

Tennessee Recovery Congregations

*Bringing hope
to the hurting
through the
community
of faith*

A toolkit designed to equip, connect, and empower faith-based organizations who wish to serve those struggling with addiction.

Never doubt that a small group of thoughtful,
committed citizens can change the world.
Indeed, it's the only thing that ever has.

Margaret Mead

LETTER FROM THE COMMISSIONER

Dear Reader,

Thank you so much for your interest in the Faith-Based Initiative that we have built in the State of Tennessee. My predecessor, Commissioner Doug Varney and I had a vision of how we could transform our local communities by galvanizing Tennessee's faith-based congregations to support people struggling with addiction. With that vision, under the administration of Governor Bill Haslam and the leadership of our Director of Faith-Based Initiatives, Dr. Monty Burks, we built from the ground up, a network of more than 300 Certified Recovery Congregations. To us, this program is of the utmost importance in coordinating resources to serve Tennesseans suffering from addiction – especially those who cannot afford services.

Our goal is to transform our state, one community at a time, and expand access to high quality treatment and recovery support services. As we bring on each new house of worship and educate faith leaders and their congregations on the brain science of addiction and recovery, we make enormous strides in addressing stigma while also lifting up people living in long-term recovery.

Whether in Tennessee or elsewhere in the United States, we hope this toolkit will serve useful to you in your efforts to engage faith-based communities in addressing addiction. Thank you for what you have done and will do to serve your community and to help people grow in recovery.

All my best,



Commissioner Marie Williams, LCSW

Tennessee Department of Mental Health & Substance Abuse Services



**If you judge people,
you have no time to love them.**

Mother Teresa

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Identifying the Problem



Addiction has taken a deep toll on Tennessee families. In 2016 alone, 1,631 people died from an overdose, or about five each day. The growth of this crisis — of deaths and of addiction — has left no community untouched. We also know that while there are about 6.6 million Tennesseans, 85% of them affiliate with one of the state's 11,500 faith congregations.¹

As the Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) developed its response to this

crisis, we recognized the opportunity to leverage this critical, untapped network of caring individuals and faith communities as a means to help address addiction in our state.

Response to the Need

Based on the network of the faith community at large, TDMHSAS believed it could help congregations utilize a best practice model to develop recovery supports within their community. When we began, we prioritized pastoral support to congregations around behavioral healthcare. We built a best practice model designed to help congregations look at addiction beyond the language of a moral failing and view it as a treatable disease. By building a network of certified recovery congregations, we believed we could break down the stigma of addiction to serve our citizens and help them connect to the recovery services they need. By creating a network of certified recovery congregations, Tennesseans living with addiction could find love and support in their struggle rather than shame.



History of the Faith-Based Initiative

This initiative began in August 2014, under the vision of then Deputy Commissioner Marie Williams and Commissioner Doug Varney. For more than two years, they talked about what an opportunity it would be to leverage the faith community in service to those struggling with addiction. It wasn't until hearing Dr. Monty Burks speak about his personal path to recovery and the role the faith community played in that process that leadership felt they had the right person to lead the effort and build the vision.

Commissioner Varney believed that the faith community can, and should be, at the front lines of combatting addiction, especially facing the rise in opioid misuse, addiction, and overdose. The department created the first Director of Faith-Based Initiatives, whose sole responsibility was to reach out to local communities and congregations and engage them in a discussion of what it means to support the addicted community.



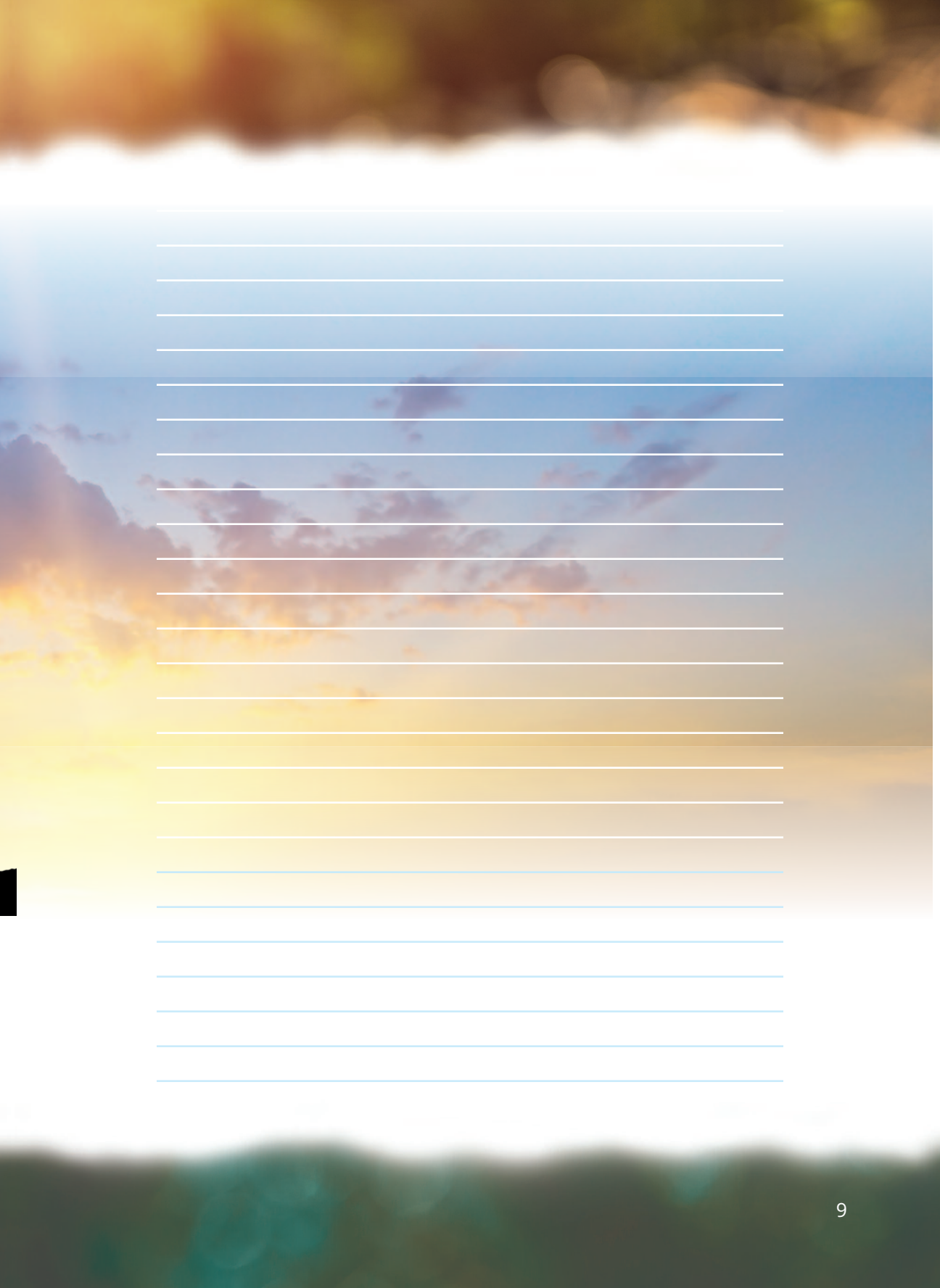
Vision

The vision of the Faith-Based Initiative is to partner with and leverage Tennessee's faith-based communities to increase outreach, build recovery pathways, and provide an educated, welcoming, and supportive place for individuals struggling with substance abuse issues so that they may find help and hope on their pathway to recovery.



Mission

The mission of the Faith-Based Initiative is to educate all 11,500 of Tennessee's faith-based communities about the brain science of addiction and resources available to help and certify each to be a Certified Recovery Congregation so that Tennesseans struggling with addiction can find sanctuary within the faith community as a welcoming place to pursue recovery.



May all that have life
be delivered from suffering.
Buddha



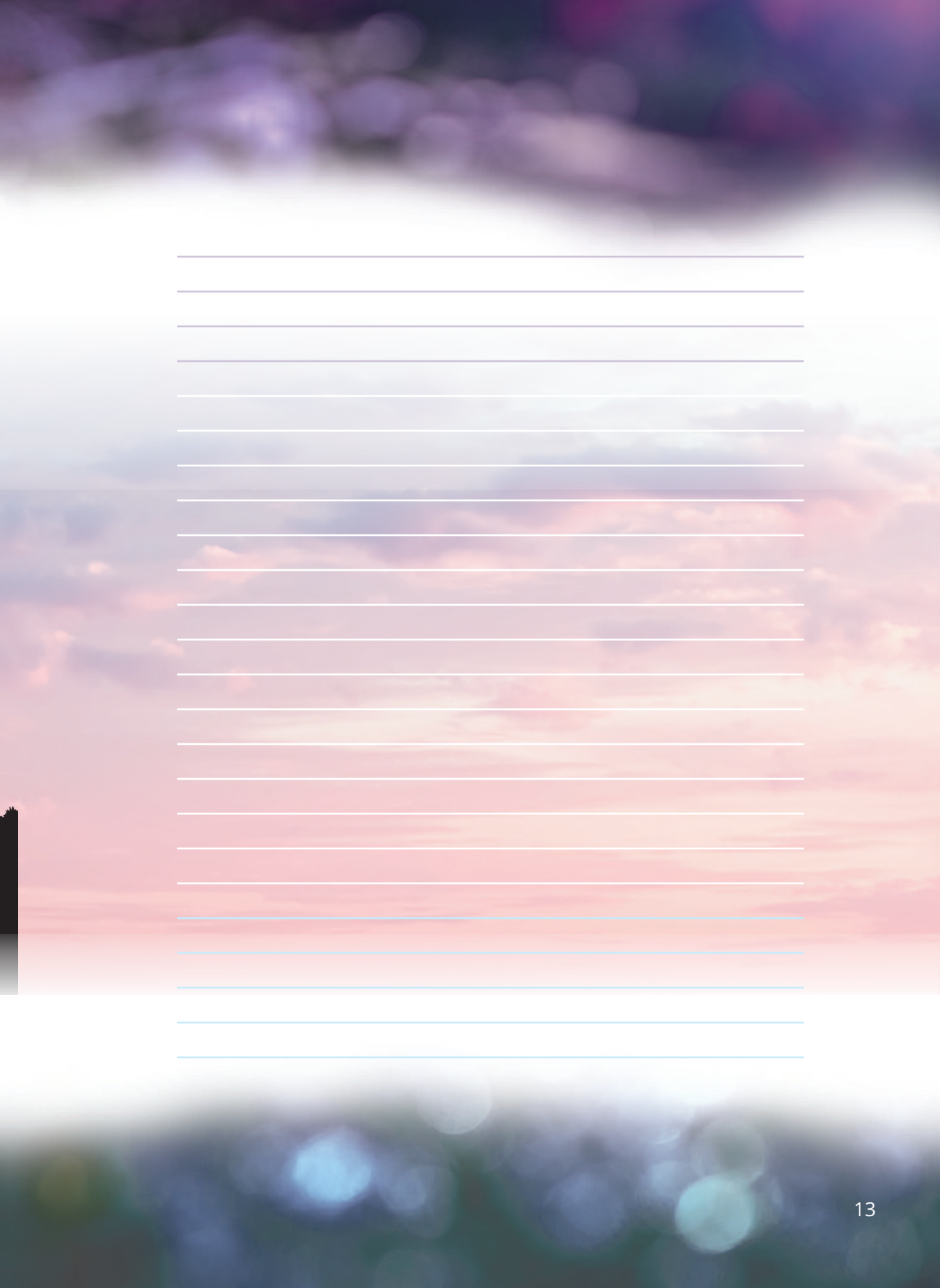
Implementation Guide

Faith-Based Initiative Goals

The goals of the Faith-Based Initiative are to:

- Connect individuals struggling with addiction to treatment.
- Facilitate understanding of what treatment and recovery are.
- Increase knowledge of what addiction is.
- Spread awareness of the Faith-Based Initiative certification and its requirements.
- Understand the continuum of care and collaborate with it.
- Help groups understand and implement the best practice model.
- Promote and improve effectiveness of the faith-based initiative and how it connects the community with recovery and support services.





Getting Started

In order to get the network of Certified Recovery Congregations off the ground, TDMHSAS first leveraged networks we had in place to interact with our faith-based community. The anti-drug coalitions that the department funds across the state were the ideal place to begin because of their existing community connections. The primary function of these coalitions is to work to reduce dependence on harmful and potentially lethal



substances such as prescription drugs, alcohol, and tobacco. Utilizing the basic networks that they had in place, we hosted our first community information forums – our first chance to explain the disease of addiction.

These first discussions allowed the department to come back later and build individual relationships. **Our goal was simple; meet the faith community where they were so that they could meet individuals struggling with addiction where they are.** Leveraging the community momentum that already exists across your state – specifically around substance use and addiction – will make your efforts more effective. When you're getting started in your communities, think of the following organizations as places to begin.

Resources to access and leverage across your state might include:

- Community Anti-Drug Coalitions
- Treatment and Recovery Courts
- Addiction Recovery Programs (ARP) Agencies
- Local Health Departments
- Health Educators
- Local Law Enforcement Agencies
- Colleges / Universities

Assessing your Community Needs

Before you get started, you'll first want to assess what your community needs are. This includes identifying stakeholders (See the next section), community resources, and what work may have been done already as it relates to building a Faith-Based Initiative.

Tennessee used the Strategic Prevention Framework (SPF) that the Substance Abuse and Mental Health Services Administration (SAMHSA) supports.²

This framework suggests the following five steps.

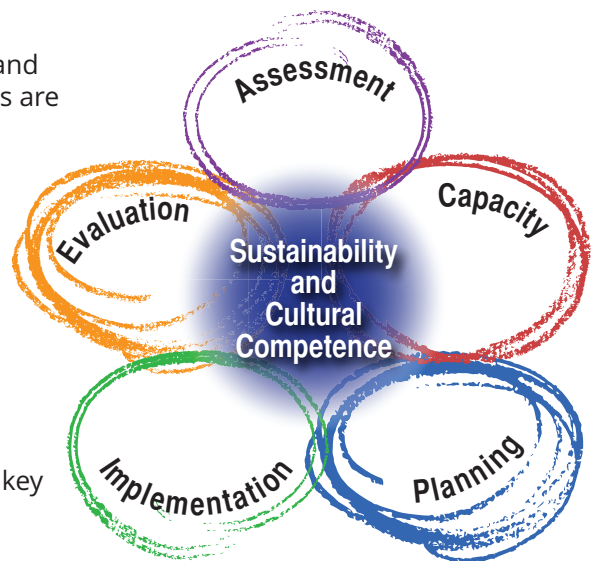
Step 1: Assess Needs – Gather and assess data to ensure that efforts are appropriate and targeted to the needs of communities.

Step 2: Build Capacity – Build and mobilize resources at the local level to address the needs identified in step 1.

Step 3: Plan – Develop a plan to prioritize the needs identified in step 1. Understand the capacity within the community to ensure key goals can be achieved.

Step 4: Implement – Put the strategic plan identified in step 3 into action.

Step 5: Evaluate – Systematic collection and analysis of data to measure progress against goals and desired outcomes.



Visit SAMHSA's website to learn more about how to implement the SPF approach in your local community.

²www.samhsa.gov/capt/applying-strategic-prevention-framework

Stakeholder Identification: The State

Tennessee's successful development of a network of recovery congregations required the support and investment by a number of critical stakeholders. This list, while not exhaustive, is an indication of some of the individuals in your state or community whose leadership and engagement will facilitate the success of your program.



Your State Behavioral Health Authority

In Tennessee, this is the department commissioner. In other states this might be your department secretary.

Why it's important: Setting a vision will need to come from the top. It takes time and resources in order to engage with and transform this community. Without this critical executive buy-in, it may be difficult to have the resources allocated to make the program successful.

Other Executive Leadership

This would include deputy or assistant commissioners and other department leadership.

Why it's important: Once a commissioner or secretary sets a vision, it takes time, resources, and overcoming inevitable roadblocks to make this program what it could be. Having divisional leadership on board and engaged as you grow will be important to help solve problems and ensure resources are allocated to support the program's development.



State Division of Community Behavioral Health

In Tennessee, the Director of Faith-Based Initiatives is a part of the Division of Community Behavioral Health. This division is responsible for the state funding associated with the continuum of care of community mental health and substance abuse services.

Why it's important: The buy-in and participation of your divisional leadership will help facilitate the long-term growth of the network of congregations. Because each congregation will be leveraging prevention, treatment, and recovery resources in their areas (many of which will be state-funded), it's critical that the directors of these program areas be engaged and in a position to inform their network of providers the information relevant to the faith-based initiative.

Program or Project Director

In order to build a network of recovery congregations, you'll need a primary point of contact who will lead the growth, support, and development of these congregations. In short, you will need a project manager. Building this program takes time, in-person meetings, and a lot of intrastate travel.

Why it's important: Picking the right person to engage with the community will make or break this program. It takes a lot of time, in-person interaction, and in some cases, additional support to engage with faith leaders to educate them on what addiction is, and why their congregation is an important part of your state's recovery network.



Consider a Director who has the following qualities:

- Ideally a person in long-term recovery with lived experience of addiction.
- Communicating with faith leaders may be improved by having a background in theology (generally) to provide a level of credibility and to facilitate a deeper connection to the community.
- A history of interacting with communities of faith and the ability to speak in terms that will establish credibility and facilitate a deeper connection.
- Engaging and relatable.
- Strong public speaker.
- Culturally competent to be able to communicate and build relationships with diverse types of people across the state's regions.

Stakeholder Identification: The Community

In order to build engagement and efficacy in this program, we recommend coordinating with the following entities in the community:

Faith Leaders

This is your targeted audience. Ideally, you'll be coordinating with the leadership of each congregation, specifically because they can impact change within their organization.

Why they're important: They are a well-respected voice of authority within their community and are often connected with a network of leaders outside of the congregation. Buy-in from the faith leadership at large will help this initiative take off and grow quickly. Faith leaders are in a position to establish and facilitate community capacity from the pulpit, within their organization, and potentially within their larger group of faith leaders.



IMPLEMENTATION GUIDE

Spouses of Faith Leaders

These individuals, while not the primary focal point of this initiative, are critical for expanded access within the community of followers, as well as outside of it because of their connection to the faith leader.

Why they're important: These individuals are often well-respected within their communities, will provide secondary access to the congregation, and are in a position of influence. Their support of the faith-based initiative will often facilitate continued growth, the application of resources, and attention in supplemental groups beyond the primary congregation.

Community Anti-drug Coalitions

Coalitions work every day to build community connections between prevention, treatment, and recovery resources in their areas. Building from the networks that are already in place will save time and energy and help you get in the door of congregations where relationships may already exist.

Why they're

important: Coalition support of your faith-based initiative will provide for ongoing success as well as credibility. They provide community capacity and likely have relationships with many of the individuals you are trying to reach. Keeping them out of the discussion will make it more difficult to operate at the community level.



Narcan training

Network of Peer Recovery Specialists (e.g. Tennessee’s Project Lifeline)

See the section titled “Engaging with Project Lifeline” to learn more about this program as it exists in Tennessee. Their responsibility is primarily to build community relationships and facilitate access to treatment services. These are a natural connection point to the faith-based initiative.

If your state does not have a network of peers whose responsibilities are to leverage community resources and help individuals suffering with addiction to access treatment services, try accessing the resources of existing recovery fellowships such as Alcoholics Anonymous/Narcotics Anonymous.

Why they’re important: These individuals with lived experience serve as a connection point so faith leaders may more intimately understand the experience of addiction and recovery. People considering recovery are more likely to listen to and accept support from peers who have “been there.” Their connections to the continuum of care in the area will be important for each new congregation.



Rod Bragg, former Assistant Commissioner for Substance Abuse Services, welcomes attendees at a Nashville Faith-Based Recovery Forum.

Community Members and other Allies

There are people in long-term recovery all over your state. They are highly motivated to support others to achieve recovery. They can be strong champions where they are established, tell the story of addiction and recovery, and help you build additional capacity.

Why they’re important: These individuals are able to provide additional insight to your director as he/she travels within communities. They can measure the “pulse” of the community and create access points to help gain influence. Their high degree of passion and motivation can bring your director into hard-to-reach places, as well as help overcome the stigma of addiction.



Tips for Communicating with Faith Leaders

Below are some things we've learned in working within the faith community. Use this as a reference guide when communicating with your state's faith leaders, regardless of denomination.

1. Meet faith leaders where they are. Tap into their passions and abilities and be willing to supplement their work with information and resources.
2. Discuss organic resources that the congregation may already have in place – like ministry work. This is another strategy to meet a faith leader where they are. By aligning your organization's goals to terms that are meaningful to a congregation, stronger partnerships can be built.
3. Respect belief and denominational differences. Sometimes the only resource that will be shared is information. A great start!
4. Invest time into building relationships with the congregation and invite them to be a part of something greater.

As a note, Tennessee is a fairly homogenous population as it relates to faith. 81% of Tennesseans are of a Christian denomination and only 3% identify as a member of a non-Christian faith.³ In light of this demographic profile, it's important to understand the opportunity to leverage even just one faith in Tennessee is enormous. Consider the demographic profile of your state and ensure that you work to build connections with all faith communities in order to support all individuals with addiction.

Coordinating Community Meetings

In order to build a connection with the faith community, we coordinated with our prevention coalitions to host Recovery Forums. These included a number of panels on Treatment & Recovery to educate community members. These forums had the following goals:

1. Increase understanding of recovery.
2. Access community resources.
3. Build stronger community partnerships.
4. Connect the community to Lifeline Peer Project.
5. Engage congregations as partners.

These meetings often served as a first point of contact with individual faith leaders to lay the foundation of relationships. After connecting with an individual faith leader, we use that as a point of access to that community to increase the availability of recovery services to individuals in that congregation.



Putnam County Faith-Based Recovery Forum (Life Church)

IMPLEMENTATION GUIDE

In order for the state to officially recognize a congregation as meeting the minimum requirements of the program, they must implement our Best Practice Model. By doing so, they can then be recognized as a Certified Recovery Congregation. This model requires a congregation to do the following things within their congregation:

Best Practice Model

1. Provide spiritual/pastoral support.
2. View addiction as a treatable disease.
3. Embrace and support people in recovery and walk with them on their journey.
4. Provide a visible outreach in the community.
5. Disseminate recovery information.
6. Host or refer individuals to recovery support groups.



Certified Recovery Congregations

Tennessee's process for integrating congregations into its network of Certified Recovery Congregations includes:

1. The Director of Faith-Based Initiatives makes an initial point of contact with a congregation and meets with congregation leadership to explain the initiative.
2. A congregation learns about the Best Practice Model (facing page) and implements any necessary programs or initiatives in order to become compliant.
3. At the point in time where a congregation meets the minimum requirements, they may choose to complete the relevant questionnaire (See Appendix D).
4. Questionnaire is received and reviewed by the Director of Faith-Based Initiatives for completion and compliance.
5. Upon acceptance into the network of certified congregations, the faith leader is connected with Project Lifeline.
6. Project Lifeline serves as ongoing community point of contact for resources for congregation members.

As a recovery congregation, we have seen an influx of broken souls pouring into our church family. Our addiction ministry has grown by 60%.

Being a Certified Peer Recovery Specialist has expedited my desire to help feed, clothe, and love the brokenhearted. It has opened our church to take the stigma of addiction off the person and treat them as a human soul that God can restore.

Member, The Crossing Church (Kodak, Tennessee)

IMPLEMENTATION GUIDE

It's important to articulate for your congregation leaders the value of implementing the best practice model and achieving state certification. It is through this process that a congregation can most meaningfully serve its members. Some of these messages include:

- Join a network of congregations who do the same / similar work in their respective regions
- Vehicle by which we can create additional access points for their own congregation members

If a congregation should fail to provide the minimum services required in the best practice model, they might lose their certification. However, this department's objective is not to eliminate congregations from the list, but rather work to help rebuild necessary connection points so that a congregation can maintain their certification.

In instances where a congregation can't meet all of the requirements, our priority is to empower and lift up a congregation in the hope that, at a minimum, they would shift their mindset on the topic of addiction. If all a congregation can offer is a safe place where individuals suffering from addiction are understood to have

a brain disease rather than suffer from a moral failing, **this is a victory!** Building capacity to provide services in the Best Practice Model can come later.

In some of Tennessee's most rural areas, congregations have come together to form "Faith-Based Recovery Coalitions" so that a group of congregations can band together in an area and collectively meet the needs of the community in the Best Practice Model.



For example, in the event that congregation A can provide services 1-3 and congregation B can provide services 4-6, they may join together to become a Faith-Based Recovery Coalition and refer members of their respective congregations to the other. This strategy often works for congregations in the most rural areas of our state.

Engaging with Project Lifeline

The Tennessee Lifeline Peer Project, although a tangential initiative, has been integral to the success of building a network of congregations. Under Commissioner Doug Varney, the Department of Mental Health and Substance Abuse Services funded the development of the "Lifeline Peer Project."

Lifeliners are a group of peers who are in long-term recovery, whose primary responsibility is to build capacity in the community for those who struggle with addiction. They also connect folks in active addiction to treatment. The Lifeliners were established as a vehicle to reduce the stigma related to the disease of addiction and increase community support for policies that provide for treatment and recovery services. They are also responsible for educational presentations for civic groups, faith-based organizations, and community leaders to increase understanding of the disease of addiction and support for recovery strategies.



Project Lifeline, 2014

IMPLEMENTATION GUIDE

Each Lifeline serves a specific region of the state where they increase awareness, coordinate between community resources, and connect individuals with treatment and recovery services. *See Appendix B.*

The goals of each Lifeline are:

- To increase the availability of evidenced-based addiction and recovery programs such as, but not limited to, Alcoholics Anonymous and Narcotics Anonymous (AA/NA)
- To increase the number of policies, practices, and procedures that divert individuals into evidenced-based addiction, recovery, and relapse programs rather than incarceration.
- To decrease the number and frequency of relapses experienced by individuals recovering from substance dependency.
- To strengthen capacity and infrastructure at the state, region, and community levels in support of substance abuse, addiction, and recovery services.

In order to become a Lifeline, individuals must at a minimum:

- Be a trained Certified Peer Recovery Specialist (CPRS)
- Have a minimum of two years in active recovery
- Be willing to share their personal success story



Lifeliners also facilitate access to treatment and recovery support within diverse communities by:

- Meeting with Recovery Courts⁴ and assessing Recovery Court needs in his/her region.
- Introducing faith-based partners to Recovery Courts as a resource trained to follow the recovery court's support model.
- Support criminal justice services; identify local community resources that their participants may utilize.
- Provide recovery trainings to reduce the stigma of addiction in their community.
- Find faith-based organizations to host AA and/or NA meetings.

We have utilized this network of peers to serve as the connective tissue between recovery congregations and other community resources. While your state or community may not have a program like Project Lifeline, it's still possible to build a network of recovery congregations. It's important to identify what community resources you do have in place that can support faith-based congregations as they learn about addiction and recovery, the support services in the area, and how to best serve individuals suffering from addiction in their congregation.

Even if you do not have a network of "Lifeliners," building a network of recovery congregations is still possible if you leverage the resources you do have!



Allen Burnette (Lifeline) speaks to Franklin County High School

⁴Drug or Recovery Courts in Tennessee offer treatment and recovery services in place of a jail sentence for non-violent offenders.

"There is power in the pews!"

Billy Graham



Celebrating Successes & Moving Forward



*Opioid Forum at the White House, 2018.
Judge Duane Sloan, Dr. Monty Burks, Debbie Hillin
(Buffalo Valley), Cheryl Godwin (CADAS)*

Since the inception of the faith-based initiative in 2014, we have achieved exciting outcomes.

Outcomes to Date

- Provided more than **3,200** Lifeline Recovery Training events
- Conducted **101** Faith-Based Recovery Support Forums
- Referred **3,240** people to treatment
- Established **421** new recovery meetings (I.E. AA/NA)
- Total Recovery Congregations **380** (As of December 2018)

Opportunities for Growth: Tennessee Recovery Navigators

The Department is currently establishing the Tennessee Recovery Navigators, peers in long-term recovery, who can serve as an access point to treatment and recovery resources in an Emergency Department. This individual maintains a Certified Peer Recovery Specialist (CPRS) Certification in order to use his/her lived experience to help others find recovery.

Their responsibility is first and foremost to meet patients who have recently overdosed in the Emergency Department and connect them with the substance abuse treatment and recovery services they need. This program is currently in active implementation. Information in Appendix C shows the location of these Navigators and the treatment providers who employ them.



Recovery Navigators, 2018

The Recovery Navigator program, while still being implemented, began work in local emergency departments July 1, 2018. To date, (as of October 30, 2018), Memoranda of Understanding have been developed between community treatment providers and hospitals, and over 250 patients have been met after an overdose. This program continues to gain traction and hospitals are being added to the list in order to expand the reach of the program and serve additional Tennesseans.

Opportunities for Growth: Regional Faith-Based Coordinators

We've seen so much growth since the faith-based initiative was first established, we have decided to expand and build on the momentum we've already established. In order to do that, we've hired three Regional Faith-Based Coordinators to serve each of Tennessee's 3 Grand Divisions (West Tennessee, Middle Tennessee, East Tennessee). The primary responsibilities of these individuals is to serve as the point of contact for the faith community, for establishing new recovery programs in congregations, and providing educational presentations.

By expanding the number of individuals who can meet, interact with community congregations, educate them on the brain science of addiction and encourage them to be Certified Recovery Congregations, our goal is to certify all of Tennessee's congregations.

I've seen firsthand what faith in recovery can do. We have a family in our church that when they first came to us they were just coming out of the strongholds of addiction. Now they're pastoring our church in Montana working in jail ministry and Celebrate Recovery!

God is more than able! The Faith-Based Coalition has given us an avenue to extend our passion for recovery in our community. I'm really starting to see the fruit of our labor!

*Minister Alecia Kramer
The Church of God Jerusalem Acres (Cleveland)*



Opportunities for Growth: Getting Certified as a Peer Recovery Specialist

A Certified Peer Recovery Specialist helps others on the path to recovery from mental health or substance abuse. Recovery means different things to all of us. Certified Peer Recovery Specialists are peers. They have first-hand experience with mental illness and/or substance abuse and can offer support and understanding to help others. They promote self-determination, personal responsibility, and empowerment!

Individuals are prepared to become a Certified Peer Recovery Specialist if they have at least two years of recovery time from a substance use addiction and/or mental illness; have a high school diploma, GED, or equivalent; and are comfortable sharing their personal story of recovery with others.

Individuals who are interested in becoming certified must complete an application and can learn more by contacting the Tennessee Department of Mental Health & Substance Abuse Services Peer Recovery Coordinator via email at CPRS.TDMHSAS@tn.gov.



Dave Hodges (Lifeline) was named Certified Peer Recovery Specialist of the year.

HIGHLIGHTS FROM OUR FIRST FOUR YEARS



ABOVE: Commissioner Doug Varney with Rep. Ray Clemmons.



St. John United Methodist (Shelby County)



BELOW: Brentwood United Methodist (Davidson County)



Kingston Church of Christ (Roane County)



nty)



ABOVE: Congregations across the state getting their certifications

BELOW: Dr. Vernal Sweeting, New Destiny Christian Fellowship



Dr. Monty Burks with Sharon Kay, Jazzy 88

HIGHLIGHTS FROM OUR FIRST FOUR YEARS



CPRS Conference, 2017



Bradley County Forum



*Pastor Wes Bender,
West End Church
of Christ*



Lauderdale County Forum



*Dr. Stephen Loyd
speaking on
the science
of addiction.*



The future depends on
what you do in the present.
Mahatma Gandhi



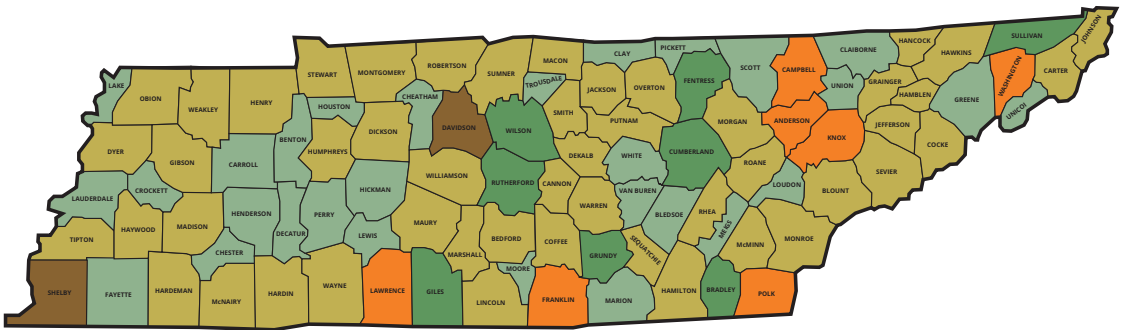
Appendices

APPENDICES

Appendix A

Location of Recovery Congregations

Below is a map of the State of Tennessee highlighting the number of Certified Congregations in each county (current as of June 2018).



Number of Congregations 0 1-5 6-10 11-20 >30

One way to get involved is to contact your Faith-Based Community Coordinator.

East TN Grand Division: Sarah Keel - Metro Drug Coalition - www.metrodrug.org

Middle TN Grand Division: Jaime Harper, CPRS - www.pc4s.org

West TN Grand Division: www.jacksoncountyantidrugcoalition.blogspot.com

Appendix B - Location of Lifeliners

The Lifeline Project is broken down into 7 regions:

- **Region 1:** Hancock, Hawkins, Sullivan, Greene, Washington, Unicoi, Carter, and Johnson
- **Region 2:** Scott, Campbell, Claiborne, Morgan, Anderson, Union, Grainger, Hamblen, Jefferson, Knox, Roane, Loudon, Monroe, Blount, Sevier, and Cocke
- **Region 3 North:** Macon, Clay, Pickett, Smith, Jackson, Overton, Fentress, Putnam, Dekalb, White, Cumberland, Warren, and Van Buren
- **Region 3 South:** Grundy, Sequatchie, Bledsoe, Rhea, Meigs, Marion, Hamilton, Bradley, McMinn, and Polk
- **Region 4:** Davidson
- **Region 5 North:** Stewart, Montgomery, Robertson, Sumner, Houston, Humphreys, Dickson, Cheatham, Williamson, Rutherford, Cannon, Wilson, and Trousdale
- **Region 5 South:** Perry, Hickman, Maury, Marshall, Bedford, Coffee, Wayne, Lewis, Lawrence, Giles, Lincoln, Moore, and Franklin
- **Region 6 North:** Lake, Obion, Weakley, Henry, Dyer, Gibson, Crockett, Carroll, and Benton
- **Region 6 South:** Lauderdale, Tipton, Haywood, Madison, Chester, Henderson, Decatur, Fayette, Hardeman, McNairy, and Hardin
- **Region 7:** Shelby

On the next page is information on the name and contact information for each Lifeline representative based on their region. You can learn more about their stories at our website:

www.tn.gov/behavioral-health/lifeline-project

APPENDICES

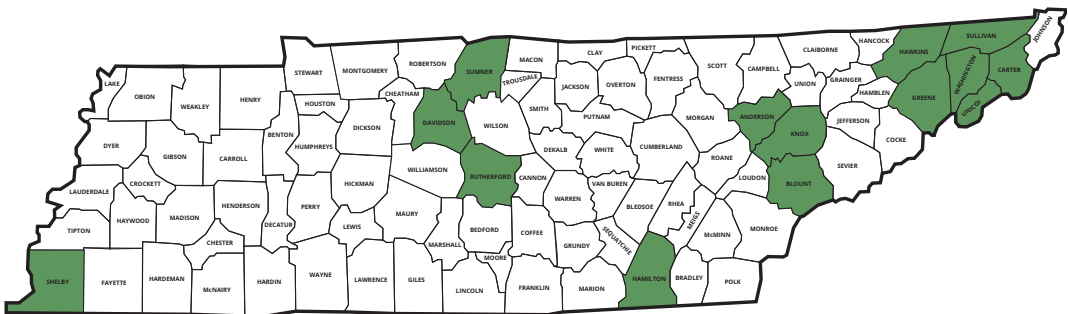
Region 1	Jason Abernathy Insight Alliance 207 E. Main Street Suite 1B Johnson City, TN 37604
Region 2	Jason Goodman Metropolitan Drug Commission 4930 Lyons View Drive Knoxville, TN 37919
Region 3 North	Nathan Payne Power of Putnam 1400 Neal Street Cookeville, TN 38501
Region 3 South	Dave Hodges Franklin County Prevention Coalition 900 South Shepherd Street Winchester, TN 37398
Region 4	Kirk Johnson Nashville Prevention Partnership 1704 Charlotte Pike, Suite 200 Nashville, TN 37203
Region 5 North	Will Taylor CADCOR 415 N. Maple Street Murfreesboro, TN 37130
Region 5 South	Allen Burnette Franklin County Prevention Coalition 900 South Shepherd Street Winchester, TN 37398
Region 6 North	Brannon Powell 1715 Lanes Ferry Rd. Newbern, TN 38059
Region 6 South	Dianne Sherrod WTH Foundation 74 Directors Row Jackson, TN 38301
Region 7	Lincoln Coffman Memphis Prevention 1000 South Cooper Street, Suite 111 Memphis, TN 38104

Appendix C - Location of Tennessee Recovery Navigators

The following map of Tennessee shows the priority counties with the highest rates of overdose in the state (as of 2016 data).

The following list illustrates the treatment providers who are serving each area:

Location	Treatment Provider
Shelby County	Cocaine Alcohol Awareness Program (CAAP)
Davidson County and surrounding areas	Buffalo Valley
Hamilton County	Council for Alcohol and Drug Abuse Services (CADAS)
Knox County, and surrounding areas	Cherokee Health
Upper East Tennessee	Frontier Health



Appendix D - Certification Materials

Whenever a congregation is seeking certification, we send them the following link to digitally complete the certification.

www.stateofennessee.formstack.com/forms/certified_recovery_congregations

This is a sample of what it looks like for a congregation to submit this information to us.

Form Name:	Certified Recovery Congregations
Submission Time:	June 27, 2018 12:38 pm
Browser:	unknown / unknown
IP Address:	127.0.0.1
Unique ID:	999999999
Location:	64.7511, -147.3494
Today's Date	Jun 27, 2018
Address	123 S Main Mayberry, IN 46251 United States
Organization Name	Testing
County	White
Name - Primary Point of Contact	Mr John Jacob J Smith Jr
Phone - Primary Point of Contact	(123) 555-7890
Email - Primary Point of Contact	john.smith@example.com
Pastor Name - if you are not	Mr John Jacob J Smith Jr
Website Link	Testing
Facebook Page	Testing
Pastoral Support	
Would you like information on how to incorporate this into your congregation?	Yes
Addiction As a Disease	
Does your Congregation view addiction as a treatable disease?	Yes
Are you and your congregation interested in learning more about the brain science of addiction?	No

Advertising Services

Does your Congregation advertise services for those who suffer from Mental Health and/or Substance Abuse issues? No

How does your congregation advertise these services? (Check All that Apply) Banners & Signs

Are you interested in learning how you can host recovery meetings at your congregation or refer individuals to meetings in your area? Yes

Ministerial Programs

What type of Ministerial Programs do you provide to your congregants in Recovery? (Check All that Apply) Housing

Recovery Meetings

Does your Congregation Host Recovery Meetings? (Check All that Apply) Other 12-Step Recovery Meeting

What day of the week do you host Faith-Based Meetings? (Check All that Apply) Tuesday

What time do you host Faith-Based Meetings? Testing

What day of the week do you host Alcoholics Anonymous Meetings? (Check All that Apply) Thursday

What time do you host Alcoholics Anonymous Meetings? Testing

What day of the week do you host Narcotics Anonymous Meetings? (Check All that Apply) Tuesday

What time do you host Narcotics Anonymous Meetings? Testing

What day of the week do you host Celebrate Recovery Meetings? (Check All that Apply) Sunday

What time do you host Celebrate Recovery Meetings? Testing

What day of the week do you host Other Meetings? (Check All that Apply) Tuesday

What time do you host Other Meetings? Testing

What day of the week do you host Other 12-Step Recovery Meetings? (Check All that Apply) Sunday

What time do you host Other 12-Step Recovery Meetings? Testing

Does your Congregation Refer Individuals to Recovery Meetings at other Congregations? (Check All that Apply) Alcoholics Anonymous

Appendix E – Sample Presentation

This presentation is an example of what might be used to first explain to a new congregation the importance of providing recovery services for those suffering from addiction at their location.

We are happy to provide this powerpoint for you.



Mission & Vision

- **Mission** - The mission of the TDMHSAS Faith-Based Initiative is to educate all 11,500 of Tennessee's faith-based communities about the brain science of addiction and resources available, and certify each to be a Certified Recovery Congregation so that Tennesseans struggling with addiction can find sanctuary within the faith community as a safe place to pursue recovery.
- **Vision** - The vision of the Faith-Based Initiative is to partner with and leverage Tennessee's faith-based communities to increase outreach, build recovery pathways, and provide an educated, welcoming, and supportive place for individuals struggling with substance abuse issues so that they may find help and hope on their pathway to recovery.

What is Drug Addiction?

- Drug addiction is a **chronic disease** characterized by **compulsive, or uncontrollable**, drug seeking and use despite harmful consequences and changes in the brain, which can be long lasting.
- These changes in the brain can lead to the harmful behaviors seen in people who use drugs.
- **Relapse** is the return to drug use after an attempt to stop.

Drug addiction is a Disease - it is NOT a moral failure!

Source - [National Institute on Drug Abuse](#), [National Institute of Health](#)

Tennessee Statistics

- Number of suicides in 2016
 - 1,110
 - 16.7 per 100,000
- Number of overdose deaths in 2016
 - All Drug Overdose Deaths - 1,631
- Number of those needing but not receiving treatment for illicit drug use, alcohol use, and abuse of or dependence on opioids other than heroin in 2016:
 - 432,030

Source - [National Institute on Drug Abuse, National Institute of Health](#)



Tennessee's Faith-Based Institution Info

- There are 11,542 Faith-Based Congregations/Organizations in Tennessee
 - Ranking 10th in the United States
- Tennessee's Population: 6,651,000
- Number of Identified Congregation Members in Tennessee: 3,522,345
- Over 50% of our state identifies themselves as individuals who attend Faith-Based Organizations and/or Congregations regularly.

Source – [U.S. Religion Census](#)



Tennessee's Faith-Based Institution Info

- There are over 3,173 people of faith per one person who committed suicide in 2016
- There are over 2,160 people of faith per one person who died of an overdose in 2016
- There are 8.2 people of faith per one person needing but not receiving treatment

Source – U.S. Religion Census

What can you do

- Provide Spiritual/Pastoral Support according to your congregation
- View addiction by its definition - as a treatable disease
- Embrace and support people in recovery and walk with them on their journey
- Disseminate recovery information that the Department will provide
- Host or refer individuals to recovery support groups
 - TN Project Lifeline will help guide, if needed
- **Become a Certified Recovery Congregation**
 - Fill out questionnaire to join the state wide network

Types of 12 Step Meetings

Narcotics Anonymous

Nonprofit fellowship or society of men and women for whom drugs had become a major problem.



Alcoholics Anonymous

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem.

Double Trouble Recovery

Peer Support for people with co-occurring addiction and mental health disorders.



Celebrate Recovery®

Celebrate Recovery

A Christ-centered, 12 step recovery program for anyone struggling with hurt, pain or addiction of any kind.

Other types of Recovery Support

- Recovery Support is not just 12 Steps:
 - Employment services and job training
 - Peer-to-peer services, mentoring, and coaching
 - Case management and individual services coordination, providing linkages with other services
 - Self-help and support groups (e.g., 12-step groups, SMART Recovery®, Women for Sobriety)
 - Outreach
 - Life skills
 - Relapse prevention
 - Spiritual and faith-based support
 - Housing assistance and services
 - Education
 - Child care
 - Parent education and child development support services
 - Transportation to and from treatment, recovery support activities, employment, etc.
 - Substance abuse education.
 - Family/marriage education

Action Steps

1. Become Certified Recovery Congregation:
 - Partner with the Director of Faith-Based Initiatives to build capacity to become recovery friendly
 - Partner with TN Project Lifeline to stay up to date on current information
2. Partner with Tennessee Department of Mental Health and Substance Abuse Services to attend or host trainings for clergy and staff to better educate them on addiction:
 - TDMHSAS will provide trainings, free of charge. You can host or attend
 - If you need training on a specific issue, contact TN Lifeline Representative and they will coordinate with TDMHSAS



Dear Friends,

In February of 2017, I was approached about speaking at an event in Dover, Tennessee. My wife and I had been leading a Celebrate Recovery Ministry for a while and we were asked to come and speak about our program. I had the pleasure that night of meeting Dr. Monty Burks and a few members of his team who are passionate about bringing hope to the hurting through the community of faith. These relationships would prove to be invaluable to the mission that we are on to bring healing to our community.

Since then, we have had the opportunity share at other forums in our area, as well as utilize the network and tools gained from these meetings for support, resources, and accountability. We have gained a network of people who are eager to help, who have a wealth of knowledge in a sea of information that can be very difficult to navigate.

The things we've learned through this initiative can be summed up in what I call the five "I's":

Be INTENTIONAL. *As the community of faith, we are called to intentionally seek those who are hurting and offer hope in every situation.*

Be INVOLVED. *As members of the faith community, we are a part of the single largest demographic in the State of Tennessee. With the manpower and familiar network already in place, it only makes sense that we join forces to answer this call!*

Be INNOVATIVE. *As the community of faith, we have a wealth of facilities, transportation resources, networks, access to the internet for job searches and other needs, food banks, familial relationships, and knowledge of other resources in our communities. We can utilize the resources that already exist in new ways to assist those who are working on recovery.*

Be INCLUSIVE. *I work my own recovery from a Christian perspective. That is also the perspective of our ministry. My Higher Power is Jesus Christ. However, the Faith-Based Initiative does an excellent job of being versatile enough to fit into all organizations of faith, without becoming so vague that the object of our faith becomes un-recognizable. We can stand on what we believe to be truth without compromising while still being networked and helpful to others who are reaching people from a different perspective.*

Finally, Be IMMUTABLE. *As with any ministry, it's tough at times. It's frustrating at times. The Faith-Based Initiative has been invaluable. Not only for resources and ideas when we hit brick walls but also supplying a network of people who offer encouragement, prayer, and fellowship when things get tough.*

I am excited to see what the future holds for the Faith-Based Initiative. I'm grateful to The State of Tennessee for seeing this need. I am, more than anything, grateful for the friendships forged through the common compassion realized through this network.

Benjamin Robertson, Hands and Feet Ministries
Ministry Leader, Celebrate Recovery at The Church of Faith and Grace

Love thy neighbor as thyself.

Jesus Christ

**May all that have life
be delivered from suffering.**

Buddha

**If you judge people,
you have no time to love them.**

Mother Teresa

**Where love is, no room
is too small.**

The Talmud

**Our prime purpose in this life is to
help others. And if you can't help
them, at least don't hurt them.**

Dalai Lama

**When you feel the suffering of
every living thing in your own
heart, that is consciousness."**

Bhagavad Gita

"There is power in the pews!"

Billy Graham

**The future depends on
what you do in the present.**

Mahatma Ghandi



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**Mental Health &
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