substance abuse-related issues and wish for treatment. Our advocacy</p>

<p>as this is a best practice. (5 pts.)</p> <p>Noreen</p>	<p>movement will seek out potential allies to be the ‘face’ of the campaign. We will provide them with education on how their personal history may have an impact on others. They will be encouraged to include family members to support them in their publicity. The beneficiaries will be encouraged to sign the petition and encourage their family members and friends to do the same.</p> <p>End the Substance Abuse Crisis will ask its beneficiaries to call legislators with the provided phone script. They will also have the option to send letters to their legislator and include their personal story. The beneficiaries will be asked to give a testimonial and speak on the benefits of passing the bill at their city’s council meeting, to do so for five sessions. Beneficiaries will be asked to provide testimonials for newspaper articles, online articles, and social media platforms such as posts and going live. End the Substance Abuse Crisis will join appropriate loves and podcasts on the subject of substance abuse and recovery. In these platforms, both advocacy leaders and beneficiaries will be involved.</p>
<p>What are at least 4-5 the positive and 4-5 negative ramifications of involving the consumer/beneficiaries and family members/legal guardians as applicable in advocacy activities (10 pts.)</p> <p>Mattie, Laretta</p>	<p>Potential Ramifications</p> <p>Some positive ramifications about involving the general public which includes consumers, beneficiaries, family members, and legal guardians are being able to educate them on what addiction really is, that it is a disease and these individuals who are affected need help. By providing this education, there will hopefully be a petition in place in order for those to sign in order to show legislators this is a need the state has. Another positive ramification as far as that is that if the general public is educated and has our support they could start calling our legislators and explaining the need of this bill. Involving our legislators</p>

	<p>if they agree will involve support from upper levels in our legislation for our bill/funding to be passed. Lastly involving all parts of the general public including minorities, giving them a voice in this bill. Our team thinks all should be included in this bill, and should be educated as to why funding is needed.</p> <p>Another favorable implication of including the beneficiaries of this policy is to give a face to the advocacy plan. People are more apt to answer to those in need rather than the idea of them in need. A negative implication may be for the beneficiaries to feel exposed and be subject to backlash or opposition, which may discourage them from participating. The beneficiaries may be seen as weak and inept to speak of their issues due to their abuse. However, our campaign will empower them to express their realities from a knowledgeable place.</p>
<p>What opposition do you anticipate? What might be your approach to addressing this opposition? (10 pts.)</p> <p>Mattie</p>	<p>Potential Opposition</p> <p>Some opposition we anticipate is from republican parties when it comes to funding. Our funding will be state funded, and there may be some that oppose this funding since it will be tax payers money. The way we plan to address this opposition is to educate the general public on this matter. We will provide education on our media campaign on facebook, and twitter, and also write letters to state legislators in order to provide education on addiction. With the rise of education for the general public, there is a chance that state legislators will listen and be able to understand why the funding is needed.</p>
<p>State the elected officials, their political party affiliation, their staff you will</p>	<p>Elected Officials to Approach</p>

need to approach and what are their roles in the decision-making body and/or in relation to your policy or bill? Describe in detail your plan to approach them (10 pts.)

Mattie, Melissa

The advocacy plan will start their campaign by approaching the state representatives Carson W. Beck(D), John Ray Clemmons(D), and Bud Hulseby(R) because they have shown support for similar bills such as House Bill 1831/Senate Bill 2257. House Bill 1831/Senate Bill 2257 looks at prescription laws for physicians around opioid prescriptions, and therefore due to the similar situation we believe they will have the same stance on a bill to seek more funding for treatment. We will start by approaching them through phone calls to attempt to schedule a face to face meeting with each of them at their local offices. We will then approach Senators Richard Briggs(R), and Rusty Crowe(R)as they were also in support of House Bill 1831/Senate Bill 2257. We will also start by making phone calls and work to schedule face to face meetings with them at their offices to gain support within the senate. Prior to all of these meetings we will send letters summarizing the issue and include our face sheet with the relevant information.

While the advocacy campaign plans to target those who have been in support of similar bills such as the House Bill 1831/Senate Bill 2257. The campaign will also seek to change the minds of Representatives and Senators who were not in favor of the bill to change their minds. The campaign will start by contacting the offices of State Rep. Andy Holt(R) and Senator Janice Bowling(R) as they voted against House Bill 1831/Senate Bill 2257. First the campaign plans to start with a phone call to request scheduling an appointment and then also follow with sending letters summarizing the issue and include our face sheet with the relevant information.

cell- elected officials who is likely supporters so we will approach x person who is chairman of committee then approach — he is also a chairman of x committee

then approach

general floor of senate and gen floor of house of rep

this is when the entire house votes

even if all the democrats vote for it in Tn the republicans wheel will be the one to influence the vote tn has more republicans

bill-look to see what committee it was assigned to in the house. go to site where u track the bill look to see what committee it was assigned to in the house and in the senate . these are the committees the bill is likely to be assigned to so you will approach the committee — and — see on the website ...this person is the chair of this committee to which the bill is likely to be assigned in the house “”””” the senate

these are the ppl you should have on the legislators map then the last person u approach is the governor. after the bill is voted in senate and house then gov he is an elected official he can veto it

also make sure everywhere start on ass 1 proposal cover more ppl by expanding from 138-150. 2nd proposal is that their initial funding is coming from lawsuit and surplus funds. make sure this is consistent on fact sheet, media campaign, messaging, talking points. do not have anything about expanding medicaid. needs to be on same funding, 2nd in to last cell in ass 5

	<p>in the billing history on tennessee general assembly you will see who is the chair of that committee wapp.capitol.tn.gov sponsor introduces the bill, the chair decides if the committee will even consider to put it on the calendar . thats where a lot of bills die once the chair decides to assign it then u want to know who the people are on the committee then it goes to house of rep, they dont have time to read a bill so the party leader will tell them why they should vote for the bill. so you need side of party leader if gov veto, 2/3 of each house can overturn governors veto</p>
<p>What are the main points you would want to discuss, if given the opportunity? Have at least 5-6 talking points (10 pts.) Melissa, Laurretta</p>	<p>Key Talking Points</p> <p>When discussing the key points during the campaign there are several areas that will be addressed. The first key point is that of the prevalence of substance abuse in Tennessee. According to the Tennessee Department of Health there were 18,733 nonfatal outpatient overdose appointments and 7,603 nonfatal overdose inpatient hospital stays in 2020. The second key point is that substance abuse affects a family on every level: emotional, psychological, financial, and social (American Disease, 2022). With that many people do not realize that substance abuse issues flow over into other state services such as the Department of Children's Services (DCS). Substance abuse in adults can lead to abuse or neglect of that adult's children.</p>

	<p>The third key point the campaign will make is to address how our campaign is going to make changes for those in need of substance abuse treatment. End the Substance Abuse Crisis campaign will cover individuals that are at or below 150% of the poverty line with the Safety Net Fund. The funding will come from the surplus fund from the last fiscal year and the opioid supplemental lawsuit fund. By increasing the amount of funding in the program many more patients/clients will be reached. For instance, through Governor Haslam's 2018-19 budget and other executive actions to attack the state's opioid epidemic TN Together was created. TN Together has a website where patients/clients will find information about substance abuse, read success stories (259 published at this time), and find resources, therefore, with more funding to raise the poverty level more patients/clients will be reached. The fourth key point to be made is that of where the funding will come from. For instance, taxes will not be going up as a result of the increase in funding. The funding for the increased funding will be coming from charitable sources. The fifth key point to address will be to cover how a continuum of care within TN Together will be reached with more advocating and funding.</p>
<p>Describe your plan to monitor the progress on the policy issue as it moves from where it currently is through to implementation (5 pts.) Noreen</p>	<p>Progress Monitoring Plan</p> <p>End the Substance Abuse Crisis will monitor the progress on the policy issue as it moves from where it currently is to implement in the following ways. We will track the analytics and algorithms around our social media posts and ensure the traction around our words and hashtags expose us to the appropriate platforms. We will monitor where the petitions are and ask</p>

beneficiaries to let us know when they have submitted a letter or given a phone call. This will ensure proper ‘buzz’ and support around the policy.

EtSAC will find an appropriate author for the bill with proper knowledge of the issue. Then, the team will monitor its progress with the adequate legislator official who will carry the bill. This legislator will ensure the proposal is submitted to the legislative council and monitor the language around the bill. We will know through the bill sponsor when there will be a hearing on the bill. Before the hearing, we will ensure our coalition’s allies have called the legislation and send letters showing their support for the issue. We will also ensure the press release comes out before the hearing. At the hearing, we will send social media posts to ensure many members of our coalition will be there for the hearing and will prepare beneficiaries of the bill to testify with a written script.

EtSAC will monitor its bill as it passes through the Tennessee General Assembly by checking the state legislator website <http://www.legislature.state.tn.us>. EtSAC will stay in contact with the bill’s sponsors to be updated with the latest information concerning the bill in the General Assembly. We will see the bill through its hearing by the fiscal committees, as it is a bill affecting state funding. The coalition will then monitor its movement through more chambers and committees and be ready to testify as necessary.

If the bill passes, it will be time for implementation. The implementation will follow up with the safety net fund being available to the appropriate substance abuse intervention centers and services. Substance Abuse and Mental Health Services and

	<p>other relevant agencies will look into how this bill will affect their services to the low-income community. The coalition will inform the beneficiaries and ‘faces’ of our campaign of the bill’s implementation. They will be part of the announcement of its passing on our various social media platforms and websites.</p>
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Assignment 6: Comprehensive Portfolio

This final assignment will be based on your previous work throughout the semester. You must implement all feedback received.

In addition to the compilation of all other completed sections and DQ1 (theoretical framework), you will include a cover page, abstract, table of contents, references section at the end followed by appendices. You may also choose to include in your appendices any supplementary materials as you see fit. This must be formatted as paper with indented paragraphs, headings and subheadings, and transitions

As this is an e-portfolio product, and the intended audience for the policy portfolio will be potential employers, colleagues, and other stakeholders, the portfolio should be organized and formatted in a manner that is reader-friendly, non-technical, and visually appealing. If you did implement all or part of the plan, evidence of this should be included in the portfolio. For instance, if you submitted an editorial or sent a letter to an elected official, any correspondence should be included in the portfolio. You will receive extra credit for any aspect of the plan that is implemented.

If you are working in pairs or in small groups, I expect that your advocacy plan will be more comprehensive and aspects of the plan will be implemented as is feasible. (140 pts.)