

Tennessee Certified Faith-Based Recovery Partner Toolkit

**Bringing hope to the hurting through
Tennessee's faith community**



**A toolkit designed to equip, connect, and empower
congregations and communities of faith who wish
to serve individuals struggling with behavioral
health challenges**



Department of
**Mental Health &
Substance Abuse Services**

Faith-Based
Initiative

LETTER FROM COMMISSIONER WILLIAMS

Dear Reader,

Thank you so much for your interest in the Faith-Based Initiative that we have built in the state of Tennessee. With continued leadership from Governor Bill Lee, our Faith-Based Initiative is flourishing, providing increased access to information, trainings, and resources on behavioral health and suicide prevention topics. We have brought on additional Faith-Based Community Coordinators and an Assistant Director of Faith-Based Initiatives to support this work. And to date, this work has borne much fruit: more than 1,100 houses of worship and communities of faith have become Certified Faith-Based Recovery Partners. My predecessor, Commissioner Doug Varney and I had a vision of how we could transform our local communities by galvanizing Tennessee's houses of faith to support people struggling with addiction. With that vision, under the administration of Governor Bill Haslam and the leadership of our former Director of Faith-Based Initiatives, Dr. Monty Burks, we built from the ground up, a network of hundreds of Certified Recovery Congregations.

To us, this program is of the utmost importance in coordinating resources to serve Tennesseans suffering from addiction and mental illness – especially those who cannot afford services. Our goal is to transform our state, one community at a time, and expand access to high quality prevention, treatment, and recovery support services. As we bring on each new faith-based partner and educate faith leaders and their communities on the brain science of behavioral health challenges, we make enormous strides in addressing stigma while also lifting up people living in long-term recovery.

We hope this toolkit will serve useful to you in your efforts to engage faith-based communities in addressing mental health and addiction challenges. 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



LETTER FROM THE EXECUTIVE DIRECTOR OF THE GOVERNOR'S OFFICE OF FAITH-BASED & COMMUNITY INITIATIVES

Greetings,

Tennessee is a state that boasts abundant resources, one of the most valuable of which is its communities of faith. These individuals, whether acting alone or in groups, have a significant impact on their communities. Without them, Tennessee would not rank among the top states for quality of life, economic opportunities, and family-friendly environments. In my role as the Executive Director the Governor's Office of Faith-based and Community Initiatives, I have witnessed the transformative power of individuals like you, who have established ministries, shared resources, and provided support to those in need.

The Tennessee Department of Mental Health and Substance Abuse Services has developed an exemplary model for engaging people of faith and inspiring them to improve the lives of their fellow citizens. Nearly 1,160 faith communities across our state have already pledged their support to this initiative. If you are reading this toolkit, you are likely aware of the challenges posed by mental health and substance abuse. However, the toolkit outlines a proven path that has positively impacted tens of thousands of lives over the past decade. I thank you for your dedication to serving others and for your interest in making a meaningful difference in this crucial area.

Sincerely,



Lance Villio | Executive Director
The Governor's Office of
Faith-Based & Community Initiatives



LETTER FROM THE DIRECTOR OF THE OFFICE OF FAITH-BASED INITIATIVES

Welcome,

The overarching goals of The Office of Faith-Based Initiatives are to continuously expand the recovery-friendly mindset of Tennesseans and increase access to evidence-based and evidence-informed behavioral health education and resources across the state. We strive to partner with all denominations, faiths, and systems of belief to ensure anyone needing help can gain access to a continuum of care which establishes a safe environment to seek help and a supportive community willing to walk with individuals through their journey of recovery.

The basis of our work is simple: to provide hope for individuals with behavioral health challenges. Our coordinator team is comprised of individuals in long-term recovery from substance use disorders and/or mental health challenges who are now living testimonies of Hope. We work with each community, congregation, institution, and entity according to the need and encourage our partners to collaborate so precious lives can be saved.

My fervent hope is that generational healing can be experienced by all Tennesseans. For us to be successful, we need help from each community, congregation, and individual to increase understanding and reduce stigma concerning behavioral health challenges. We must work together so there is always room for one more. It takes a village, so, let's be the village!

Thank you,



Jaime Harper | Director

TDMHSAS Office of Faith-Based Initiatives



TABLE OF CONTENTS

RECOVERY DEFINED	6
PEOPLE OF FAITH HAVE AN IMPACT	7
RESPONSE TO THE NEED	8
PARTNERING WITH THE INITIATIVE	10
WHAT DOES IT MEAN TO BE A CERTIFIED FAITH-BASED RECOVERY PARTNER?	13
HOW TO BECOME A CERTIFIED FAITH-BASED RECOVERY PARTNER	14
RECERTIFICATION	17
FAITH-BASED COMMUNITY COORDINATOR RESPONSIBILITIES	23
GOALS OF A FAITH-BASED COMMUNITY COORDINATOR	24
PROJECT LIFELINE COORDINATOR RESPONSIBILITIES	25
GOALS OF A LIFELINER	26
APPENDIX A:	28
LOCATION OF OUR CERTIFIED PARTNERS	28
APPENDIX B:	28
LOCATION OF OUR FAITH-BASED COMMUNITY COORDINATORS	28
APPENDIX C:	29
LOCATION OF OUR LIFELINE COORDINATORS	29
APPENDIX D:	30
CERTIFIED PEER RECOVERY SPECIALISTS	30
APPENDIX E:	31
COMMUNICATING WITH OTHER FAITH LEADERS	31
APPENDIX F:	32
ASSESSING YOUR COMMUNITY NEEDS	32
STAKEHOLDER IDENTIFICATION:	32

RECOVERY DEFINED

What does the word “recovery” mean to you? Is it finding what has been lost? The concept of “restoration” in many faith traditions is certainly something that easily comes to mind, and it’s an apt concept for how we discuss recovery in the behavioral health field. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the working definition of recovery from mental disorders and/or substance use disorders is “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”¹ A life in recovery is supported in four major areas or dimensions:

Health

Overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable, peaceful, and safe place to live and have respite.

Purpose

Meaningful daily activities and noble endeavors, such as a job, school, volunteerism, family caretaking, or creative hobbies, as well as the independence, income, and resources to participate in society.

Community

Relationships and social networks that provide support, friendship, love, and hope.

Together, these dimensions of recovery empower a person to begin a new life and find their full potential. As we walk through this Faith-Based Toolkit, think about ways your faith community touches these areas of a person’s recovery.

¹ <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

PEOPLE OF FAITH HAVE AN IMPACT

PEOPLE OF FAITH HAVE AN IMPACT

This Faith-Based Toolkit was created with the intention of connecting Tennessee faith-based communities with the behavioral healthcare community (i.e., healthcare services for individuals living with mental illness, substance use disorder, or co-occurring disorder). If you are a member of any faith-based community in the state of Tennessee and wish to join our faith-based recovery network, this toolkit will provide you with essential tools and access to resource information. Whether you are clergy, a faith-leader, a congregation, community member, or concerned citizen, we all can play a role in the recovery process.

IDENTIFYING THE OPPORTUNITY

Behavioral health² challenges, including mental health and substance use disorders, have taken a deep toll on Tennessee families. In 2022 alone, 3,826 Tennesseans died from an overdose, which averages to more than ten deaths each day; additionally, the state saw 1,245 deaths by suicide. The growth of this crisis has left no community untouched. We also know that while there are just over 7.1 million Tennesseans³, 55.6% of them affiliate with one of the state's nearly 13,400 institutions of faith.⁴

As the Tennessee Department of Mental Health & Substance Abuse Services (TMHDSAS) developed its response to the crisis, we recognized the opportunity to leverage this critical, untapped network of caring individuals and faith communities to help address unmet behavioral health needs in our state.

² The term “behavioral health” in this context means the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities - SAMHSA

³ <https://www.census.gov/quickfacts/TN>

⁴ <https://www.thearda.com/us-religion/census/congregational-membership?y=2020&y2=0&t=1&c=47>


RESPONSE TO THE NEED

Based on the network of the faith community at large and their existing work and desire to help individuals struggling with substance use, TDMHSAS believed it could come alongside the congregations and support them with a best practice model that would expand their reach in providing recovery supports within their community. When we began in 2014, we prioritized spiritual and pastoral support to congregations around addiction and substance misuse. We built a best practice model designed to help congregations look at substance use disorders beyond the language of a moral failing to view it as a treatable disease. In later years we also included a focus on mental health concerns as an opportunity to create partnerships with the local faith community. By building a network of Certified Recovery Congregations and Certified Recovery Communities of Faith⁵, we believed we could break down the stigma of mental health challenges and substance use disorders to serve our citizens and help them connect to the recovery services. By creating a network of Certified Faith-Based Recovery Partners, Tennesseans living with behavioral health challenges could find love and support in their struggle rather than shame and isolation. This belief has become a reality with the Faith-Based Initiative.

HISTORY OF THE FAITH-BASED INITIATIVE

The initiative began in August 2014, under the vision of TDMHSAS Deputy Commissioner Marie Williams and TDMHSAS Commissioner Doug Varney. For more than two years, they talked about the opportunity to leverage the faith community in service to those struggling with a substance use disorder. Commissioner Varney believed that the faith community could and should be at the frontline

⁵ A Certified Recovery Congregation is a faith-based congregation, church, or institution and Certified Recovery Community of Faith may include organizations, groups, programs, or entities, that provide recovery support services and/or recovery friendly environments, through their identity as a faith-based community partner.



of combatting substance use disorders, especially the rise in opioid misuse and overdoses. Commissioner Varney and Deputy Commissioner Williams saw Dr. Monty Burks speak about his personal path to recovery and the role the faith community played in that process. At that moment, Varney and Williams knew they had found the right person to lead the effort and build the vision.


TDMHSAS 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 those with substance use disorders. The result of this work has been the increased awareness around mental health challenges and substance misuse as a behavioral health challenge, thus increasing the opportunities for partnerships and collaborations.

Under the leadership of Commissioner Marie Williams, the Faith-Based Initiative has flourished. The department has brought on and increased the number of Faith-Based Community Coordinators to serve each of Tennessee's three Grand Divisions and has also added an Assistant Director to provide support for various tasks such as coordinator onboarding, increasing educational offerings, and data reporting.

VISION AND MISSION

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 behavioral health challenges so they may find help and hope on their pathway to recovery.

The mission of the Faith-Based initiative is to educate all 13,400 of Tennessee's faith-based institutions about the brain science of substance use disorder, the basics of mental health challenges, and the resources available to help, so each can become a Certified Faith-Based Recovery



Partner and other Tennesseans struggling with behavioral health challenges can find sanctuary within the faith community and a safe place to pursue recovery.

FAITH-BASED INITIATIVE GOALS

The goals of the Faith-Based Initiative are to:

- Connect individuals struggling with behavioral health challenges to treatment
- Facilitate understanding of treatment and recovery
- Increase knowledge of mental health challenges and substance misuse
- Spread awareness of the Faith-Based Initiative certification and its requirements
- Help others understand the continuum of care and collaborate with it
- Help groups understand and implement the best practice model
- Promote and improve the effectiveness of the faith-based initiative in bridging the gap between the faith community and recovery support services

PARTNERING WITH THE INITIATIVE

Tennessee's process for integrating the faith community into its network of Certified Faith-Based Recovery Partners includes:

1. Potential partners learn of our certification and determine their feasibility and suitability of our services to help them reach their goals. This can include determining why they want to partner with us, can they follow our Best Practice Model, and are the

leadership and members on board with the partnership. It is extremely important for the leadership to be amenable in partnering with us and encouraging the members to be involved with the work. Helping individuals find hope takes a considerable amount of effort and no one person can do it alone.

2. Once a congregation or community of faith decides they are ready to begin, the potential partner will fill out a Certification Interest Form (*See Page 15*).
3. The form is received and reviewed by the Assistant Director of Faith-Based Initiatives. Once the review process is complete and the partner is assessed as a well-suited partner, the Assistant Director will discuss any relevant information with the regional Faith-Based Community Coordinator who will help develop a plan of action with the partner and work with them to complete the Partnership Application.
4. The Faith-Based Community Coordinator and new partner will work together to implement the developed plan and reach the desired goals of the partnering congregation or community of faith and continue to develop outreach within the community. In Implementing this plan, the partnering congregation or community of faith will strive towards reaching their desired goals as well as increasing outreach to their community.
5. Each partner will recertify every two years by completing at least 3 trainings within that time period while continuing to uphold the best practice model and working toward their established goals.
6. Faith-Based Community Coordinators serve as an ongoing community point of contact for resources, such as connecting to Project Lifeline for recovery services, and access to Regional Overdose Prevention Specialists for harm reduction trainings.

It is through the process of implementing the certification and determining the appropriate tier of partnership, that a congregation or community of faith can fully serve its members, join a

“It has been a pleasure to become a visible partner with the Faith-Based Initiatives and help meet the needs of the community.”

*Pastor Cornelius Hill
Ephesian Primitive Baptist Church*

network of faith-based partners who do the same or similar work in their respective regions, and be a vehicle by which additional access points to recovery and other support services can be created through congregation members and communities of faith.

If a congregation or community of faith should fail to meet the minimum requirements to sustain and maintain certification, a Faith-Based Community Coordinator will work with them to rebuild necessary connection points, so a Faith-Based Recovery Partner does not lose certification.

In instances where a congregation or community of faith cannot meet all the requirements, our priority is to empower and encourage them in hope that, at a minimum, they would shift their mindset on the topic of mental health challenges and substance use disorders. If all a faith-based partner can offer is a safe place where individuals struggling from mental health challenges can be understood as having a manageable condition, and where substance use disorder is understood as a treatable 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 and communities of faith have come together to form “Faith-Based Recovery Coalitions” so that a group of faith-based partners can collectively meet the needs of the community and reduce stigma for those who struggle within the community.

What does it mean to be a Certified Faith-Based Recovery Partner?

- A Certified Faith-Based Recovery Partner is a recovery friendly congregation or community of faith that provides a safe space for individuals with behavioral health



Knoxville Area Rescue Ministries (KARM)
Women of Hope Conference, Knoxville, TN

- challenges to seek help and offers a sense of acceptance and belonging for individuals to maintain their recovery.
- A Certified Recovery Congregation is a faith-based congregation, or institution and a Certified Recovery Community of Faith may include Faith-Based organizations, groups, programs, or entities, that provide recovery support services and/or recovery friendly environments through their identity as a faith-based recovery partner.
- Certified Faith-Based Recovery Partners are an integral part of the continuum of care providing a trauma informed, supportive community that surrounds the individual and serves as a buffer during times of stress, hardship, and struggles. This buffer allows the individual to know they are not alone but instead supported by others who want to aid in success.
- Certified Faith-Based Recovery Partners are listed on the TN.gov website so individuals seeking a recovery friendly faith community can find it.

Each congregation and community of faith receives training and education that will help them better understand behavioral health challenges and how to work with individuals who may need a safe place to begin or maintain their recovery. To learn more about the trainings, contact the coordinator in your region. To access the website which provides information for our Certified Faith-Based Recovery Partners, see the QR code and link (at right). Simply select the county of interest and information for our partners will be provided.



tn.gov/behavioral-health/research/fast-facts/recovery-congregations.html

How to Become a Certified Faith-Based Recovery Partner:

For the state to officially recognize a congregation or community of faith, they must follow the simple tasks set forth in the Best Practice Model. By doing so, they can be recognized as a Certified Faith-Based Recovery Partner. This model requires the following provisions:

Best Practice Model

1. Provide spiritual/pastoral support.
2. View mental health challenges and substance use disorders as manageable conditions.
3. Embrace and support people in recovery and walk with them on their journey.
4. Provide visible outreach in the community.
5. Disseminate recovery information.
6. Host or refer individuals to recovery support groups.
7. Pledge to recognize suicidal ideation and connect individuals in need, to crisis services.
8. Become trauma-Informed and create a safe space for individuals to share their hurt and begin their healing.



https://stateofkentucky.gov/formstack.com/forms/certified_faith_based_recovery_partner_interest_form

Whenever a congregation or community of faith is seeking certification, we direct them to the following link or QR Code to digitally complete the interest form to the left.

Next Steps for Certified Faith Based Recovery Partners

Each faith-based recovery partner will become actively involved in the effort to reduce the

stigma associated with behavioral health challenges through in-reach, outreach, education, and access to recovery resources. Each partner has its own strengths. Some have food pantries, clothing ministries, transportation, or support groups. Some partners are searching for a place to begin their work in this much needed space. The Faith-Based Community Coordinator can help each partner determine their short-term and long-term goals, find their desired tier of partnership, and excel in the area(s) which best meets the needs of the community and the faith-based recovery partner.


Partnership Tiers

We have established 5 tiers of partnership to provide goals and opportunities for growth for each partner. These are not levels of partnership. Regardless of tier, each partner is fully certified. Scan the code to the right to access the certification process and partnership information.

Beginning with **Tier 1**, a great starting point for providing in-reach for partners looking to become more knowledgeable on how to work with recovery community, we simply ask for the completion of 3 trainings in a two-year period, a continued effort to uphold the Best Practice



https://www.tn.gov/content/dam/tn/mentalhealth/documents/OFB_Certification_Process.pdf



Guidelines, and to consider working toward a higher tier of partnership in the future.

Tier 2 provides opportunity for regular outreach to the community through education, resources, and the establishment of connection with individuals in need of hope. The requirement of this tier seeks to provide consistency within your community with behavioral health focused trainings that can be provided bi-monthly or quarterly and can include other partners in your area. The trainings can be accompanied with meals, sobriety-focused events, and/or life skills classes.

Tier 3 seeks to strengthen the efforts of our partners by utilizing individuals with lived experience within the congregation or community of faith to become the point person who can provide assistance for those in need. This is accomplished by encouraging the individual to become a Certified Peer Recovery Specialist (CPRS), learning how to walk with others in their recovery, providing resources and referrals, and considering establishing a support group that meets the needs of the partner and their community.

Tier 4 builds upon the previous work by implementing support groups sessions according to the need of the community and the establishment of a clergy support group for our faith leaders who often carry the weight of the community on their shoulders with very little support.

Tier 5 expands the work with other certified partners in the community and provides opportunity to establish a faith-based recovery coalition with access to even more resources and funding opportunities to assist in the success of those seeking recovery, such as assessing needs of the community, providing access to recovery housing, transportation, scholarships, and the establishment of a Community Recovery Resource Hub.

Recertification

There is a recertification process that can easily be achieved by going through at least three trainings in a two-year time span while continuing to uphold the best practice model and working toward their established goals.


Some of the trainings consist of Suicide Prevention, Trauma Informed Care/Approach, Adverse Childhood Experiences, Mental Health First Aid, Basics of Mental Health, and The Addicted Mind. These and many other trainings are available **at no cost** to our partners and can be found in our adjacent Educational Services Packet link and QR code. If desired, the partner is welcome to host a faith forum in which the Faith-Based Community Coordinator and Lifeline Peer Project Coordinator introduce various aspects of recovery, resources, and services to the congregation, community of faith, and community at large. The forums are excellent means of outreach, allowing the community to learn about our partners and see how much they care.



<https://tn.gov/behavioral-health/esp>

Meeting the Faith Community Where They Are

Getting the network of Certified Faith-Based Recovery Partners off the ground, TDMHSAS first leveraged networks we had in place to interact with our newly established faith-based community. The Substance Use Prevention 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 the coalitions had in place, we hosted our first community information forums to explain the disease of addiction.



These discussions allowed the department to return later and build individual relationships. Our goal was simple: meet the faith community where they were so they can meet individuals struggling with behavioral health challenges where they are. Leveraging the community momentum which already exists, specifically around the topic of behavioral health, will increase the effectiveness of your efforts. When becoming involved in your community, consider the following existing resources:

- Substance Use Prevention Coalitions
- Tennessee Mental Health Consumers' Association
- Addiction Recovery Program (ARP) Agencies
- Local Health Counsels
- Health Educators
- Local Law Enforcement Agencies
- Higher Education Institutions
- Tennessee Suicide Prevention Network
- Peer-Support Centers
- Mental Health Providers

To build engagement and efficacy in your community, we recommend partnering with the following entities:

➤ **Other Faith Leaders and their Spouses**

Ideally, you'll be coordinating with the leadership of surrounding congregations and communities of faith because they can impact change. By working together, you can create a profound transformation can affect the whole community.

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

➤ **Community Substance Use Prevention 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 secure established connections throughout your community.

- *Why they're important:* Coalition support of the faith-based initiative provides ongoing success as well as credibility to our work. They provide community capacity and likely have relationships with many of the individuals you are trying to reach. Leaving them out of the discussion will make it more difficult to operate at the community level.



Prevention Coalition for Success provides an annual Rutherford County Recovery Fest during National Recovery Month and provides access to education, prevention and recovery resources, community partners, great food, and family friendly entertainment.

➤ **Suicide Prevention Advocates**

Statewide public/private organizations and/or partnerships responsible for implementing suicide prevention strategies.

- *Why they're important:* Suicide affects people of all races, ages, and socioeconomic groups. Suicide prevention advocates make a difference in their communities by including counselors, mental health professionals, physicians, clergy, journalists, social workers, law enforcement personnel, as well as loss survivors and those with lived experience.



National Suicide and The Black Church Conference in Memphis, TN.

➤ **Peer Recovery Specialists (Tennessee's Project Lifeline, Faith-Based Community Coordinators and more)**

These men and women are a natural connection point for the faith-based initiative. Their responsibility is primarily to build community relationships and facilitate access to treatment and

recovery support services. See the section on engaging with Project Lifeline and the Faith-Based Community Coordinators to learn more about this program as it exists throughout our state. If your community has limited access to a network of peers whose responsibilities are to leverage community resources and help individuals struggling with addiction to access treatment services, enlist help from the resources of existing recovery fellowships such as Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, Double Trouble, and ALL Recovery.

- *Why they're important:* People with lived experience serve as a connection point so that faith leaders may more intimately understand the experience of substance use, recovery, and behavioral health challenges. 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 congregation and community of faith.



Faith and Community Based Forum that included trauma informed care and harm reduction training.

➤ **Community Members and Other Allies**

There are many people in long-term recovery across the state. They are highly motivated to support others to achieve recovery. They can be strong champions where they are established, tell the story of mental health challenges, substance misuse, and recovery, and help you build additional capacity.

- *Why it's important:* These individuals can provide additional insight 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 you into hard-to-reach places, as well as help overcome the stigma of behavioral health challenges.

➤ **Building Connection with the Faith Community**

To build connection with the faith community, we coordinated with our prevention coalitions to host Recovery Forums. These included several panels on Treatment & Recovery to educate community members. These forums have 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 and communities of faith 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 or community of faith.

FAITH-BASED COMMUNITY COORDINATOR RESPONSIBILITIES



Community Cookout in Memphis, TN with the Office of Faith-Based Initiatives, The Healing Center, and community partners.

FAITH-BASED COMMUNITY COORDINATOR RESPONSIBILITIES

The Faith-Based Community Coordinators are individuals in long-term recovery from a mental health challenge and/or substance use disorder. They are men and women of strong faith who can communicate with respect and acceptance to diverse faith communities. In Tennessee, there are three distinct grand divisions that differ by geography and culture. There are Faith-Based Community Coordinators for the northern and southern areas in each division and an additional Coordinator serving Memphis/Shelby County.

It is the responsibility of the Faith-Based Community Coordinator to be a single point of contact for Certified Faith-Based Recovery Partners and a conduit between the faith community and the continuum of care. Faith-Based Community Coordinators maintain awareness of the community resources and providers within their region and build relationships with partner agencies so that they can connect faith-based institutions with community partners to lead individuals to treatment and recovery. Faith-Based Community Coordinators partner with other members of the Faith-Based Initiatives team to meet congregations and communities of faith where they are in terms of culture, needs, and goals. See *Appendix B* for the Faith-Based Community Coordinator assigned to your region.

GOALS OF A FAITH-BASED COMMUNITY COORDINATOR

- To create a large network of Certified Faith-Based Recovery Partners within their region to help individuals find acceptance, treatment, and recovery resources, so they can become an integral part of the community and, in turn, help others who are in need

OUTCOMES

- *Forums Conducted in all 95 Counties*
- *Yearly Average of 139 New Faith-Based Recovery Partners across the State*
- *Yearly Average of 109,000+ Attendees to Trainings/Town Halls/Community Based Events.*

- To educate, empower, and encourage the faith-based community to address mental health and substance misuse needs in their congregations and communities of faith
- To connect faith-based recovery partners with agencies and organizations who can provide ancillary and adjunct resources as they minister to their congregations and communities of faith who may benefit from services
- To be a change agent, steering the faith community toward an attitude of grace and compassion about those struggling with mental health challenges and/or substance use disorders, making places of faith powerful refuges for those seeking healing and recovery

To become a Faith-Based Community Coordinator, individuals at a minimum must:

- Be a trained Certified Peer Recovery Specialist (CPRS) For more information, see *Appendix E*.
- Have a minimum of two years in active recovery from substance misuse and/or mental health challenges
- Be willing to share their personal success story

LIFELINE COORDINATOR RESPONSIBILITIES



Group Photo of the Faith-Based Community Coordinators, Director, and Assistant Director:
Back Row, left to front row, right: Jaime Harper, Arsanía Wright, Shelby Fisher, Vanessa Edmondson, Chris Smith, Kate Parsons, Ashlee Crouse, Jolie Shipley, and Nathan Payne.

PROJECT LIFELINE COORDINATOR RESPONSIBILITIES

The Tennessee Lifeline Peer Project, although a tangential initiative, has been integral to the success of building a network of faith-based partners. Under Commissioner Doug Varney, the Department of Mental Health and Substance Abuse Services funded the development of the “Lifeline Peer Project.” Lifeliners are men and women who are in long-term recovery, whose primary responsibility is to build capacity in the community for those who struggle with behavioral health challenges. They also connect individuals seeking help with behavioral health challenges to supportive services. The Lifeliners were established to reduce the stigma related to behavioral health challenges and increase community support for policies that provide treatment and recovery services. They are also responsible for education presentations to civic groups, faith-based institutions, and community leaders to increase understanding of behavioral health challenges, to grow support for recovery strategies.

GOALS OF A LIFELINER

- To increase the availability of evidence-based substance use disorder recovery programs such as, but not limited to, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)

- To decrease the number and frequency of relapses experienced by individuals recovering from substance dependency

- To strengthen capacity and infrastructure at the state, regional, and community levels in support of substance use recovery services

OUTCOMES

- Average of 1,981 Yearly Lifeline Recovery Trainings.

- Average of 5,500+ Individuals Referred to Recovery Support Services, Yearly.

- Yearly Average of 48+ New Recovery Meetings Established.

To become a Lifeliner, individuals at a minimum must:

- Be a trained Certified Peer Recovery Specialist (CPRS)
- Have a minimum of two years in active recovery from substance misuse and/or mental health challenges
- Be willing to share their personal success story

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

- Introducing faith-based partners as a resource for wrap around services and a part of the continuum of care for individuals who are justice involved
- Finding faith-based partners to host AA and/or NA meetings
- Working with the Faith-Based Community Coordinators to help faith-based partners find and host recovery meetings

- Providing support, when necessary, to the Criminal Justice Behavioral Health Liaisons⁶ and their work with Recovery Courts⁷
- Providing recovery focused trainings to reduce the stigma of mental health challenges and substance use disorders in their community

The Faith-Based Initiative utilizes the Lifeliners and Faith-Based Community Coordinators to serve as the connective tissue between faith-based recovery partners and other community resources. It is important to identify what community resources you do have in place that can support faith-based partners as they learn about mental health challenges, substance use disorders, recovery, and support services in the area, and how to best serve individuals who may have behavioral health concerns in their own faith community.



Tennessee Office of Faith-Based Initiatives at the Day of Hope event hosted by The Old Country Store at Casey Jones Village in Jackson, TN.

⁶ www.tn.gov/behavioral-health/cjl

⁷ Drug or Recovery Courts in Tennessee offer treatment and recovery services in place of a jail sentence for non-violent offenders.

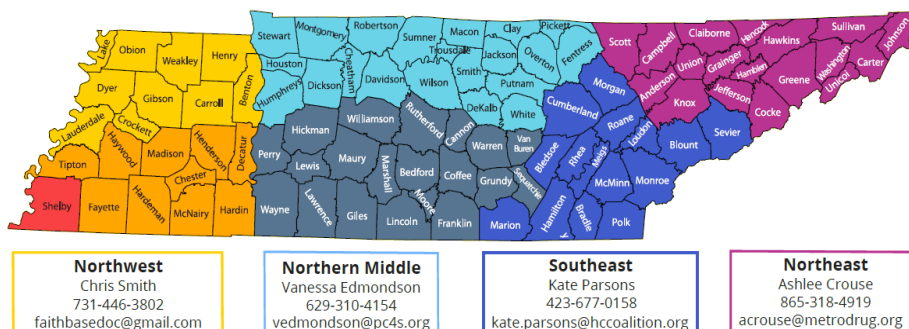
APPENDIX A: LOCATION OF OUR CERTIFIED PARTNERS

Below is a map of the State of Tennessee highlighting the number of Certified Recovery Congregations in each county. For an interactive map visit: [Fast Facts: Certified Recovery Congregation Locations \(tn.gov\)](https://www.tn.gov/fast-facts/certified-recovery-congregation-locations).



APPENDIX B: LOCATION OF OUR FAITH-BASED COMMUNITY COORDINATORS

Below is a map of the State of Tennessee highlighting the regions covered by the Faith-Based Community Coordinators and their contact information.



Northwest

Chris Smith
731-446-3802
faithbasedoc@gmail.com

Northern Middle

Vanessa Edmondson
629-310-4154
vedmondson@pc4s.org

Southeast

Kate Parsons
423-677-0158
kate.parsons@hccoalition.org

Northeast

Ashlee Crouse
865-318-4919
acrouse@metrodrug.org

Southwest

Shelby Fisher
731-256-6956
shelby@jprevent.org

Southern Middle

Jolie Shipley
615-956-4557
jshipley@pc4s.org



**FAITH-BASED
COORDINATOR**
FAITH-BASED RECOVERY SUPPORT SERVICES

Shelby County

Arsania Wright
901-632-8940
arsaniawfbcc@gmail.com

TN.gov/behavioral-health/faith

APPENDIX C: LOCATION OF OUR LIFELINE COORDINATORS

Below is a map showing the Lifeline assigned to each region and their contact information. This map is updated regularly and can be found here: [Lifeline Peer Project \(tn.gov\)](https://www.tn.gov/lifeline-peer-project).



Lifeline Peer Project Regional and Hybrid Coordinators



The Lifeline Peer Project is established to reduce stigma related to the disease of addiction and increase access to substance abuse recovery supports. All Lifeliners start meetings, hold trainings, and connect people to treatment. Hybrid Lifeliners focus on Tennessee's distressed and rural counties where resources can be scarce.

West Tennessee

Lake and Obion Counties
Jeff Roberson, 901-661-1195
jeffreYROBerson85@gmail.com

Lauderdale, Haywood, and Obion Counties
Brannon Powell, 731-223-2755
brannonpowell@yahoo.com

Region 7 - Shelby County
Lincoln Coffman
901-289-9706
lcoffman@memphisprevention.org



Region 6n
Keith Jernigan
731-244-1449
lifeline@wcpcoalition.org

Region 6s
Dianne Sherrod
731-694-3161
dianne@jemprevent.org

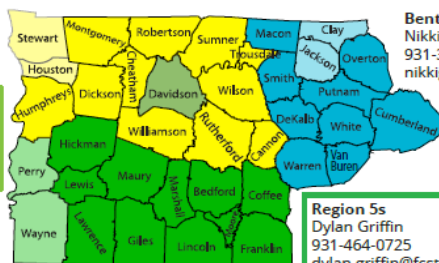
Hardeman and McNairy Counties
Mary Evelyn Overton
731-780-0992
maryevelyn@jemprevent.org

Middle Tennessee

Region 5n Lydia Price
615-603-9092
lprice@pc4s.org

Region 4 - Davidson Co.
Kirk Johnson
615-715-1017
kjohnson@starsnashville.org

Wayne, Perry, & Lawrence Counties
Ginger Wells-Smith
931-629-3638
gwells@lawcotn.org



Benton, Houston, & Stewart Counties
Nikki Green
931-305-1991
nikkigreen.hybridlifeline@gmail.com

Clay, Jackson & Smith Counties
Chris Hodges
931-349-4051
chodgeslifeline3n@gmail.com

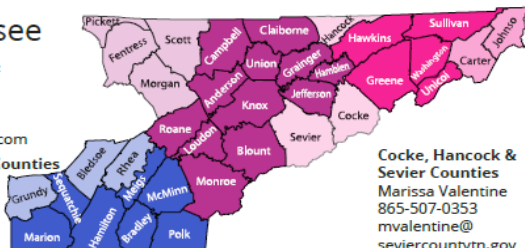
Region 5s
Dylan Griffin
931-464-0725
dylan.griffin@fcstn.net

Region 3n
Pete Smith
931-650-1375
lifeline@powerofputnam.org

East Tennessee

Scott, Pickett, Fentress, & Morgan Counties
Randall Byrge
423-215-1933
randallbyrge21981@gmail.com

Grundy, Bledsoe & Rhea Counties
Dave Hodges
931-709-1161
davidchodges@gmail.com



Cocke, Hancock & Sevier Counties
Marissa Valentine
865-507-0353
mvalentine@seviercountynm.gov

Johnson & Carter Counties
Jennifer Street
423-470-3907
jstreethlc@outlook.com

Region 3s
Maurice Draine
423-933-6772
maurice.draine@hccoalition.org

Region 2
Jennifer Knisley
865-410-9527
jknisley@metrodrug.org

Region 1
Jeremiah Lovelady
423-328-8751
lifeline@insightalliance.org

APPENDIX D: CERTIFIED PEER RECOVERY SPECIALISTS

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 health challenges and/or substance misuse 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 disorder and/or mental health challenges; 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 at CPRS.TDMHSAS@tn.gov. More information can also be found here: [Certified Peer Recovery Specialist Program \(tn.gov\)](https://www.tn.gov/cprs/cprsp/certified-peer-recovery-specialist-program).



Certified Peers attending the 2023 Peer Conference “The Power of Peer Support”

COMMUNICATING WITH OTHER FAITH LEADERS

Below are some important tips to consider when working within the faith community. Use this as a reference guide when communicating with other faith leaders, regardless of denomination.

1. Meet other faith leaders where they are. Tap into their passions and abilities.
2. Discuss organic resources that other congregations and communities of faith may already have in place, like food pantries, clothing ministries, transportation, etc. This is another strategy to meet a faith leader where they are.
3. Respect belief and denominational differences. Sometimes the only resource that will be shared is information. This is a great start.
4. Invest time into building relationships with other congregations and communities of faith and invite them to be a part of something greater.

Tennessee is a conglomerated population as it relates to faith. Given this demographic profile, cultural responsiveness is required to create effective partnerships. Consider the demographic profile of your community and ensure that you work to build connections with other faith communities to support all individuals with behavioral health challenges.



The Church's Approach to Addressing Mental Health Issues Event at The Citadel of Deliverance, Memphis, TN. Pictured from left to right: Kayla Williams, Pastor Diane Young, Vicki Jackson, Bishop Linwood Dillard, Lady Stephanie Dillard, Nikki Green, Arsanias Wright, & Jaime Harper.

APPENDIX F:

GETTING STARTED IN OTHER STATES

It is important to assess your community needs. This includes identifying stakeholders (see the next section), community resources, and what work may have been done already as it relates to the faith community.

Tennessee uses the Strategic Prevention Framework (SPF) that the Substance Abuse and Mental Health Services Administration (SAMHSA) supports.⁸

- ❖ 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, [SAMHSA Strategic Prevention Framework Guide](#).

STAKEHOLDER IDENTIFICATION:

Tennessee's successful development of a network of faith-based recovery partners required the support and investment by several 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.

⁸ www.samhsa.gov/capt/applying-strategic-prevention-framework

➤ **Your State Behavioral Health Authority**

In Tennessee, this is the department Commissioner. In other states this might be a department Secretary.

- *Why it's important:* Setting a vision will need to come from the top. It takes time and resources 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.

➤ **State Division of Community Behavioral Health and Other State Executive Leadership**

In Tennessee, the Director of Faith-Based Initiatives works with the Division of Mental Health Services, Division of Substance Abuse Services, and Office of Strategic Initiatives. These department areas are responsible for both state and federal funding associated with the continuum of care of community mental health and substance abuse services. Additionally, deputy or assistant commissioners of other state departments can be partnered with.

- *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 is critical that the directors of these programs' areas are engaged and able to inform their network of providers about the information relevant to the faith-based initiative.

➤ Program or Project Director

To build a network of faith-based recovery partners, you will need a primary point of contact who will lead the growth, support, and development of these partnerships. You will need a project manager. Building this program will take time, in-person meetings, and a lot of 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 behavioral health challenges are, and why their congregation or community of faith 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 mental health challenges and/or a substance use disorder
 - Communicating with faith leaders may be improved by having a background in religious studies 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

Thank You!

We hope this toolkit has been beneficial in providing you with a better understanding of the Office of Faith-Based Initiatives, our projects, and our work across the great state of Tennessee. For those of you who already partner with us, thank you for your trust in us and your willingness to create a recovery friendly environment for individuals seeking or maintaining their own recovery walk. For those of you who may be hearing of us for the first time, we hope this toolkit has provided enough information to pique your interest and encourage you to reach out and partner with us in the future.

Sincerely,

The Office of Faith-Based Initiatives



*The opposite of everything negative in life is...
connection.*

