

Knox County Substance Misuse Response

Three-Year Strategic Plan

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Executive Summary

Knox County, Tennessee lost 293 individuals to overdose deaths from any drug in 2019 with a rate of 62.3 per hundred thousand people (Mileusnic-Polchan, 2019). According to the Knox County Regional Forensic Center, “Preliminary data for drug-deaths in 2020 unfortunately indicates an upward trend” (Mileusnic-Polchan, 2019). Overdose deaths are not the only concern. There are numerous other deaths related to alcohol, substance misuse, and co-occurring disorders requiring a broader look into substance misuse epidemics. For individuals with substance use disorders, around half have a co-occurring mental health diagnosis (NIDA, 2018). Individuals with substance use disorders have a 10-14 times greater risk of suicide as a primary cause of death (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

Section 1 of this plan explores the background of the **All4Knox** initiative and overarching information associated with it. This section highlights the process by which this document and subsequent documents have been, and will continue to be, developed.

Section 2 delves into the scope of the substance misuse problem in the county, highlighting the interventions, use of resources, and the overall individual and community costs of the issue.

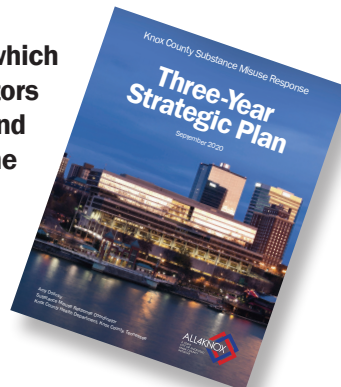
Section 3 begins with the large-scale goals and desired achievements of the strategic plan. It is then divided into six subsections or areas of focus. These areas of focus each contain goals, strategies, and tactics. The areas of focus represent a specific point on the continuum of care and are intended to provide ways in which all community members and groups can play a role in addressing this epidemic. Areas of focus include:

- Prevention
- Treatment
- Recovery
- Harm reduction and other intervention approaches
- Supporting families and community

Section 4 provides a breakdown of the same strategies and measures from Section 3 organized by sectors, allowing individuals to access the information according to specific to a sector.

Section 5 outlines future considerations for growth and development. References and a glossary have also been added to this section.

■ **This plan is a working document in which changes will be made as new collaborators join the initiative, new practices exist, and as additional planning ensues. Due to the COVID-19 pandemic, All4Knox ceased meeting and planning between April and August. Work accomplished from August through September was only in virtual settings.**





Letter from Knox County Mayor Glenn Jacobs

Isolating, ruining, devastating, life altering, wrecking, ravaging ... these are just a few words that can be used to describe the effects of substance misuse and addiction on individuals and families. Like almost everyone, addiction and substance misuse have touched my life. One of my best friends has been in recovery for over ten years. Sadly, out of the many people I know who have struggled with overcoming their substance misuse, he is the only one who has not relapsed, spiraled down the pit of self-destruction or, in the worst cases, died. Nevertheless, he spends every minute of his life with a Sword of Damocles looming over him. One bad choice and his life could careen out of control.

My friend is not alone. Millions of Americans suffer from substance dependency. Public health officials have identified this problem as an epidemic. East Tennessee has been particularly hard hit. If we are to successfully confront this issue, we must come together as a community, have frank discussions and develop a unified plan to take back the lives that are being victimized by this epidemic. That means that we must get rid of the stigma and misinformation that cripple our ability to appropriately deal with this problem. We must also continue to unify our resources because no single agency, organization or effort can address this alone.

I am grateful for the leadership and efforts of Metro Drug Coalition and the Knox County Health Department to help end this epidemic. We know that this is not an issue that can be rectified overnight. If we are to put an end to this epidemic, it will require the involvement of the ENTIRE community.

Thank you for playing a part in this important effort. Our strength is in our collaboration.

Sincerely,

A handwritten signature in blue ink that reads "Glenn Jacobs". The signature is written in a cursive, flowing style.

Glenn Jacobs
Knox County Mayor



Letter from City of Knoxville Mayor Indya Kincannon

Dear stakeholders, advocates and partners,

We have come a long way together in the past year, and this All4Knox Strategic Plan is an important milestone in our collaborative effort to address our community's pain and suffering associated with the opioid crisis.

All4Knox does more than recognize the scale and complexity of the devastation caused by opioid and substance misuse. By bringing together such a wide and diverse group of experts, caregivers, faith leaders and families with firsthand experiences, we are also assembling the combined perspective, deep commitment and collective resources to affect lasting change.

Much work remains, but we now have a strategic plan with coordinated strategies and measurable goals. We have a road map that will lead to effective prevention, intervention and healing.

I thank the All4Knox thinkers and doers for the time and energy they continue to give to help us turn the tide on opioid addiction. Because of your hard work this past year, and the passion you will continue to demonstrate going forward, you are making Knoxville a healthier community.

Sincerely,

A handwritten signature in blue ink, appearing to read "Indya K.", with a stylized flourish.

Indya Kincannon
City of Knoxville Mayor

Knox County
Substance Misuse Response

Section 1

Background Information



Vision

Decrease the impact of substance misuse within Knox County, Tennessee.

Mission

Create community-level change and a coordinated response to better address the substance misuse epidemic.

Core Principle

Commitment to instilling hope and building community through collaboration, persistence and treating all with respect and care.

Introduction

Substance misuse in Knox County, Tennessee continues to be an issue of great importance, impacting those who live, work and travel to the area.

Knox County lost 293 individuals to overdose death from drugs in 2019, with an age-adjusted rate of 62.3 deaths per hundred thousand (Mileusnic-Polchan & Lott, 2019). Comparatively, the U.S. age-adjusted rate is 20.7 deaths per hundred thousand (Centers for Disease Control and Prevention [CDC], 2018). While death is a risk for those misusing substances, there are also many medical, social, economic and community issues from addiction. This problem touches nearly every aspect of our community, and it will take all of us working together to turn the tide.

This plan was developed with support from nine community sectors, chosen based on the guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA), a national substance misuse prevention agency.

COMMUNITY SECTORS

- Business
- Education
- Faith-based communities
- Family/community
- Government

- Health care professionals
- Justice systems
- Non-profit/service organizations
- Treatment/recovery/harm reduction

This plan is rooted in a desire to improve the health and well-being of the people of Knox County through a communitywide and coordinated response to the substance misuse epidemic. This will require changes to how we address substance misuse as a community. Every effort will be made to utilize evidence-based and best practices, strategies we know work in other communities, while also acknowledging innovation will likely be critical.

Addiction is a chronic, relapsing illness requiring comprehensive approaches. Every person in our community has a role to play and can individually and collectively create change.

As new partnerships develop and more people become involved in addressing substance misuse, our collective awareness of the problem will increase, which will result in a reduction in stigma, encouraging more people to seek help. As more people engage with services, we should be able to more accurately capture the extent of the substance misuse problem in Knox County.

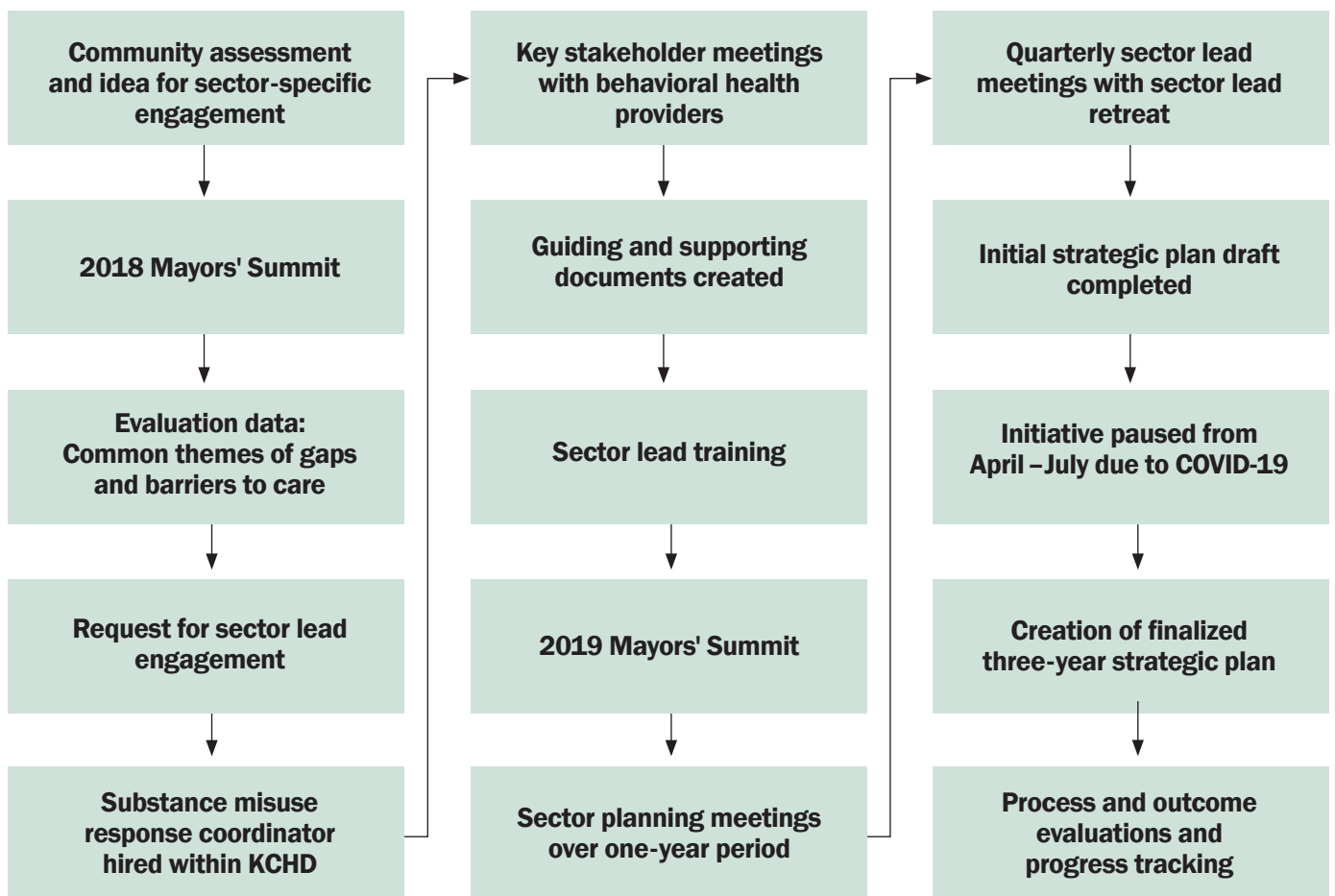
■ This plan is a working document in which changes will be made as new collaborators join the initiative, new practices are created, and as additional planning ensues.

Background

Beginning in 2018, at the direction of both Knox County Mayor Glenn Jacobs and City of Knoxville Mayor Madeline Rogero, All4Knox began. This joint initiative would become the basis for addressing the opioid and overall substance misuse epidemic in Knox County. Leaders from the city, county, Metro Drug Coalition, health department, and district attorney general’s office began meeting to discuss ways in which the needs of the community could be met, and lives could be saved. This resulted in the 2018 Mayors’ Community Summit: A Community Discussion on Substance Misuse. This summit began the initial planning process that would encompass a communitywide plan.

Initial priorities and themes were developed at the 2018 summit and resulted in a proposal to develop a strategic plan (more details on the discussions and outcomes of the 2018 summit are available at All4Knox.org). Key stakeholders from the city, county, public health, and Metro Drug Coalition continued to meet and discuss progression toward a healthier and safer community. Stakeholders in each identified community sector were contacted to create subcommittees that were willing to tackle collaboration within their respective sectors. In April of 2019, a substance misuse response coordinator was hired at the Knox County Health Department to facilitate the communitywide strategic plan.

Process Model



Knox County
Substance Misuse Response

Section 2

Scope of Substance Misuse
in Knox County



Scope of Substance Misuse in Knox County

The scope of substance misuse is broad and far-reaching. To explain this complicated issue, we must review the full spectrum. It is important to begin with the upstream causes, such as childhood trauma, then move into the behaviors and factors that can lead to substance use disorders. Finally, we must review both the devastating individual impacts and deaths, as well as the community outcomes and economic costs.

All of this information can be found in the All4Knox Strategic Plan Roadmap available at All4Knox.org. Some updated data and information is featured in this section

Adult Interventions

A snapshot of several measurable interventions occurring in our community

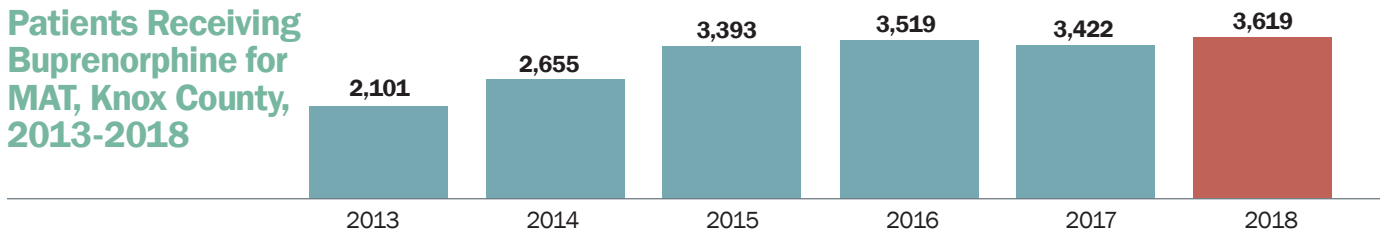
MAT PRESCRIPTIONS

Medicated-assisted treatment (MAT), is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (SAMHSA, 2019).

Intervention: The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.

- SAMHSA (2019)

Patients Receiving Buprenorphine for MAT, Knox County, 2013-2018



Source: Tennessee Drug Overdose dashboard, 2018

DEPLOYMENT

- Between January 2017 and December 2019 ...

4,021 individuals required naloxone

by first responders to reverse a suspected opioid overdose, for an average of 114 individuals per month.

Source: Sturm, R. (2020). Knox County naloxone deployment by first responders [Unpublished report]. Knox County Health Department, Knox County, Tennessee.

Utilizing naloxone deployment as an indication of overdose burden in a community is a novel approach taken by the Knox County Health Department, in support of the Harm Reduction Coalition, to quantify the problem.

INPATIENT AND OUTPATIENT HOSPITALIZATIONS

In Knox County in 2018:

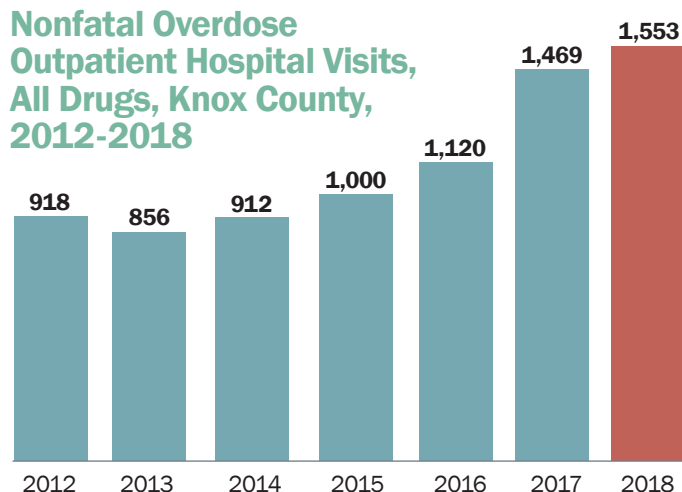
- There were **1,553 nonfatal outpatient visits** for overdose (350 per 100,000).
- There were **426 inpatient stays** for overdose (90 per 100,000)

Statewide in 2018:

- There were **16,363 nonfatal outpatient visits** for overdose in Tennessee (253 per 100,000)
- There were **7,202 inpatient stays** for overdose in Tennessee (103 per 100,000)

NONFATAL OVERDOSE

Nonfatal Overdose Outpatient Hospital Visits, All Drugs, Knox County, 2012-2018



Source: Tennessee Drug Overdose dashboard, 2019



Utilization of Existing Resources to Obtain Help

By-the-Numbers: Annual Averages for Help-Seeking

316 Treatment Referrals  The Lifeline Peer Project
(Knox and surrounding 15 counties)

8,559 Contacts  Peer Recovery Call Center
(All of East Tennessee - 36 counties)

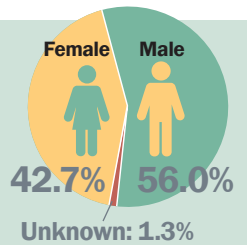
919 Calls  The Tennessee Redline
(Total calls, Knox County only)

The Lifeline Peer Project seeks to reduce stigma related to the disease of addiction and increase access to substance misuse recovery. Lifeline representatives help start Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, and other self-help support groups. They help connect individuals to treatment, other recovery resources, and also speak publicly about their own experience with recovery. **865-314-5587**

The Peer Recovery Call Center helps those who struggle with mental illness or substance misuse. It is a service of the Mental Health Association of East Tennessee. All calls are answered by peers – people who have firsthand experience with mental illness and/or substance abuse. The peers will follow up with support calls if given a caller’s permission. **865-584-9125**

The Tennessee Redline is a free, 24/7, statewide, confidential referral service to addiction treatment (also available in Spanish). **800-889-9789**

Redline Calls by Gender, Knox County, June-December, 2018

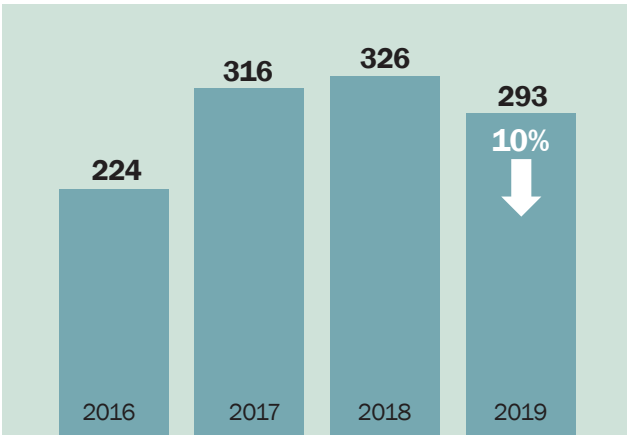


Community Impacts and Cost

OVERDOSE DEATH

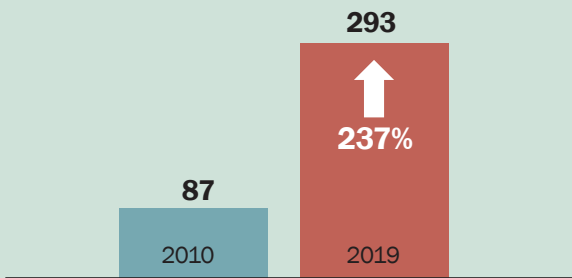
293 DEATHS

- In 2019, according to the Knox County Regional Forensic Center, 293 people in Knox County died from overdose-related causes, an age-adjusted overdose death rate of 62.3 per 100,000.



- Drug-related deaths increased by 41% from 2016 to 2017, and 3% from 2017 to 2018, but decreased by 10% from 2018 to 2019.

According to the Knox County Regional Forensic Center, "Preliminary data for drug-deaths in 2020 unfortunately indicates an upward trend" (Mileusnic-Polchan, 2020).

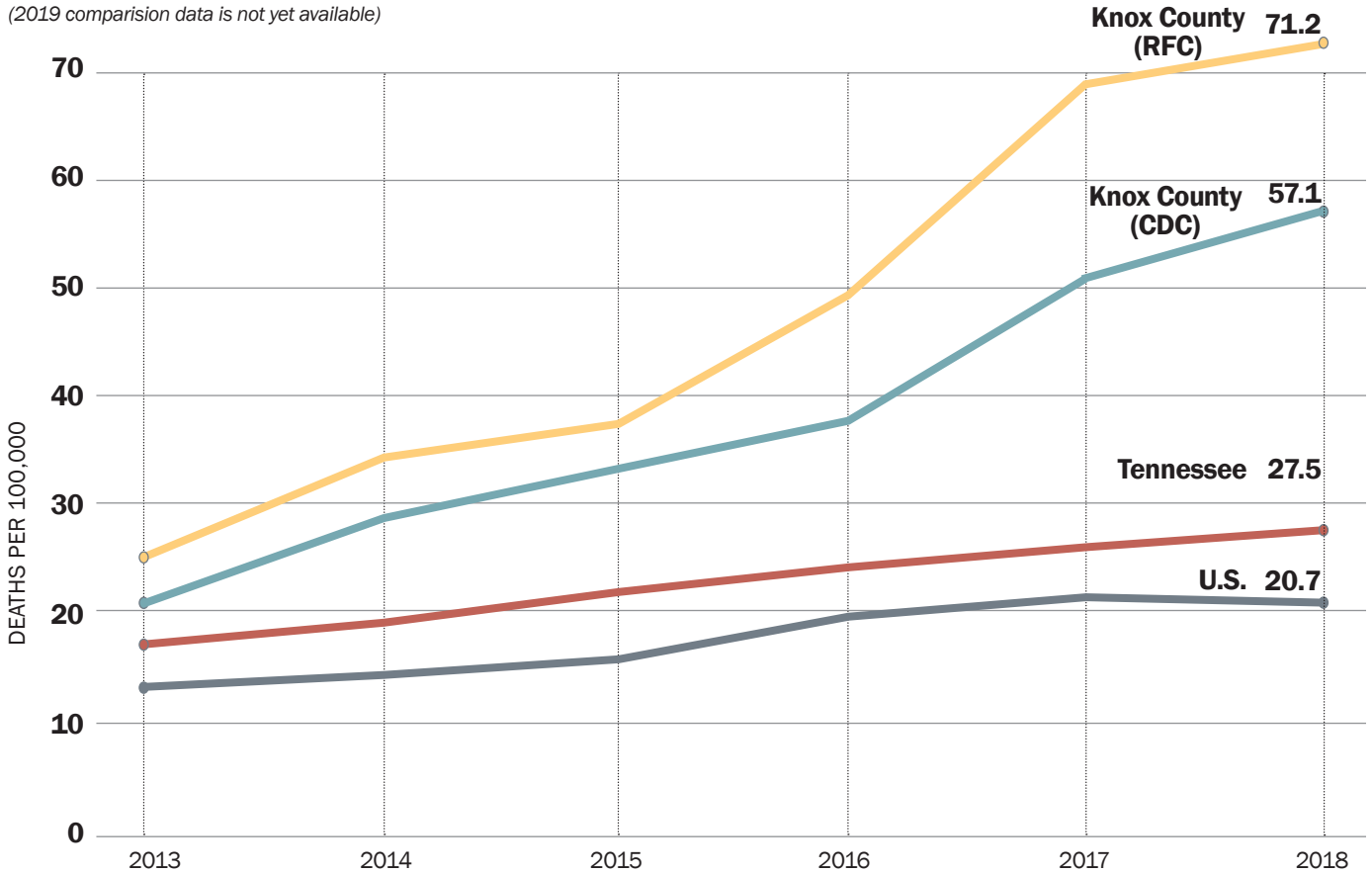


- Since 2010, deaths have increased by 237% (87 cases versus 293 cases).



Age-adjusted Overdose Death Rate (deaths per 100,000) in Knox County, Tennessee and U.S., 2013-2018

(2019 comparison data is not yet available)



Note: State-level data identified 263 overdose deaths in Knox County, whereas the Knox County Regional Forensic Center identified 326 overdose deaths for the same year. State-level data is based on county of residence; The Regional Forensic Center data, however may include additional deaths of persons medically transported into Knox County. While the forensic center’s data provide a high level of detail, they do differ from counts provided by the Centers for Disease Control and Prevention (CDC). Not all deaths that were identified by the forensic center as overdose-related were coded by the CDC as drug-related overdose deaths, and so Knox County’s official CDC count of overdose deaths is lower than the forensic center’s count.

Source: Tennessee Drug Overdose dashboard, 2019; Knox County Regional Forensic Center Drug Related Death report 2017 for Knox and Anderson counties, August 2018; Knox County Regional Forensic Center Drug Related Death report 2018 for Knox and Anderson counties, August 2019 CDC Drug Overdose Deaths, 2018; 2019 Knox County Regional Forensic Center drug related death statistics: Knox and Anderson counties, Tennessee; 2018 Knox County Regional Forensic Center drug related death statistics: Knox and Anderson counties, Tennessee

Knox County
Substance Misuse Response

Section 3

Strategies and Tactics
Presented by Area of Focus

All4Knox Overall Purpose

GOAL

Create and implement a communitywide strategic plan to reduce substance misuse and its impact on individuals, families, and our community.

METHOD

Following the guidance set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA), nine community sectors were convened to develop strategies for their sector on how they will contribute to the above-stated goal. Individual sector strategies were created between 2019 and 2020, beginning at the August 2, 2019, Mayors' All4Knox Summit, and they provide the details for this three-year strategic plan.

In relation to implementation, priority strategies were chosen at the January Sector Lead Retreat. Six year-one priority topics were identified:

- Access to treatment
- Standardization of practice
- Access to judicial diversion
- Housing
- Prevention and education
- Recovery support

DESIRED OUTCOMES

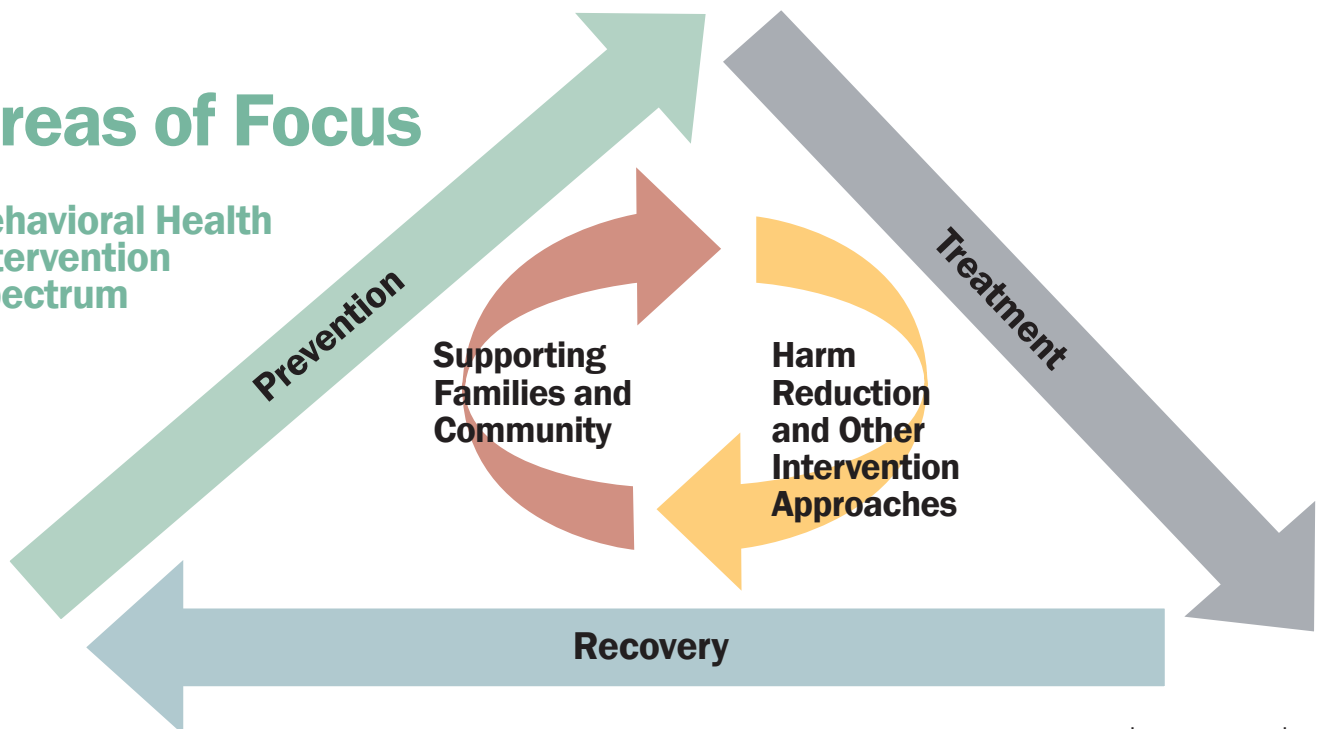
- Reduce stigma around substance misuse
- Increase engagement and coordination within and among sectors
- Enhance how we share information for improved coordination of effort

MEASURABLE RESULTS

- Continue to decrease the number of overdose deaths by 10 percent by September 2023
- Decrease the number of nonfatal overdoses by 5 percent by September 2023
- Increase utilization of existing resources to obtain help by 20 percent by September 2023

Areas of Focus

Behavioral Health Intervention Spectrum



Prevention

SAMHSA (2019), explained that, “Prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to make good choices and change harmful behaviors.” SAMHSA goes on to state that, “prevention and early intervention efforts promote informed decision-making and health behaviors” (SAMHSA, 2019). Examples of this include community education and outreach.

PRIMARY GOAL

Expand prevention services to reduce new incidence of substance misuse across the county.

Strategy 1.1

Increase education, outreach, and public awareness around addiction science, substance misuse prevention, and impacts of substance misuse.

Tactics

- Convene school employees to develop and disseminate materials on substance misuse, creating a youth and adult version to represent students of all age and education levels, by 2023.
- Host an educator summit on substance misuse, spearheaded by Pellissippi State Community College and Knox County Schools, which will include speakers with lived experience by 2023.
- Host a lunch & learn series for 2020-2021 provided virtually in fall and possibly in spring as well. Topics and discussions will be related to, “I Know What it’s Like to... .” Topics to be discussed will include substance use and trauma.
- Maintain observance of Red Ribbon Week annually, promoted by DEA 360 Strategy and Knox County Schools.
- Maintain utilization and engagement numbers associated with Youth Prevention Initiatives (e.g. D.A.R.E. Youth Metro Drug Coalition, Amachi Mentoring, and District Attorney General Speakers Bureau) annually.
- Explore development or utilization of an existing primary prevention curriculum for community education.
- Explore development or utilization of an existing curriculum on what recovery is, looks like, and paths to it for community education.
- Provide quarterly training sessions on the intersection of suicide and substance use disorders.
- Increase number of participants reached through outreach activities and events.
- Convene anti-drug coalition monthly meetings in accordance with local public health guidance, with the exceptions of June and December.
- Continue education on securing alcohol within the home and gauge impact through surveys at medication take-back events.
- Increase the number of youth and adult Mental Health First Aid training courses.
- Increase amount of education around emerging drug trends and detox trends for community members and providers.
- Work with local colleges and universities to develop training programs for use in their teacher-preparation programs.

- Maintain the number of age-appropriate, evidence-based training sessions for students, faculty, and staff within the public-school system addressing substance misuse, mental health, wellness, coping, and resiliency (and make available to private and parochial school systems as well as parents of home schoolers and virtual learners).
- Provide information and resources specific to the older adult population.

Strategy 1.2

Increase access to preventive screening tools.

Tactics

- Maximize quarterly screening, brief intervention and referral to treatment (SBIRT) training sessions.

Strategy 1.3

Reduce risk of unused medications on Knox County residents and physical environment.

Tactics

- Maintain bi-annual medication take-back events.
- Increase access to medication deactivation packs and medication lock boxes through distribution and availability.
- Promote permanent medication drop boxes at existing locations.

Strategy 1.4

Mitigate the impacts of trauma throughout community.

Tactics

- Maintain adverse childhood experiences training sessions.
- Provide training sessions on trauma-informed approaches for community members, including providers, educators, nonprofit staffs, and those with substance use disorders and co-occurring disorders.

Strategy 1.5

Increase access to comprehensive employee wellness programming and benefits.

Tactics

- Assess existing resources for businesses and, if needed, create guides for worksites that include evidence-based strategies for three tiers of employers: small, mid-sized, and large by September 2021. The guides will also include resources for drug-free workplace trainings, signs with a hotline phone number, and ways to partner with the employee assistance program (EAP) on substance misuse-related issues and workforce education. For mid-sized and large employers, guides will also include strategies for changing health plan design to be consistent with a chronic disease model of care, addressing substance use disorders as chronic and relapsing conditions. By year three, 150 employer guides will be disseminated (a minimum of 50 to each tier).

- Create model worksite policies for distribution with the guides mentioned above to cover topics such as drug-free workplace (including consistent nicotine-free and alcohol-free policies) and flexible schedules for recovery meetings by March 2022. Disseminate model policies to a minimum of 150 employers by September 2023.
- Convene stakeholders from the business community quarterly with the Health Care Sector and/or representatives from prominent insurance carriers in East Tennessee to discuss payment reform (insurance coverage) for substance misuse treatment that follows a long-term chronic disease model of care, similar to the model of care for diabetes. By year three, at least three new mid-size or large employers will begin a pilot of at least one coverage change utilizing a three to five-year chronic disease model of care.
- Through creation of guides, utilize inclusive and person-first language. Also utilize language that reflects the medical nature of substance use disorders and treatment, as well as language that promotes recovery. Avoid the use of slang and idioms.

Strategy 1.6

Decrease underage drinking and access to alcohol.

Tactics

- Maintain number of retail compliance and fake identification checks annually.
- Provide support for creation of remedial plans to sellers who do not pass compliance and identification checks.
- Provide information and education to new sellers on safe sales.
- Maintain annual advocacy training for community members to address legislation around youth access to alcohol.

Strategy 1.7

Prevent the initiation and dependence of nicotine use.

Tactics

- Create model worksite policies for distribution with the guides mentioned above to cover topics such as drug-free workplace (including consistent nicotine-free and alcohol-free policies) and flexible schedules for recovery meetings by March 2022. Disseminate model policies to a minimum of 150 employers by September 2023.
- Carry out two nicotine-free events or campaigns annually.
- Collaborate with schools to educate on nicotine-free campus benefits.
- Support education around new age-related requirements associated with purchasing of nicotine products.

Strategy 1.8

Increase access to appropriate and affordable housing.

Tactics

- Conduct current inventory of housing opportunities.
- Explore development of age-appropriate transitional housing options for those aged eighteen to twenty-two (18-22).

- Explore development of peer support programs for use in residential spaces.
- Explore development of transition-in-place models (e.g. Elizabeth Homes).
- Explore creation of a panel for vetting sober living residences.
- Increase funding for MDC Recovery Housing Support Fund by September 2020.
- Increase number of people placed in sober living residences through MDC Recovery Housing Support Fund.

Strategy 1.9

Increase alignment of ongoing work and organizations.

Tactics

- Create an inclusive vision statement for faith communities based on the science of addiction recovery by September 2021.
- Explore sharing of resources with and utilization of SPIRIT system hosted by Metro Drug Coalition by September 2022.
- Explore utilization of Compassion Coalition as a centralized agency for coordination and sharing of faith community resources and information by June 2021. Consider sharing information gathered with 311 and 211 by March 2022.
- Explore funding opportunities for a coordinator to continually update faith community resource guide or directory by September 2022.
- Explore electronic version of faith community resource guide for access by general public by 2023.
- Plan and carry out a summit and resource fair for faith communities by September 2023.
- Have thirty (30) people from faith communities attend Certified Peer Recovery Specialist training by September 2023 in order for faith communities to have a point person to address substance misuse.
- Start ten (10) new Celebrate Recovery meetings by September 2023.

Strategy 1.10

Raise awareness about substance misuse among families and across the community.

Tactics

- Use existing media sources to share ten personal recovery stories annually.
- Explore what locations exist and would be willing to utilize television screens in lobbies and waiting rooms to provide educational information or videos by September 2022.
- Explore the creation of a video for lobby and waiting room television screens by September 2022 with C.O.N.N.E.C.T. Ministries acting as the pilot location.
- Explore public input on final strategic plan by 2021.
- Based on feedback from town hall meetings, use adverse childhood experiences tool to survey the local community and make recommendations for evidence-based intervention strategies by 2022.

Treatment

Defined by the American Society of Addiction Medicine (ASAM) (2010), as:

The use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug addiction, and which is designed to enable the affected individual to achieve and maintain sobriety, physical, spiritual and mental health, and a maximum functional ability. (p. 1)

PRIMARY GOAL

Expand and increase access to evidence-based, recovery-oriented treatment services.

Strategy 2.1

Increase access to inpatient and outpatient evidence-based treatment programs.

Tactics

- Local government entities and quasi-governmental entities will review employee assistance programs and insurance programs by 2022 and make evidence-based recommendations as needed related to substance misuse.

Strategy 2.2

Increase wrap-around services for substance use disorders and co-occurring disorders.

Tactics

- City and County to review housing needs/challenges/policies and make recommendations specifically related to substance misuse by September 2022.
- Explore increasing the availability of transitional housing.
- Explore ways to increase transportation.
- Explore ways to increase enrollment in behavioral health outpatient programs.
- Increase enrollment in case management and recovery coaching.
- Increase utilization of motivational interviewing and family education and engagement in transitional phases of intervention.
- Maintain number of twelve-step and other best practice recovery meetings within Knox County annually.
- Explore increasing the number of twelve-step and other best practice recovery meetings offered in foreign languages.
- Explore ways to increase utilization of peer recovery support services through Project Lifeline, navigators, and peer support call centers.

Strategy 2.3

Increase standardization of practice associated with substance misuse and substance use disorders.

Tactics

- Maximize quarterly Screening, Brief Intervention and Referral to Treatment (SBIRT) training sessions.
- Explore increasing screening of adverse childhood experiences among all health care settings by September 2021.
- Increase utilization of peer supports in health care settings through utilization of certified peer recovery specialist navigators and recovery coaches by September 2021.
- Continue work to integrate Controlled Substance Monitoring Database (CSMD) into medical offices.
- Establish which evidence-based protocols to utilize across Knox County in health care settings by September 2022 (i.e., weaning, birth control, pregnancy, peer support, complementary approaches, co-prescribing of naloxone, dental, post-operative, emergency departments, dosing, addressing alcohol, etc.).
- Increase education for medical professionals on evidence-based protocols by September 2023 through utilization of captive audience in Basic Life Support and Advanced Cardiac Life Support courses, as well as during the biennial two hours of required continuing education for medical professionals.
- Explore data sharing agreements between providers, clinics, health systems, KCHD, and other reporting organizations for screening, awareness of risk factors, prevention, and treatment, leading to utilization of standard reporting formats and quarterly data sharing.

Strategy 2.4

Improve access to transportation to treatment.

Tactics

- Explore funding opportunities for transportation to treatment by September 2023.
- Create network of funded or volunteer drivers to transport people to same-day and scheduled intakes at facilities offering addiction services to decrease transportation as a barrier to treatment.
- Increase telehealth access by September 2022 for behavioral health/substance misuse treatment (e.g., telehealth intakes from outpatient facility to inpatient when patient has difficulty with transportation; telehealth intakes with outpatient provider before leaving inpatient treatment; telehealth options for in-home services) by surveying for current capacity, fund sources, and provider capabilities.
- Explore funding for the purchase and staffing of a mobile naltrexone/Vivitrol outreach team.
- Increase community supports for mobile naltrexone/Vivitrol outreach (e.g. churches, community buildings, volunteers) for mobile and outreach services (e.g., groups, recovery meetings) by exploring multi-sector partnerships by 2021.

Strategy 2.5**Develop a coordinated-care entry point.****Tactics**

- Explore utilization of existing hotlines, such as 211 and TN Redline to gauge abilities for a single-entry point for those dealing with substance misuse concerns.
- Set up system to coordinate updated information on available services with 311 Center for Service Innovation and 211 by 2023.
- Support effort under way for a coordinated point of contact for treatment and recovery services through Metro Drug Coalition's implementation of the SPIRIT system.
- Develop strategies for "warm hand-offs" to referring agencies.
- Explore development of training program for "entry point specialists."
- Assist in increasing implementation of SPIRIT system.

Strategy 2.6**Increase access to affordable treatment options.****Tactics**

- Increase funding opportunities for agencies providing comprehensive addiction care to eliminate waitlists and expand capacity to offer immediate access to care when people are motivated to begin treatment (including during pregnancy) by determining current capacities and gaps in services.
- Explore increased funding opportunities for detox services for people who are uninsured.
- Explore increased funding opportunities for inpatient/residential care for people who are uninsured.
- Explore increased funding opportunities for outpatient services for people who are uninsured.
- Explore increased funding opportunities for medication assisted treatment (MAT) services for people who are uninsured.
- Expand opportunities for drop-in/same-day access to information about local treatment options and assistance connecting with and accessing treatment from those entities.
- Expand opportunities for drop-in/same-day access to navigate, problem-solve and build skills in seeking housing.
- Expand opportunities for drop-in/same-day access to navigate, problem-solve and build skills in seeking employment.
- Conduct provider networking opportunities to discuss new and updated resources for better care planning and coordination.
- Create a network of providers to coordinate comprehensive treatment of addiction as well as comorbid behavioral health and primary care needs.

Recovery

Defined by the ASAM (2013) as:

A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual's consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships, and dealing more effectively with emotional responses. (p. 2)

Examples of recovery services include 12-step and other best-practice recovery meetings, sober living, peer support, and educational and vocational opportunities.

PRIMARY GOAL

Expand the continuum of recovery services countywide.

Strategy 3.1

Increase access to and availability of post-treatment recovery support.

Tactics

- Review Second Chance Program and make recommendations for similar programs.
- Increase capacity of appropriate affordable housing.

Strategy 3.2

Increase utilization of peer recovery support services.

Tactics

- Explore collegiate recovery support groups by 2023.
- Maintain number of twelve-step and other best practice recovery meetings within Knox County annually.
- Explore increasing the number of twelve-step and other best practice recovery meetings offered in foreign languages.
- Increase utilization of peer recovery support services through promotion of Project Lifeline, navigators, and peer support call centers.
- Increase the number of peer recovery support staff across provider agencies.
- Increase recovery coaching within the community.
- Explore development of an alternative peer group (APG), a form of group and family therapy along with social supports and activities, for youth in recovery.

Strategy 3.3

Increase recovery-based programming in controlled environments.

Tactics

- Explore collegiate recovery programs for traditional and nontraditional students by 2023. Pellissippi State Community College will spearhead this process and work to engage and partner with other local colleges and universities.
- Explore pilot recovery high school programming in conjunction with community partners and review data to determine viability of a recovery high school by 2023.

Strategy 3.4

Create a centralized location for recovery supports and activities.

Tactics

- Review City and County governments' operating and capital investments in partner non-profits.
- Develop community connections associated with community recovery resource center where activities, social supports, and community services are provided for those in or seeking recovery.
- Maintain an "all-recovery" meeting within this setting for individuals with abstinence-based and medication-assisted treatment to gather together.
- Link nonprofits with community recovery resource center to provide services to those who are in or seeking recovery.

Strategy 3.5

Expand inclusiveness of recovery housing environments to include people utilizing medication-assisted treatment (MAT) as a tool in recovery.

Tactics

- Develop education for recovery housing administration and staff regarding MAT as an evidence-based treatment. Training will include a focus on reducing stigma associated with MAT as a tool in recovery and offer suggested protocols for safe storage and administration of MAT. This effort is intended to increase openness to inclusivity of people utilizing MAT. Advocate with funders of recovery housing to ensure contracts encourage acceptance of persons on MAT protocols for safe storage and administration of MAT in the home in an effort to increase openness to inclusivity of people utilizing MAT.

Strategy 3.6**Improve recovery support following treatment in higher levels of care.****Tactics**

- Increase education of health care providers and consumers regarding addiction as a chronic health condition (e.g., relapsing and remitting, necessitates longitudinal treatment, the intensity of treatment should be fluid in response to severity of symptoms and motivation, vital to minimize gaps in care as patients transition between levels of care).
- Utilize strong alumni support/peers in recovery to assist people leaving higher levels of care with navigating to lower levels of care.
- Increase the quantity of local recovery support providers for those in a maintenance phase of recovery.
- Work to embed recovery as a part of the culture to provide intentional recovery support and safety where people work, play, and worship (e.g., hold community events that are free from alcohol, drugs, smoking).
- Train ambassadors who could develop and teach simple concepts to businesses using a tip-sheet – “All4Knox Safe Communities” might be a moniker for neighborhoods and businesses who have had the training (e.g., “Did you know that you are working with people in recovery?” “One in five families are impacted by substance misuse”).

Harm Reduction and Other Intervention Approaches

Defined by the National Harm Reduction Coalition (NHRC) as, “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use” (2019). These negative consequences can include the spread of infectious disease, drug and alcohol-exposed infants, harmful relationships, and overdose death. Other interventions may include approaches such as clinical screenings for substance misuse risk, peer support, and judicial diversion programs.

PRIMARY GOAL

Decrease adverse health and social impacts associated with substance misuse.

Strategy 4.1**Increase availability of naloxone and associated education.****Tactics**

- Increase availability of naloxone.
- Maintain and consider expanding annual reporting on use of naloxone within Knox County.
- Maintain annual reporting on opioid overdose deaths within Knox County.
- Increase number of naloxone training sessions in community.
- Explore number of nonprofits that can have naloxone available on site.

Strategy 4.2

Increase overall health and well-being of those with substance use disorders and co-occurring disorders.

Tactics

- Seek out grant funding through 2023 to conduct a behavioral health needs assessment in K-12 school settings.
- Explore policies within post-secondary education to determine where changes can be made to increase support for those with substance use disorders and co-occurring disorders by 2023.
- Maintain and expand a support team within K-12 school settings to identify and provide additional support for substance misuse and other behavioral health concerns by 2023.
- Increase prevention education and outreach, including testing of communicable diseases.
- Maintain number of training sessions on healthy versus unhealthy relationships annually.
- Continue to provide treatment of substance use disorders and co-occurring disorders among those incarcerated annually.
- Continue to provide support and information to those engaged with the justice system, including but not limited to CASA, case management, training curricula, and recovery meetings annually.
- Explore funding and standardization for evidence-based assessment to be used within jails and probation to determine level of care by September 2022.

Strategy 4.3

Reduce incidence and short and long-term impacts of drug and alcohol-exposed infants.

Tactics

- Explore the possibility of a tracking and data-sharing system to identify all substance-exposed infants.
- Increase access to preventive reproductive care for women of childbearing age.
- Increase the capacity of Safe Baby Court.
- Continue Born Drug-Free Tennessee campaign to connect pregnant women with a substance use disorder to evidence-based treatment programming

Strategy 4.4

Advocate for change in local/state/federal laws restricting harm reduction efforts (e.g., Good Samaritan laws after previous overdose; laws limiting locations of syringe exchanges and funding for syringes).

Tactics

- Clarify the details of local/state/federal laws that limit locations of syringe exchange services in Knox and surrounding counties.
- Advocate for less restrictive laws on where syringe service programs can be implemented (advocacy initiative at state level).
- Create advocacy opportunities for state-level policy change to improve Good Samaritan and syringe service program laws.
- Increase education around Good Samaritan laws by September 2022.

Strategy 4.5

Reduce stigma and increase awareness of identifying individuals with substance use disorders and co-occurring disorders across justice systems involved individuals.

Tactics

- Explore what evidence-based training curricula exist to address substance misuse for justice systems staff including officers, corrections staff, prosecutors, and others by September 2021.
- Choose curriculum, or begin development of curriculum, for justice systems staff by March 2022.
- Explore the feasibility of implementation of an evidence-based curriculum for justice systems staff aimed at increasing recognition of substance misuse through looking at the number of staff to be trained, within what organizations, time commitments and associated costs by September 2022.
- Develop implementation plan associated with justice systems training on substance misuse by September 2023.

Strategy 4.6

Increase access to all evidence-based harm reduction strategies.

Tactics

- Increase availability of naloxone at a range of locations free of charge without a prescription and with minimal barriers to access (locations to include, but not limited to, Knox County Health Department, libraries, all local shelters, outpatient behavioral health providers).
- Explore funding sources to support dispensing free naloxone and to increase availability of naloxone in Knox County.
- Advertise free naloxone locations locally.
- Explore increased funding for syringe service program to expand access in Knox County from two days a week to seven days a week by 2022.
- Increase education for hospital and primary care providers in Knox County regarding evidence-based harm reduction strategies, including naloxone prescribing, locations of naloxone and syringe service programs.

Strategy 4.7

Increase access to diversion and justice system referral or inclusion of treatment and recovery resources.

Tactics

- Increase enrollment in diversion programming through the utilization of the Behavioral Health Urgent Care Center by 1 percent annually.
- Maintain utilization numbers of recovery court annually.
- Explore possibility of joining and/or expanding specialty court programming by September 2022 (e.g., Recovery Court, Mental Health Court, Family Court, Safe Baby Court, Juvenile Court, Veterans Court, etc.).

- Explore the possibility of implementing evidenced-based, pre-plea and/or post-plea risk assessments (i.e. ORAS, Compass, ADE, etc.) for supervised misdemeanor probation candidates by September 2022.
- Reduce recidivism through increased availability of evidence-based programs, including programs that address risk factors that are commonly identified by evidence-based risk assessments (i.e. ORAS, Compass, ADE, etc.) by September 2022.
- Explore adding new evidence-based, recovery programming within the jail by September 2022.

Supporting Families and Community

The Merriam-Webster Dictionary (2019) defines community as, “a group of people living in the same place or having a particular characteristic in common,” although it also notes, “a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals,” Families and communities can support primary prevention efforts as well as reducing stigma and increasing and coordinating access to resources.

PRIMARY GOAL

Expand and increase services to support individuals, families, and communities affected by substance misuse.

Strategy 5.1

Increase coordination and collaboration among settings.

Tactics

- Convene stakeholders from the business community quarterly with the Health Care Sector and/or representatives from prominent insurance carriers in East Tennessee. Establish best practice sharing for purposes of determining gaps and eliminating individuals falling through cracks in service delivery.
- Explore creation of All4Knox social media accounts to engage all community beyond initial planning phase by 2021.
- Explore data sharing agreements between agencies, non-agencies, treatment facilities, KCHD, KPD, KCSD, and other reporting agencies to include hospitals and the Knox County Regional Forensic Center so we can streamline processes and get the client immediate help for those who are indigent and need access to those services by 2023.
- Review available data and determine how data sets can be shared and resources leveraged.
- Initiate Overdose Fatality Review Team by December 2020.
- Convene substance misuse outbreak discussion and make recommendations and review data sources by December 2020.

Strategy 5.2

Education institutions will continue to partner with community organizations focused on addressing substance misuse.

Tactics

- Maintain number of relationships with community partners annually.
- Maintain availability of space in accordance with local health guidelines and restrictions within facilities for community meetings and events that address substance misuse through 2023.

Strategy 5.3

Reduce stigma around substance use disorders and co-occurring disorders.

Tactics

- Assess existing resources for businesses and, if needed, create guides for worksites that include evidence-based strategies for three tiers of employers: small, mid-sized and large by September 2021. The guides will also include resources for drug-free workplace trainings, signs they can post with a hotline phone number, and ways to partner with the employee assistance program (EAP) on substance misuse related issues and workforce education. For mid-sized and large employers, guides will also include strategies for changing health plan design to be consistent with a chronic disease model of care, addressing substance use disorders as chronic and relapsing conditions. By year three, 150 employer guides will be disseminated (at least 50 to each tier).
- Through creation of guides, utilize inclusive and person-first language. Also utilize language that reflects the medical nature of substance use disorders and treatment, as well as language that promotes recovery. Avoid the use of slang and idioms.
- Explore costs, time, and inclusion of people with lived experience for the creation of an anti-stigma video specific to faith communities by September 2022.
- Increase education around substance use disorders, co-occurring disorders, adverse childhood events, and trauma or trauma-informed approaches.
- Utilize brochures, flyers, or placards in public locations to increase knowledge of resources associated with substance misuse by 2022.
- Provide safe communal and business spaces for individuals to share their personal and family recovery stories as well as stories of loss.
- Explore development of programs that highlight the damage that can be done by hurtful, stigma-enforcing language.

Knox County
Substance Misuse Response

Section 4

Strategies and Tactics
Presented by Sector

Business Sector

The numbering system of the strategies matches Section 3.

Strategy 1.5

Increase access to comprehensive employee wellness programming and benefits.

Tactics

- Assess existing resources for businesses and, if needed, create guides for worksites that include evidence-based strategies for three tiers of employers: small, mid-sized, and large by September 2021. The guides will also include resources for drug-free workplace trainings, signs with a hotline phone number, and ways to partner with the employee assistance program (EAP) on substance misuse-related issues and workforce education. For mid-sized and large employers, guides will also include strategies for changing health plan design to be consistent with a chronic disease model of care, addressing substance use disorders as chronic and relapsing conditions. By year three, 150 employer guides will be disseminated (a minimum of 50 to each tier).
- Create model worksite policies for distribution with the guides mentioned above to cover topics such as drug-free workplace (including consistent nicotine-free and alcohol-free policies) and flexible schedules for recovery meetings by March 2022. Disseminate model policies to a minimum of 150 employers by September 2023.
- Convene stakeholders from the business community quarterly with the Health Care Sector and/or representatives from prominent insurance carriers in East Tennessee to discuss payment reform (insurance coverage) for substance misuse treatment that follows a long-term chronic disease model of care, similar to the model of care for diabetes. By year three, at least three new mid-size or large employers will begin a pilot of at least one coverage change utilizing a three to five-year chronic disease model of care.
- Through creation of guides, utilize inclusive and person-first language. Also utilize language that reflects the medical nature of substance use disorders and treatment, as well as language that promotes recovery. Avoid the use of slang and idioms.

Strategy 1.7

Prevent the initiation and dependence of nicotine use.

Tactics

- Create model worksite policies for distribution with the guides mentioned above to cover topics such as drug-free workplace (including consistent nicotine-free and alcohol-free policies) and flexible schedules for recovery meetings by March 2022. Disseminate model policies to a minimum of 150 employers by September 2023.

Strategy 5.1

Increase coordination and collaboration among settings.

Tactics

- Convene stakeholders from the business community quarterly with the Health Care Sector and/or representatives from prominent insurance carriers in East Tennessee. Establish best practice sharing for purposes of determining gaps and eliminating individuals falling through cracks in service delivery.

Strategy 5.3

Reduce stigma around substance use disorders and co-occurring disorders.

Tactics

- Assess existing resources for businesses and, if needed, create guides for worksites that include evidence-based strategies for three tiers of employers: small, mid-sized and large by September 2021. The guides will also include resources for drug-free workplace trainings, signs they can post with a hotline phone number, and ways to partner with the employee assistance program (EAP) on substance misuse related issues and workforce education. For mid-sized and large employers, guides will also include strategies for changing health plan design to be consistent with a chronic disease model of care, addressing substance use disorders as chronic and relapsing conditions. By year three, 150 employer guides will be disseminated (at least 50 to each tier).
- Through creation of guides, utilize inclusive and person-first language. Also utilize language that reflects the medical nature of substance use disorders and treatment, as well as language that promotes recovery. Avoid the use of slang and idioms.

Education Sector

Strategy 1.1

Increase education, outreach and public awareness around addiction science, substance misuse prevention and impacts of substance misuse.

Tactics

- Convene school employees to develop and disseminate materials on substance misuse, creating a youth and adult version to represent students of all age and education levels, by 2023.
- Host an educator summit on substance misuse, spearheaded by Pellissippi State Community College and Knox County Schools, which will include speakers with lived experience by 2023.
- Host a lunch & learn series for 2020-2021 provided virtually in fall and possibly in spring as well. Topics and discussions will be related to, “I Know What it’s Like to... .” Topics to be discussed will include substance use and trauma.

Strategy 3.2

Increase utilization of peer recovery support services.

Tactics

- Explore collegiate recovery support groups by 2023.

Strategy 3.3

Increase recovery-based programming in controlled environments.

Tactics

- Explore collegiate recovery programs for traditional and nontraditional students by 2023. Pellissippi State Community College will spearhead this process and work to engage and partner with other local colleges and universities.
- Explore pilot recovery high school programming in conjunction with community partners and review data to determine viability of a recovery high school by 2023.

Strategy 4.2

Increase overall health and well-being of those with substance use disorders and co-occurring disorders.

Tactics

- Seek out grant funding through 2023 to conduct a behavioral health needs assessment in K-12 school settings.
- Explore policies within post-secondary education to determine where changes can be made to increase support for those with substance use disorders and co-occurring disorders by 2023.
- Maintain and expand a support team within K-12 school settings to identify and provide additional support for substance misuse and other behavioral health concerns by 2023.

Strategy 5.2

Continue to partner with community organizations focused on addressing substance misuse.

Tactics

- Maintain number of relationships with community partners annually.
- Maintain availability of space in accordance with local health guidelines and restrictions within facilities for community meetings and events that address substance misuse through 2023.

Faith-based Sector

Strategy 1.9

Increase alignment of ongoing work and organizations.

Tactics

- Create an inclusive vision statement for faith communities based on the science of addiction recovery by September 2021.
- Explore sharing of resources with and utilization of SPIRIT system hosted by Metro Drug Coalition by September 2022.
- Explore utilization of Compassion Coalition as a centralized agency for coordination and sharing of faith community resources and information by June 2021. Consider sharing information gathered with 311 and 211 by March 2022.
- Explore funding opportunities for a coordinator to continually update faith community resource guide or directory by September 2022.
- Explore electronic version of faith community resource guide for access by general public by 2023.
- Plan and carry out a summit and resource fair for faith communities by September 2023.
- Have thirty (30) people from faith communities attend certified peer recovery specialist training by September 2023 in order for faith communities to have a point person to address substance misuse.
- Start ten (10) new Celebrate Recovery meetings by September 2023.

Strategy 2.4

Improve access to transportation to treatment.

Tactics

- Explore funding opportunities for transportation to treatment by September 2023.

Strategy 5.3

Reduce stigma around substance use disorders and co-occurring disorders.

Tactics

- Explore costs, time and inclusion of people with lived experience for the creation of an anti-stigma video specific to faith communities by September 2022.

Family and Community Sector

Strategy 1.10

Raise awareness about substance misuse among families and across the community.

Tactics

- Use existing media sources to share ten personal recovery stories annually.
- Explore what locations exist and would be willing to utilize television screens in lobbies and waiting rooms to provide educational information or videos by September 2022.
- Explore the creation of a video for lobby and waiting room television screens by September 2022 with C.O.N.N.E.C.T. Ministries acting as the pilot location.
- Explore public input on final strategic plan by 2021.
- Based on feedback from town hall meetings, use adverse childhood experiences tool to survey the local community and make recommendations for evidence-based intervention strategies by 2022.

Strategy 2.5

Develop a coordinated-care entry point.

Tactics

- Explore utilization of existing hotlines, such as 211 and TN Redline to gauge abilities for a single-entry point for those dealing with substance misuse concerns.

Strategy 5.1

Increase coordination and collaboration among settings.

Tactics

- Explore creation of All4Knox social media accounts to engage all community beyond initial planning phase by 2021.
- Explore data sharing agreements between agencies, non-agencies, treatment facilities, KCHD, KPD, KCSD and other reporting agencies to include hospitals and the forensic center so we can streamline processes and get the client immediate help for those who are indigent and need access to those services by 2023.

Strategy 5.3

Reduce stigma around substance use disorders and co-occurring disorders.

Tactics

- Increase education around substance use disorders, co-occurring disorders, adverse childhood events, and trauma or trauma-informed approaches.
- Utilize brochures, flyers or placards in public locations to increase knowledge of resources associated with substance misuse by 2022.

Government Sector

Strategy 1.7

Prevent the initiation and dependence of nicotine use.

Tactics

- Carry out two nicotine-free events or campaigns annually.
- Collaborate with schools to educate on nicotine-free campus benefits.
- Support education around new age-related requirements associated with purchasing of nicotine products.

Strategy 2.1

Increase access to inpatient and outpatient evidence-based treatment programs.

Tactics

- Local government entities and quasi-governmental entities will review employee assistance programs and insurance programs by 2022 and make evidence-based recommendations as needed related to substance misuse.

Strategy 2.2

Increase wrap-around services for substance use disorders and co-occurring disorders.

Tactics

- City and County to review housing needs/challenges/policies and make recommendations specifically related to substance misuse by September 2022.

Strategy 2.5

Develop a coordinated-care entry point.

Tactics

- Set up system to coordinate updated information on available services with 311 Center for Service Innovation and 211 by 2023.
- Support effort underway for a coordinated point of contact for treatment and recovery services through Metro Drug Coalition's implementation of the SPIRIT system.

Strategy 3.1**Increase access to and availability of post-treatment recovery support.****Tactics**

- Review Second Chance Program and make recommendations for similar programs.
- Increase capacity of appropriate affordable housing.

Strategy 3.4**Create a centralized location for recovery supports and activities.****Tactics**

- Review City and County governments' operating and capital investments in partner non-profits.

Strategy 4.1**Increase availability of naloxone and associated education.****Tactics**

- Increase availability of naloxone.
- Maintain and consider expanding annual reporting on use of naloxone within Knox County.
- Maintain annual reporting on opioid overdose deaths within Knox County.

Strategy 4.2**Increase overall health and well-being of those with substance use disorders and co-occurring disorders.****Tactics**

- Increase prevention education, outreach, including testing of communicable diseases.
- Maintain number of training sessions on healthy versus unhealthy relationships annually.

Strategy 4.3**Reduce incidence and short and long-term impacts of drug and alcohol-exposed infants.****Tactics**

- Explore the possibility of a tracking and data-sharing system to identify all substance-exposed infants.
- Increase access to preventative reproductive care for women of childbearing age.
- Increase the capacity of Safe Baby Court.
- Continue Born Drug-Free Tennessee campaign to connect pregnant women with a substance use disorder to evidence-based treatment programming

Strategy 5.1

Increase coordination and collaboration among settings.

Tactics

- Review available data and determine how data sets can be shared and resources leveraged.
- Initiate Overdose Fatality Review Team by December 2020.
- Convene substance misuse outbreak discussion and make recommendations and review data sources by December 2020.

Strategy 5.3

Reduce stigma around substance use disorders and co-occurring disorders.

Tactics

- Increase education around substance use disorders, co-occurring disorders, and trauma or trauma-informed approaches.
- Utilize a strategic approach to funding and collaboration with community partners in order to address stigma.

Health Care Professional Sector

Strategy 2.3

Increase standardization of practice associated with substance misuse and substance use disorders.

Tactics

- Maximize quarterly Screening, Brief Intervention and Referral to Treatment (SBIRT) training sessions.
- Explore increasing screening of adverse childhood experiences among all health care settings by September 2021.
- Increase utilization of peer supports in health care settings through utilization of certified peer recovery specialist navigators and recovery coaches by September 2021.
- Continue work to integrate Controlled Substance Monitoring Database (CSMD) into medical offices.
- Establish which evidence-based protocols to utilize across Knox County in health care settings by September 2022 (i.e., weaning, birth control, pregnancy, peer support, complementary approaches, co-prescribing of naloxone, dental, post-operative, emergency departments, dosing, addressing alcohol, etc.).
- Increase education for medical professionals on evidence-based protocols by September 2023 through utilization of captive audience in Basic Life Support and Advanced Cardiac Life Support courses, as well as during the biennial two hours of required continuing education for medical professionals.
- Explore data sharing agreements between providers, clinics, health systems, KCHD, and other reporting organizations for screening, awareness of risk factors, prevention, and treatment, leading to utilization of standard reporting formats and quarterly data sharing.

Justice Systems Sector

Strategy 1.1

Increase education, outreach and public awareness around addiction science, substance misuse prevention and effects of substance misuse.

Tactics

- Maintain observance of Red Ribbon Week annually, promoted by DEA 360 Strategy and Knox County Schools.
- Maintain utilization and engagement numbers associated with Youth Prevention Initiatives (e.g. D.A.R.E. Youth Metro Drug Coalition, Amachi Mentoring and District Attorney General Speakers Bureau) annually.

Strategy 1.3

Reduce risk of unused medications in Knox County residents and physical environment.

Tactics

- Maintain bi-annual medication take-back events.

Strategy 4.2

Increase overall health and well-being of those with substance use disorders and co-occurring disorders.

Tactics

- Continue to provide treatment of substance use disorders and co-occurring disorders among those incarcerated annually.
- Continue to provide supports and information to those engaged with the justice system, including but not limited to CASA, case management, training curricula, and recovery meetings annually.
- Explore funding and standardization for evidence-based assessment to be used within jails and probation to determine level of care by September 2022.

Strategy 4.5

Reduce stigma and increase awareness of identifying individuals with substance use disorders and co-occurring disorders across justice systems-involved individuals.

Tactics

- Explore what evidence-based training curricula exist to address substance misuse for justice systems staff including officers, corrections staff, prosecutors, and others by September 2021.
- Choose curricula, or begin development of curricula, for justice systems staff by March 2022.
- Explore the feasibility of implementation of an evidence-based curriculum for justice systems staff aimed at increasing recognition of substance misuse through looking at the number of staff to be trained, within what organizations, time commitments and associated costs by September 2022.
- Develop implementation plan associated with justice systems training on substance misuse by September 2023.

Strategy 4.7

Increase access to diversion and justice system referral or inclusion of treatment and recovery resources within justice systems.

Tactics

- Increase enrollment in diversion programming through the utilization of the Behavioral Health Urgent Care Center by 1 percent annually.
- Maintain utilization numbers of recovery court annually.
- Explore possibility of joining and/or expanding specialty court programming by September 2022 (e.g., Recovery Court, Mental Health Court, Family Court, Safe Baby Court, Juvenile Court, Veterans Court, etc.).
- Explore the possibility of implementing evidenced-based, pre-plea and/or post-plea risk assessments (i.e. ORAS, Compass, ADE, etc.) for supervised misdemeanor probation candidates by September 2022.
- Reduce recidivism through increased availability of evidence-based programs, including programs that address risk factors that are commonly identified by evidence-based risk assessments (i.e. ORAS, Compass, ADE, etc.) by September 2022.
- Explore adding new evidence-based, recovery programming within the jail by September 2022.

Nonprofit and Service Organizations Sector

Strategy 1.1

Increase education, outreach and public awareness around addiction science, substance misuse prevention and impacts of substance misuse.

Tactics

- Explore development or utilization of an existing primary prevention curriculum for community education.
- Explore development or utilization of an existing curriculum on what recovery is, looks like, and paths to it for community education.
- Provide quarterly training sessions on the intersection of suicide and substance use disorders.
- Increase number of participants reached through outreach activities and events.
- Convene anti-drug coalition monthly meetings in accordance with local public health guidance, with the exceptions of June and December.
- Continue education on securing alcohol within the home and gauge impact through surveys at medication take-back events.
- Increase the number of youth and adult Mental Health First Aid training courses.
- Increase amount of education around emerging drug trends and detox trends for community members and providers.
- Work with local colleges and universities to develop training programs for use in their teacher-preparation programs.

- Maintain the number of age-appropriate, evidence-based training sessions for students, faculty and staff within the public-school system addressing substance misuse, mental health, wellness, coping and resiliency (and make available to private and parochial school systems as well as parents of home schoolers and virtual learners).
- Provide information and resources specific to the older adult population.

Strategy 1.2

Increase access to preventive screening tools.

Tactics

- Maximize quarterly Screening, Brief Intervention and Referral to Treatment (SBIRT) training sessions.

Strategy 1.3

Reduce risk of unused medications on Knox County residents and physical environment.

Tactics

- Maintain bi-annual medication take-back events.
- Increase access to medication deactivation packs and medication lock boxes through distribution and availability.
- Promote permanent medication drop boxes at existing locations.

Strategy 1.4

Mitigate the impacts of trauma throughout community and create a trauma-informed community.

Tactics

- Maintain adverse childhood experiences training sessions.
- Provide training sessions on trauma-informed approaches for community members, including providers, educators, nonprofit staffs, and those with substance use disorders and co-occurring disorders.

Strategy 1.6

Decrease underage drinking and access to alcohol.

Tactics

- Maintain number of retail compliance and fake identification checks annually.
- Provide support for creation of remedial plans to sellers who do not pass compliance and identification checks.
- Provide information and education to new sellers on safe sales.
- Maintain annual advocacy training for community members to address legislation around youth access to alcohol.

Strategy 1.7

Prevent the initiation and dependence of nicotine use.

Tactics

- Carry out two nicotine-free events or campaigns annually.
- Collaborate with schools to provide education on the benefits of a nicotine-free campus.

Strategy 1.8

Increase access to appropriate and affordable housing.

Tactics

- Conduct current inventory of housing opportunities.
- Explore development of age-appropriate transitional housing options for those aged eighteen to twenty-two (18-22).
- Explore development of peer support programs for use in residential spaces.
- Explore development of transition-in-place models (e.g. Elizabeth Homes).
- Explore creation of a committee for vetting sober living residences.
- Increase funding for MDC Recovery Housing Support Fund by September 2020.
- Increase number of people placed in sober living residences through MDC Recovery Housing Support Fund.

Strategy 2.2

Increase wrap-around services for substance use disorders and co-occurring disorders.

Tactics

- Explore increasing the availability of transitional housing.
- Explore ways to increase transportation.
- Explore ways to increase enrollment in behavioral health outpatient programs.
- Increase enrollment in case management and recovery coaching.
- Increase utilization of motivational interviewing and family education and engagement in transitional phases of intervention.
- Maintain number of twelve-step and other best practice recovery meetings within Knox County annually.
- Explore increasing the number of twelve-step and other best practice recovery meetings offered in foreign languages.
- Explore ways to increase utilization of peer recovery support services through Project Lifeline, navigators, and peer support call centers.

Strategy 2.5**Develop a coordinated-care entry point.****Tactics**

- Explore utilization of existing hotlines, such as 211 and TN Redline, to gauge abilities for a single-entry point for those dealing with substance misuse concerns.
- Develop strategies for “warm hand-offs” to referring agencies.
- Explore development of training program for “entry point specialists.”
- Assist in increasing implementation of SPIRIT system.

Strategy 3.2**Increase utilization of peer recovery support services.****Tactics**

- Maintain number of twelve-step and other best practice recovery meetings within Knox County annually.
- Explore increasing the number of twelve-step and other best practice recovery meetings offered in foreign languages.
- Increase utilization of peer recovery support services through promotion of Project Lifeline, navigators, and peer support call centers.
- Increase the number of peer recovery support staff across provider agencies.
- Increase recovery coaching within the community.
- Explore development of an alternative peer group (APG), a form of group and family therapy along with social supports and activities, for youth in recovery.

Strategy 3.4**Create a centralized location for recovery supports and activities.****Tactics**

- Develop community connections associated with community recovery resource center where activities, social supports, and community services are provided for those in or seeking recovery.
- Maintain an “all-recovery” meeting within this setting for individuals with abstinence-based and medication-assisted treatment to gather together.
- Link nonprofits with community recovery resource center to provide services to those who are in or seeking recovery.

Strategy 4.1

Increase availability of naloxone and associated education.

Tactics

- Increase number of naloxone training sessions in community.
- Explore number of nonprofits that can have naloxone available on site.

Strategy 4.3

Reduce incidence and short and long-term impacts of drug and alcohol-exposed infants.

Tactics

- Continue Born Drug-Free Tennessee campaign to connect pregnant women with a substance use disorder to evidence-based treatment programming.
- Increase access to preventive reproductive care for women of childbearing age.

Strategy 5.3

Reduce stigma around substance use disorders and co-occurring disorders.

Tactics

- Increase education around substance use disorders, co-occurring disorders, and trauma or trauma-informed approaches.
- Provide safe communal and business spaces for individuals to share their personal and family recovery stories as well as stories of loss.
- Explore development of programs that highlight the damage that can be done by hurtful, stigma-enforcing language.

Treatment, Harm Reduction, and Recovery Sector

Strategy 2.4

Improve access to transportation to treatment.

Tactics

- Create network of funded or volunteer drivers to transport people to same-day and scheduled intakes at facilities offering addiction services to decrease transportation as a barrier to treatment.
- Increase telehealth access by September 2022 for behavioral health/substance misuse treatment (e.g., telehealth intakes from outpatient facility to inpatient when patient has difficulty with transportation; telehealth intakes with outpatient provider before leaving inpatient treatment; telehealth options for in-home services) by surveying for current capacity, fund sources, and provider capabilities.
- Explore funding for the purchase and staffing of a mobile naltrexone/Vivitrol outreach team.
- Increase community supports for mobile naltrexone/Vivitrol outreach (e.g. churches, community buildings, volunteers) for mobile and outreach services (e.g., groups, recovery meetings) by exploring partnerships with other sectors by 2021.

Strategy 2.6

Increase access to affordable treatment options.

Tactics

- Increase funding opportunities for agencies providing comprehensive addiction care to eliminate waitlists and expand capacity to offer immediate access to care when people are motivated to begin treatment (including during pregnancy) by determining current capacities and gaps in services.
- Explore increased funding opportunities for detox services for people who are uninsured and underinsured.
- Explore increased funding opportunities for inpatient/residential care for people who are uninsured and underinsured.
- Explore increased funding opportunities for outpatient services for people who are uninsured and underinsured.
- Explore increased funding opportunities for medication assisted treatment (MAT) services for people who are uninsured and underinsured.
- Expand opportunities for drop-in/same-day access to information about local treatment options and assistance connecting with and accessing treatment from those entities.
- Expand opportunities for drop-in/same-day access to navigate, problem-solve, and build skills in seeking housing.
- Expand opportunities for drop-in/same-day access to navigate, problem-solve, and build skills in seeking employment.
- Conduct provider networking opportunities to discuss new and updated resources for better care planning and coordination.
- Create a network of providers to coordinate comprehensive treatment of addiction as well as comorbid behavioral health and primary care needs.

Strategy 3.5

Expand inclusiveness of recovery housing environments to include people utilizing medication assisted treatment (MAT) as a tool in recovery.

Tactics

- Develop education for recovery housing administration and staff regarding MAT as an evidence-based treatment. Training will include a focus on reducing stigma associated with MAT as a tool in recovery and offer suggested protocols for safe storage and administration of MAT. This effort is intended to increase openness to inclusivity of people utilizing MAT. Advocate with funders of recovery housing to ensure contracts encourage acceptance of persons on MAT.

Strategy 3.6

Improve recovery support following treatment in higher levels of care.

Tactics

- Increase education of health care providers and consumers regarding addiction as a chronic health condition (e.g., relapsing and remitting, necessitates longitudinal treatment, the intensity of treatment should be fluid in response to severity of symptoms and motivation, vital to minimize gaps in care as patients transition between levels of care).
- Utilize strong alumni support/peers in recovery to assist people leaving higher levels of care with navigating to lower levels of care.
- Increase the quantity of local recovery support providers for those in a maintenance phase of recovery.
- Work to embed recovery as a part of the culture to provide intentional recovery support and safety where people work, play and worship (e.g., hold community events that are free from alcohol, drugs, smoking).
- Train ambassadors who could develop and teach simple concepts to businesses using a tip-sheet – “All4Knox Safe Communities” might be a moniker for neighborhoods and businesses who have had the training (e.g., “Did you know that you are working with people in recovery?” “One in five families are impacted by substance misuse”).

Strategy 4.4

Advocate for change in local/state/federal laws restricting harm reduction efforts (e.g., Good Samaritan laws after previous overdose; laws limiting locations of syringe exchange locations and funding for syringes).

Tactics

- Clarify the details of local/state/federal laws that limit locations of syringe exchange services in Knox and surrounding counties.
- Advocate for less restrictive laws on where syringe service programs can be implemented (advocacy initiative at state level).
- Create advocacy opportunities for state-level policy change to improve Good Samaritan and syringe service program laws.
- Increase education around Good Samaritan laws by September 2022.

Strategy 4.6

Increase access to all evidence-based harm reduction strategies.

Tactics

- Increase availability of naloxone at a range of locations free of charge without a prescription and with minimal barriers to access (locations to include, but not limited to, Knox County Health Department, libraries, all local shelters, outpatient behavioral health providers).
- Explore funding sources to support dispensing free naloxone and to increase availability of naloxone in Knox County.
- Advertise free naloxone locations locally.
- Explore increased funding for syringe service program to expand access in Knox County from two days a week to seven days a week by 2022.
- Increase education for hospital and primary care providers in Knox County regarding evidence-based harm reduction strategies, including naloxone prescribing, locations of naloxone and syringe service programs.

Knox County
Substance Misuse Response

Section 5

Future Considerations

Next Steps and Future Considerations

This plan is Knoxville and Knox County's first strategic plan that aims to address substance misuse.

As All4Knox continues to expand, considerations on maintaining momentum will be crucial to permanent and informed change. Although momentum has shifted as a result of the COVID-19 pandemic, the need for attention to substance misuse has increased. There is an overwhelming need to address isolation and new challenges created by the pandemic. Connection fosters hope. Consideration for future growth, projects, programming, and overall system-wide coordination and collaboration may be given to a wide variety of topics, including, but not limited to:

- New and collaborative data sources
- Opportunities for meaningful and relevant data sharing
- Expansion of utilization of trauma-informed approaches among organizations, agencies and services
- Increased understanding of health drivers and substance misuse
- Centralization, hub and spoke recovery resource center
- Transportation at all levels of service
- Increased and ongoing employment and education opportunities
- Increased options for affordable housing and recovery housing
- Increased health insurance coverage of substance use disorder services and alternative treatments to pain
- Coordinated and consistent healthcare response to those with substance use disorders and substance misuse and co-occurring disorders
- More accurate death certificate reporting and consistency across counties (recognition that data does not represent all substance misuse associated deaths)

Following the fall 2020 release of the All4Knox Strategic Plan, sectors shifted into implementation teams to increase cross-collaboration. The composition of the teams will consist of members from numerous sectors. Teams are based on the priority strategies chosen at the January Sector Lead Retreat and include:

- Access to treatment
- Standardization of practice
- Access to judicial diversion
- Housing
- Prevention and education
- Recovery support

Teams will meet monthly in a virtual format and work to achieve the strategies outlined in this strategic plan.

Substance misuse response is an evolving field which requires constant attention and clear goals that acknowledge the changing clinical and non-clinical recommendations as well as the experiences of those in the wider region. Critical to the success of a reduction in substance misuse epidemics is a quality-improvement approach to outlined goals, objectives, and strategies as well as a desire and willingness to increase evidence around best practice across the continuum of care.

Glossary

Abstinence - Not using drugs or alcohol.

Addiction - A chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs (National Institute on Drug Abuse [NIDA], 2018).

Buprenorphine - An opioid partial agonist medication prescribed for the treatment of opioid addiction that relieves drug cravings without producing the high or dangerous side effects of other opioids.

Community - A group of people living in the same place or having a particular characteristic in common and/or a feeling of fellowship with others, as a result of sharing common attitudes, interests and goals (Merriam-Webster Dictionary, 2019).

Comorbidity - When two disorders or illnesses occur in the same person. Drug addiction and other mental illnesses or viral infections (HIV, hepatitis) are often comorbid. Also referred to as co-occurring disorders.

Dependence - A condition that can occur with the regular use of illicit or some prescription drugs, even if taken as prescribed. Dependence is characterized by withdrawal symptoms when drug use is stopped. A person can be dependent on a substance without being addicted, but dependence sometimes leads to addiction.

Detoxification - A process in which the body rids itself of a drug, or its metabolites. Medically-assisted detoxification may be needed to help manage a person's withdrawal symptoms. Detoxification alone is not a treatment for substance use disorders, but this is often the first step in a drug treatment program.

Drug abuse (drug use, misuse, and addiction) - An older diagnostic term that defined use that is unsafe, use that leads a person to fail to fulfill responsibilities or gets them in legal trouble, or use that continues despite causing persistent interpersonal problems. This term is increasingly avoided by professionals because it can perpetuate stigma. Current appropriate terms include: drug use (in the case of illicit substances), drug misuse (in the case of problematic use of legal drugs or prescription medications) and addiction (in the case of a substance use disorder).

Harm reduction - A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (NHRC, 2019)

Intervention - Act of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning) (Merriam-Webster Dictionary, 2019).

Medicated-assisted treatment (MAT) - Is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (SAMHSA, 2019).

Mental disorder (mental health diagnosis) - A mental condition marked primarily by disorganization of personality, mind, and emotions that seriously impairs the psychological or behavioral functioning of the individual. This is sometimes referred to as a mental health condition. Addiction is a mental disorder.

Naloxone - An opioid antagonist medication approved by the FDA to reverse an opioid overdose. It displaces opioid drugs (such as morphine or heroin) from their receptor and prevents further opioid receptor activation.

Neonatal abstinence syndrome (NAS) - A condition of withdrawal that occurs when certain drugs pass from the mother through the placenta into the fetus' bloodstream during pregnancy causing the baby to become drug dependent and experience withdrawal after birth. The type and severity of a baby's withdrawal symptoms depend on the drug(s) used, how long and how often the mother used, how her body broke down the drug, and if the baby was born full term or prematurely. NAS can require hospitalization and treatment with medication to relieve symptoms.

Overdose - An overdose occurs when a person uses enough of a drug to produce a life-threatening reaction or death.

Pharmacotherapy - Treatment using medications.

Prevention - Approaches focus on helping people develop the knowledge, attitudes and skills they need to make good choices and change harmful behaviors (SAMHSA, 2019).

Recovery - A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual's consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships, and dealing more effectively with emotional responses (ASAM, 2013).

Relapse - In drug addiction, relapse is the return to drug use after an attempt to stop. Relapse is a common occurrence in many chronic health disorders, including addiction, that requires frequent behavioral and/or pharmacologic adjustments to be treated effectively.

Risk factors - Factors that increase the likelihood of beginning substance use, of regular and harmful use, and of other behavioral health problems associated with use.

Self-medication - The use of a substance to lessen the negative effects of stress, anxiety, or other mental disorders (or side effects of their pharmacotherapy) without the guidance of a health care provider. Self-medication may lead to addiction and other drug- or alcohol-related problems.

Stigma - A set of negative attitudes and beliefs that motivate people to fear and discriminate against other people. Many people do not understand that addiction is a disorder just like other chronic disorders. For these reasons, they frequently attach more stigma to it. Stigma, whether perceived or real, often fuels myths and misconceptions, and can influence choices. It can impact attitudes about seeking treatment, reactions from family and friends, behavioral health education and awareness, and the likelihood that someone will not seek or remain in treatment.

Substance use disorder (SUD) - A medical illness caused by disordered use of a substance or substances. According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral and psychological symptoms. An SUD can range from mild to severe.

Treatment - The use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug addiction, and which is designed to enable the affected individual to achieve and maintain sobriety, physical, spiritual and mental health, and a maximum functional ability. (ASAM, 2010)

Withdrawal - Symptoms that can occur after long-term use of a drug is reduced or stopped. These symptoms occur if tolerance to a substance has occurred, and vary according to substance. Withdrawal symptoms can include negative emotions such as stress, anxiety or depression, as well as physical effects such as nausea, vomiting, muscle aches and cramping, among others. Withdrawal symptoms often lead a person to use the substance again.

All uncited definitions are from NIDA (2018).

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