

DARYL COLSON
GENERAL SESSIONS & JUVENILE JUDGE



08/22/2024

Attention: Logan Grant, Executive Director

Health Facilities Commission Members:

The Overton County Recovery Court was established in 2015 and has successfully helped a number of justice-involved individuals find recovery. Our recovery court supports all forms of treatment, including the use of medications such as buprenorphine and naltrexone. Participants are not compelled towards one form of treatment or another; in fact, abstinence-based treatment is also encouraged. The Upper Cumberland region needs greater access to evidence-based MAT services.

Cedar Recovery has provided MAT services for our recovery court and we have been satisfied with the services provided. Thank you for your consideration in this letter.

Respectfully,

Judge Daryl Colson, Presiding Judge

Andrea Ayers, Program Coordinator / Director

THOMPSON BURTON PLLC

A T T O R N E Y S A T L A W
A PROFESSIONAL LIMITED LIABILITY COMPANY

One Franklin Park
6100 Tower Circle, Suite 200
Franklin, Tennessee 37067

Palmer Plaza
1801 West End Ave., Suite 1500
Nashville, Tennessee 37203

Jerry W. Taylor
Franklin Office
Direct Dial: 615-716-2297
Mobile: 615-275-8988
jtaylor@thompsonburton.com

August 23, 2024

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

Re: Letters of Support
 Cedar Recovery, CN2405-014

Dear Mr. Grant,

Attached are 20 letters of support for the above referenced project, which is on the agenda for the August 28 HFC meeting. The letters are from the following:

Treatment providers and related organizations:

1. The University of Tennessee Public Health Institute SMART Initiative
2. Middle Tennessee State University Center for Health and Human Services
3. Health Connect America
4. ONE Tennessee
5. Icarus Addiction Care
6. Dr. David Marcovitz, M.D.

TennCare MCOs:

7. Blue Care Tennessee
8. United Healthcare Community Plan
9. Wellpoint

Individuals and Residents:

10. Rev. Don Terry, Algood & Brotherton United Methodist Churches
11. Janice Alder, LPC-MHSP
12. Montanna Chambers, Putnam County resident
13. Mikel Miller, Out the Door Printing, Cookeville-based small business
14. Josh King, Certified Peer Recovery Specialist (CPRS)

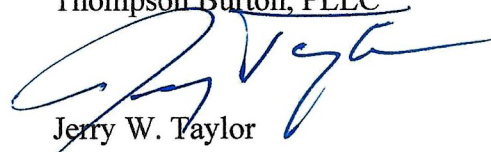
Mr. Logan Grant
August 23, 2024
Page 2

15. Desiree Bennett, Putnam County resident
16. Alec Yarbrough, Putnam County resident
17. Heather Daza, Father's Heart Ministry church, located in Putnam County
18. Ryan Henry, CPRS
19. Justin Veals, CPRS, Cookeville resident - Essay "Stigma Leads to Death."
20. Will Taylor, CPRS

We appreciate these being made available to the HFC board members for the meeting.
Thank you for your assistance.

Sincerely yours,

Thompson Burton, PLLC

A handwritten signature in blue ink, appearing to read "J. Taylor", is written over the printed name "Jerry W. Taylor".

Jerry W. Taylor

August 22, 2024

Dear TN Health Facilities Commission:

I am writing this letter on behalf of the University of Tennessee SMART Initiative in support of Cedar Recovery's Certificate of Need application to begin an opioid treatment program (OTP) in Putnam County. The Substance Misuse and Addiction Resource for Tennessee (SMART) Initiative guides community leaders in implementing evidence-based, cost-effective strategies that mitigate damage from substance use disorder and the opioid epidemic. Originating in 2020 as the SMART Policy Network, the SMART Initiative grew in scope as it was incorporated into the University of Tennessee Institute for Public Service in early 2022. In addition to examining and communicating data and policies related to substance use disorder, the SMART Initiative seeks to empower communities and local governments to combat the overdose epidemic.

Cedar Recovery has been an active participant in the SMART Policy Network's Steering Committee since 2021 and a trusted provider of addiction treatment services. One facet Cedar has made available to the University of Tennessee is to act as a "host site" for physician, nurse practitioner, and physician assistant students to learn how to recognize, diagnose, and treat substance use disorder. All student participants have reported favorably regarding their learning experience at Cedar Recovery.

Putnam County and surrounding counties remain in high need of quality medication-assisted treatment (MAT) access as addiction rates and overdose rates continue to rise. The SMART Policy Network has worked closely with Fentress County leadership in opioid abatement strategies. Fentress County is in the PSA of this application. Citizens of that county need access to this form of treatment.

Cedar Recovery has agreed to expand this new site, if approved, for students at UT and other universities in TN for clinical rotations to learn evidence-based practices in utilizing methadone treatment. The SMART Initiative supports the proposed OTP and requests the Health Facilities Commission approve the CON. If you require any additional information or would like to discuss this matter further, please do not hesitate to contact me at Jennifer.tourville@tennessee.edu. Thank you for your consideration in this support letter. Warmly,



Jennifer Tourville
Executive Director
jennifer.tourville@tennessee.edu
865-804-4245



Center for Health and Human Services
MTSU Box 99
1114 East Lytle
Murfreesboro, TN 37132
615-898-5493
mtsu.edu/chhs



July 31, 2024

Re: Support of Certificate of Need – Cedar Recovery

The team at Middle Tennessee State University's Center for Health and Human Services has been working with Cedar Recovery for the last five years, initially with the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) Planning grant, followed by the Implementation grant, and more recently through the HRSA RCORP MAT Access grant each awarded to MTSU CHHS. The RCORP MAT Access grant supports improving access to and quality of MAT and supportive services in rural communities.

Cedar Recovery has been a quality partner in OUD/SUD efforts in Wilson, Giles, Hickman, Lawrence, and Claiborne Counties through these grants. We would not have been able to make such significant progress in serving these local communities without their partnership and rely on them to provide needed MAT services in the counties serviced by the MAT Access grant. Cedar Recovery has been instrumental in providing medication assisted treatment (MAT) for the uninsured, providing transportation to treatment centers, law enforcement training on MAT, stigma reduction programs, billing/coding training for MAT, substance use disorder education for businesses, as well as the first diversion center in Wilson County called the PIC Center that currently has 63 active clients, 91 graduates of the program, and a 67% success rate.

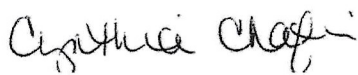
We are very proud of these accomplishments, but none of these initiatives would have been possible without the daily support and efforts of the employees at Cedar Recovery. We know that Cedar Recovery has filed a Certificate of Need application to open an opioid treatment program (methadone) in Putnam County, Tennessee. Being able to provide services and resources to rural Tennesseans is beneficial to those suffering from opioid and other substance use disorders and their families. Having adequate providers available is critical to being able to serve those needing treatment. With Cedar Recovery bringing services and resources to Putnam County, it will benefit residents who will have more treatment options, while not impacting other providers.

Putnam County has a great need for MAT services. According to the 2022 Tennessee Drug Overdose Deaths report released by the Tennessee Department of Health, Putnam County had 29 overdose deaths in 2022, with 22 of them being opioid related. It was reported in the local news that on July 14, 2023, eight female inmates at the Putnam County Jail overdosed after snorting a mixture of heroin and fentanyl. The drugs were reportedly smuggled into the jail by a female inmate. There are people in Putnam County struggling with OUD/SUD who would benefit by having more treatment providers and resources available to them.

Based on work with Cedar Recovery over the last five years, I support Cedar Recovery's approval for their opioid treatment program in Putnam County. This decision to approve their application will save lives in Putnam County and the surrounding areas.

Please support this quality applicant, Cedar Recovery, and their Certificate of Need application for Putnam County.

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia Chafin". The signature is fluid and cursive, with the first name "Cynthia" being more prominent than the last name "Chafin".

Cynthia Chafin, Ph.D., MCHES®
Director



Health Facilities Commission

Attention: Logan Grant, Executive Director

August 22, 2024

I submit this letter on behalf of Health Connect America, Inc. (HCA) in SUPPORT of Cedar Recovery's Certificate of Need (CON) application to open an Opioid Treatment Program in Putnam County. HCA is a multi-state children, adolescent, and adult program offering a variety of behavioral health and foster care services to individuals. HCA has three (3) physical locations within the proposed service area: Putnam, White, and Cumberland Counties.

HCA and Cedar Recovery have been engaged in a strategic alliance since 2021. The purpose of the alliance is to increase TennCare Healthlink (care coordination) services to patients and to promote access to MAT services for patients served at an HCA office. The relationship has proved beneficial in expanding access to services and coordinating care for patients receiving joint services. Cedar Recovery delivers high-quality and evidence-based MAT services to their patients.

If approved, HCA will not only continue its existing relationship with Cedar but will also bolster it by providing TennCare Healthlink services in-house and other treatment resources to their patients. I urge the Commission to APPROVE the CON and bring this much needed health service to Putnam County and the Upper Cumberland region.

Respectfully,

A handwritten signature in blue ink, appearing to read "Kristi Shain", is written over a faint, larger version of the same signature.

Kristi Shain
CEO/President
508 Autumn Springs Ct Ste 2A
Franklin, TN 37064
615-567-6726

ONE TENNESSEE

May 31, 2024

Logan Grant, Executive Director
Health Facilities Commission
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Dear Mr. Grant,

On behalf of the volunteers and staff of ONE Tennessee, I am writing to express our strong support for Cedar Recovery's application for a Certificate of Need to open an opioid treatment program in Putnam County.

ONE Tennessee was established in 2018 as a 501(c)3 non-profit organization with funding from Tennessee Governor Bill Haslam and the Tennessee legislature to combat the opioid epidemic in Tennessee. Since that time, we have worked to prevent overdose and addiction through education, collaboration, and coordination of services among health professionals, organizations and communities throughout the state, developing and offering clinical training programs to share information about guidelines and resources for opioid prescribing and safe management of pain, reducing stigma and expanding access to community resources to help people avoid and recover from substance use disorder.

According to the latest report published in 2022 by the Substance Abuse and Mental Health Services Administration (SAMHSA), of the 48.7 Million people in the US with reported Substance Use Disorder (SUD) in the past year, only 24% received treatment for this chronic, recurring disease. The Tennessee Department of Health reports that 29 residents of Putnam County died from a fatal overdose in 2022, while there were 159 fatal overdose deaths in the other 11 rural counties of the Upper Cumberland Region. Clinicians have shared with us the barriers to recovery, which include limited access to medication-assisted treatment and other treatment and support, particularly in rural areas such as the Upper Cumberland region.

In 2021, we began working in collaboration with the Upper Cumberland Human Resource Agency and Development District to expand capacity for Upper Cumberland Recovery CONNECT, a network which supports individuals by connecting them with certified peer recovery specialists who help them access a variety of services, including treatment for substance use disorder. We have been pleased with the high level of collaboration with Cedar Recovery in this effort. Together, we have defined a triage process and expanded the network of service providers to ensure timely, effective services and sustained support for successful recovery. Our work together has increased outreach to clients and clinicians, serving 687 individuals in the past 15 months who received assessment, triage and services in their local communities.

Cedar Recovery has been an integral part of the planning and development process, demonstrating its commitment to evidence-based clinical practices, collaboration with community partners, and innovative approaches such as collaborative practice models of care. However, there are still many for whom access to treatment is limited by distance, scheduling and cost constraints. We therefore hope that your request for approval to expand access to services through the expansion of services in Putnam County will be given the highest consideration. We look forward to working with your staff and your clients to celebrate increased capacity for treatment in Putnam County and surrounding rural areas.

Sincerely,


Liesa Jo Jenkins, Executive Director
ONE Tennessee



David Reagan, M.D., PhD, Board Chair
ONE Tennessee

P. O. Box 93
Brentwood TN 37024

www.onetnhealth.org
info@onetnhealth.org

August 22, 2024

Health Facilities Commission
Attention: Logan Grant

Mr. Grant,

I submit this letter in unfettered support of Cedar Recovery's Certificate of Need (CON) application to open an opioid treatment program (OTP) in Putnam County to serve the Upper Cumberland region. As a board-certified emergency medicine and addiction medicine physician, I strongly support the use of medication assisted treatment (MAT), including methadone, to treat opioid use disorder. My opinion directly aligns with all scientific evidence and the position of the American College of Emergency Physicians and the American Society of Addiction Medicine.

I also started Icarus Addiction Care, PLLC, an addiction consultation and treatment company based in Nashville, TN. Icarus is the sole provider of addiction consult services to Tristar Skyline Hospital in Madison, TN and has been successful in inducing life-saving MAT medications to those suffering from opioid use disorder. My program doesn't stop there – we connect individuals to treatment post release.

There is no doubt and no dispute that the use of medications, including methadone and buprenorphine, are the "gold standard" of care for opioid use disorder. My expertise in emergency medicine and addiction medicine qualifies me to speak to the evidence of using these life-saving medications in combating the opioid epidemic.

I would also like to speak to the credibility of Cedar Recovery and Dr. Stephen Loyd. They have a phenomenal reputation in the healthcare and addiction treatment community.

I strongly urge the HFC approve this CON application.

Respectfully,



Dr. Jacob Radford (Aug 22, 2024 22:46 GMT+2)

Jacob Radford, MD

To: Health Facilities Commission Members

Attention: Logan Grant, Executive Director

My name is Dr. David Marcovitz and I submit this letter in support of Cedar Recovery's application to open an opioid treatment program in Putnam County. As a dually board certified general and addiction psychiatrist, I can attest that the use of medications, including methadone and buprenorphine, is undisputed in the medical literature. In fact, the recommendation by all medical societies is to increase access to these lifesaving medications and improve the initiation rates in people suffering from opioid use disorder.

I have personally known Cedar Recovery and its leadership for several years. I have had the pleasure of working with Dr. Loyd and Paul Trivette on several projects and addiction policy matters. To highlight this relationship, I am the one who recommended Cedar Recovery to the Tennessee Department of Mental Health & Substance Abuse Services to be a State Opioid Response (SOR) grant provider. Moreover, I am actively working with them on the Upper Cumberland Recovery (UC Recovery) project. The Upper Cumberland area has been a desert for medication-assisted treatment (MAT) services; especially access to methadone. I believe this is due to stigma and a lack of understanding about the role of MAT. Nonetheless, the need exists.

Cedar Recovery is not only a highly reputable provider, but their heart is based in a mission of solving the opioid epidemic. In short, they are the right provider to bring this much needed service to Putnam County and the Upper Cumberland Community. If approved, this OTP will create an access point for patients to get the life-saving care they deserve and bolster the offerings of the UC Recovery project.

I strongly urge the commission to APPROVE this application and allow Cedar Recovery to open an OTP in Putnam County. I am available to provide any studies, research, or literature requested.

Respectfully Submitted,

Dr. David Marcovitz

Dr. David Marcovitz (Aug 22, 2024 16:46 CDT)



1 Cameron Hill Circle
Chattanooga, Tennessee 37402
bluecare.bcbst.com

Re: Cedar Recovery Center of Middle Tennessee

To whom it may concern,

We've contracted with Cedar Recovery Center of Middle Tennessee to provide services including Buprenorphine Medication-Assisted Treatment (BMAT) Induction/Stabilization (effective Aug. 1, 2018); Traditional Outpatient services (effective June 12, 2018); Intensive Outpatient Psychiatric, Substance Use and Peer Recovery Services (effective July 1, 2022). Currently, they support 850 members in the program.

Service deliverables include:

- Care coordination and case management with various state departments and divisions overseeing government programs
- Ensuring staff are appropriately trained and qualified
- Ensuring services are tracked and billed accurately in a timely manner

Cedar Recovery received a Certificate of Need in March 2024 to begin the provision of opioid treatment program services in Knox County, TN. They're now seeking an application to initiate the same type of service in Putnam County, TN.

BlueCare Tennessee doesn't currently have any contracted providers of opioid treatment program services in Putnam County. The closest opioid treatment program is approximately 100 miles away from the area. If approved, Cedar Recovery would be eligible to apply for contracting as an opioid treatment program.

Sincerely,

Your Provider Service Team



United Healthcare Community Plan, Inc.
10 Cadillac Drive Suite 200
Brentwood, TN 37027

July 10, 2024

Mr. Grant & Commission Members,

UnitedHealthcare Community Plan of Tennessee has been contracted with Cedar Recovery since 06/15/2018 to provide services which include Mental Health and Substance Abuse Counseling and Medicated-Assisted Treatment for Opioid Use Disorder. They are currently supporting 596 individuals in the program.

A review of their contract records indicates Cedar Recovery, maintains current provider qualifications, and complies with all contract standards.

There is a limited number of opioid treatment programs across Tennessee. There is a demonstrated need for opioid treatment programs (OTPs) within the Putnam County and Upper Cumberland area. This would create an access point for this service in the area. The closest OTP programs are over 60 miles from proposed location in Putnam County. Members must travel to Davidson, Hamilton, or Knox counties for this level of service.

Regards,

Phillip S Morrison

A handwritten signature in black ink, appearing to read 'P. Morrison', written over the printed name.

Behavioral Health Network Director

To Whom it May Concern:

Wellpoint has contracted with, Cedar Recovery Center of Middle Tennessee, LLC, to provide services including, BMAT Induction/Stabilization, Maintenance Phase with therapy, Maintenance Phase without therapy, Intensive Outpatient Psych and Substance Abuse and Peer Recovery services, effective 3/31/2018. They are currently supporting approximately 400 persons in the program.

Service deliverables include: (1) Collaboration and cooperation with care coordination, case management as well as various State Departments and Divisions that oversee government programs (2) assurance that staff are appropriately trained and qualified and (4) assurance that services are tracked and billed in a timely accurate manner.

A review of their contract record indicates, Cedar Recovery Center of Middle Tennessee, LLC, maintains current provider qualifications and complies with contract standards.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Renea Bentley".

Renea Bentley, Ed.D., LPC-MHSP
Executive Director of Behavioral Health

From: [Phillip M. Earhart](#)
To: [Alecia L. Craighead](#)
Subject: Fwd: [EXTERNAL] In Support of Certificate of Need for Cedar Recovery; Request to be Added to Board Members' Packet
Date: Tuesday, July 16, 2024 7:34:03 AM

Support Letter
Sent from my iPhone

Begin forwarded message:

From: adam shannon <shannonadamj99@gmail.com>
Date: July 16, 2024 at 4:05:42 AM CDT
To: "Phillip M. Earhart" <Phillip.M.Earhart@tn.gov>
Subject: [EXTERNAL] In Support of Certificate of Need for Cedar Recovery; Request to be Added to Board Members' Packet

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Hello,

I am a resident of Putnam County, Tennessee. I am writing as a private citizen urging you to vote in support of the application for a Certificate of Need submitted by Cedar Recovery for a methadone clinic at 1805 Burgess Falls Road, Cookeville, Tennessee. I request that you add the foregoing letter to the board members' packet for the hearing of the application.

Opioid addiction is a problem in our state, and empirical research studies have found methadone treatment to be effective in reducing opioid abuse and overdose. The proposed clinic in our area will provide methadone treatment for Putnam County, which provides several benefits including but not limited to:

Decreasing mortality rates. [Santo et al.'s \(2021\)](#) metastudy analyzed 51 research studies and included a total of over 750,000 opioid-dependent participants. The authors found the mortality rate of people in opioid agonist treatment was half of the mortality rate outside of treatment. The authors state there was a lower risk of drug-related or alcohol-related death during opioid abuse treatment. This study found methadone and buprenorphine equally decreased mortality.

Preventing overdose after treatment. [Wakeman et al.'s \(2020\)](#) research funded by the US National Institute on Drug Abuse compared methadone or buprenorphine assisted treatment to five other treatments including inpatient treatment and intensive outpatient interventions. Wakeman et al. reported methadone or buprenorphine treatment was associated with reduced opioid overdose compared to all other treatments. Most notably, **only** methadone or buprenorphine treatment was related to a reduced risk of overdose during 3-month and 12-month follow-ups. **No other treatment was associated with reduced overdose risk after treatment.**

Decreasing local crime. [Furr-Holden et al.'s \(2016\)](#) research funded by

the US National Institute on Drug Abuse examined if drug treatment centers increased crime. They compared crime near drug treatment centers to crime around businesses like liquor stores and convenience stores. The authors found that the average amount of crime near drug treatment centers was less than the average amount of crime around liquor stores, corner stores, and convenience stores.

Decreasing crime by repeat offenders. [Russolillo et al.'s \(2018\)](#) longitudinal study included 14,530 people with a history of incarceration and methadone use. The authors reported these participants exhibited 33% less violent crime and 35% less non-violent crime while methadone was available.

Methadone treatment saves lives and helps people recover from opioid use disorder. No studies have reported evidence to suggest that methadone treatment centers increase crime, and evidence suggests that methadone treatment decreases violent and nonviolent crime. While Putnam County does host buprenorphine clinics, there are currently no methadone clinics. Denying Cedar Recovery its Certificate of Need will limit the ability of Putnam County residents to receive care, and needlessly postpone recovery.

Sincerely,

Adam Shannon

References:

- Furr-Holden, C. D. M., Milam, A. J., Nesoff, E. D., Johnson, R. M., Fakunle, D. O., Jennings, J. M., & Thorpe, R. J. (2016). Not in my back yard: A comparative analysis of crime around publicly funded drug treatment centers, liquor stores, convenience stores, and corner stores in one Mid-Atlantic city. *Journal of Studies on Alcohol and Drugs*, 77(1), 17–24. <https://doi.org/10.15288/jsad.2016.77.17>
- Santo, T., Clark, B., Hickman, M., Grebely, J., Campbell, G., Sordo, L., Chen, A., Tran, L. T., Bharat, C., Padmanathan, P., Cousins, G., Dupouy, J., Kelty, E., Muga, R., Nosyk, B., Min, J., Pavarin, R., Farrell, M., & Degenhardt, L. (2021). Association of opioid agonist treatment with All-Cause mortality and specific causes of death among people with opioid dependence. *JAMA Psychiatry*, 78(9), 979. <https://doi.org/10.1001/jamapsychiatry.2021.0976>
- Russolillo, A., Moniruzzaman, A., McCandless, L. C., Patterson, M., & Somers, J. M. (2017). Associations between methadone maintenance treatment and crime: a 17-year longitudinal cohort study of Canadian provincial offenders. *Addiction*, 113(4), 656–667. <https://doi.org/10.1111/add.14059>
- Wakeman, S. E., Larochele, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., Azocar, F., & Sanghavi, D. M. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Network Open*, 3(2), e1920622. <https://doi.org/10.1001/jamanetworkopen.2019.20622>

From: [Phillip M. Earhart](#)
To: [Alecia L. Craighead](#)
Subject: FW: [EXTERNAL] "In Support of Certificate of Need for Cedar Recovery; Request to Be Added to the Board Members" Packet
Date: Tuesday, July 16, 2024 8:24:56 AM

Support Letter

From: Amy Simmons <ar.simmons1012@gmail.com>
Sent: Tuesday, July 16, 2024 8:08 AM
To: Phillip M. Earhart <Phillip.M.Earhart@tn.gov>
Subject: [EXTERNAL] "In Support of Certificate of Need for Cedar Recovery; Request to Be Added to the Board Members' Packet

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1. **Decreasing mortality rates.** [Santo et al.'s \(2021\)](#) metastudy analyzed 51 research studies and included a total of over 750,000 opioid-dependent participants. The authors found the mortality rate of people in opioid agonist treatment was half of the mortality rate outside of treatment. The authors state there was a lower risk of drug-related or alcohol-related death during opioid abuse treatment. This study found methadone and buprenorphine equally decreased mortality.
2. **Preventing overdose after treatment.** [Wakeman et al.'s \(2020\)](#) research funded by the US National Institute on Drug Abuse compared methadone or buprenorphine assisted treatment to five other treatments including inpatient treatment and intensive outpatient interventions. Wakeman et al. reported methadone or buprenorphine treatment was associated with reduced opioid overdose compared to all other treatments. Most notably, only methadone or buprenorphine treatment was related to a reduced risk of overdose during 3-month and 12-month follow-ups. No other treatment was associated with reduced overdose risk after treatment.
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The alternative is fentanyl. Remember that.

Sincerely,

Amy Simmons

References:

Furr-Holden, C. D. M., Milam, A. J., Nesoff, E. D., Johnson, R. M., Fakunle, D. O., Jennings, J. M., & Thorpe, R. J. (2016). Not in my back yard: A comparative analysis of crime around publicly funded drug treatment centers, liquor stores, convenience stores, and corner stores in one Mid-Atlantic city. *Journal of Studies on Alcohol and Drugs*, 77(1), 17–24.

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Russolillo, A., Moniruzzaman, A., McCandless, L. C., Patterson, M., & Somers, J. M. (2017). Associations between methadone maintenance treatment and crime: a 17-year longitudinal cohort study of Canadian provincial offenders. *Addiction*, 113(4), 656–667.

<https://doi.org/10.1111/add.14059>

Wakeman, S. E., Larochelle, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., Azocar, F., & Sanghavi, D. M. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Network Open*, 3(2), e1920622.

<https://doi.org/10.1001/jamanetworkopen.2019.20622>

From: [Phillip M. Earhart](#)
To: [Alecia L. Craighead](#)
Subject: Fwd: [EXTERNAL] Support to Certificate of Need - Cedar Recovery; Request to Be Added to the Board Members' Packet
Date: Monday, July 15, 2024 9:39:39 PM

Support Letter

Sent from my iPhone

Begin forwarded message:

From: catherinefisher17@aol.com
Date: July 15, 2024 at 5:07:52 PM CDT
To: "Phillip M. Earhart" <Phillip.M.Earhart@tn.gov>
Subject: [EXTERNAL] Support to Certificate of Need - Cedar Recovery; Request to Be Added to the Board Members' Packet

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1. **Decreasing mortality rates.** [Santo et al.'s \(2021\)](#) metastudy analyzed 51 research studies and included a total of over 750,000 opioid-dependent participants. The authors found the mortality rate of people in opioid agonist treatment was half of the mortality rate outside of treatment. The authors state there was a lower risk of drug-related or alcohol-related death during opioid abuse treatment. This study found methadone and buprenorphine equally decreased mortality.
2. **Preventing overdose after treatment.** [Wakeman et al.'s \(2020\)](#) research funded by the US National Institute on Drug Abuse compared

methadone or buprenorphine assisted treatment to five other treatments including inpatient treatment and intensive outpatient interventions. Wakeman et al. reported methadone or buprenorphine treatment was associated with reduced opioid overdose compared to all other treatments. Most notably, **only** methadone or buprenorphine treatment was related to a reduced risk of overdose during 3-month and 12-month follow-ups. **No other treatment was associated with reduced overdose risk after treatment.**

3.

Decreasing local crime. [Furr-Holden et al.'s \(2016\)](#) research funded by the US National Institute on Drug Abuse examined if drug treatment centers increased crime. They compared crime near drug treatment centers to crime around businesses like liquor stores and convenience stores. The authors found that the average amount of crime near drug treatment centers was less than the average amount of crime around liquor stores, corner stores, and convenience stores.

4.

Decreasing crime by repeat offenders. [Russolillo et al.'s \(2018\)](#) longitudinal study included 14,530 people with a history of incarceration and methadone use. The authors reported these participants exhibited 33% less violent crime and 35% less non-violent crime while methadone was available.

Methadone treatment saves lives and helps people recover from opioid use disorder. No studies have reported evidence to suggest that methadone treatment centers increase crime, and evidence suggests that methadone treatment decreases violent and nonviolent crime. While Putnam County does host buprenorphine clinics, there are currently no methadone clinics. Denying Cedar Recovery its Certificate of Need will limit the ability of Putnam County residents to receive care, and needlessly postpone recovery.

Sincerely,
Catherine Fisher

References:

Furr-Holden, C. D. M., Milam, A. J., Nesoff, E. D., Johnson, R. M., Fakunle, D. O., Jennings, J. M., & Thorpe, R. J. (2016). Not in my back yard: A comparative analysis of crime around publicly funded drug treatment centers, liquor stores, convenience stores, and corner stores in one Mid-Atlantic city. *Journal of Studies on Alcohol and Drugs*, 77(1), 17–24. <https://doi.org/10.15288/jsad.2016.77.17>
Santo, T., Clark, B., Hickman, M., Grebely, J., Campbell, G., Sordo, L., Chen, A., Tran, L. T., Bharat, C., Padmanathan, P., Cousins, G., Dupouy, J., Kelty, E., Muga, R., Nosyk, B., Min, J., Pavarin, R., Farrell,

M., & Degenhardt, L. (2021). Association of opioid agonist treatment with All-Cause mortality and specific causes of death among people with opioid dependence. *JAMA Psychiatry*, 78(9), 979. <https://doi.org/10.1001/jamapsychiatry.2021.0976>

Russolillo, A., Moniruzzaman, A., McCandless, L. C., Patterson, M., & Somers, J. M. (2017). Associations between methadone maintenance treatment and crime: a 17-year longitudinal cohort study of Canadian provincial offenders. *Addiction*, 113(4), 656–667. <https://doi.org/10.1111/add.14059>

Wakeman, S. E., Laroche, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., Azocar, F., & Sanghavi, D. M. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Network Open*, 3(2), e1920622. <https://doi.org/10.1001/jamanetworkopen.2019.20622>

From: [Phillip M. Earhart](#)
To: [Alecia L. Craighead](#)
Subject: Fwd: [EXTERNAL] Letter in Support of Cedar Recovery Certificate of Need for a Methadone Clinic
Date: Monday, July 15, 2024 9:40:04 PM

Support Letter

Sent from my iPhone

Begin forwarded message:

From: Nick Woods <nwoodspsy@gmail.com>
Date: July 15, 2024 at 4:59:44 PM CDT
To: hsdastaff@tn.gov, "Phillip M. Earhart" <Phillip.M.Earhart@tn.gov>
Subject: [EXTERNAL] Letter in Support of Cedar Recovery Certificate of Need for a Methadone Clinic

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Hello,

I am a resident of Putnam County, Tennessee. I am writing as a private citizen urging you to vote in support of the application for a Certificate of Need submitted by Cedar Recovery for a methadone clinic at 1805 Burgess Falls Road, Cookeville, Tennessee. I request that you add the foregoing letter to the board members' packet for the hearing of the application.

Opioid addiction is a problem in our state, and empirical research studies have found methadone treatment to be effective in reducing opioid abuse and overdose. The proposed clinic in our area will provide methadone treatment for Putnam County, which provides several benefits including but not limited to:

1. **Decreasing mortality rates.** [Santo et al.'s \(2021\)](#) metastudy analyzed 51 research studies and included a total of over 750,000 opioid-dependent participants. The authors found the mortality rate of people in opioid agonist treatment was half of the mortality rate outside of treatment. The authors state there was a lower risk of drug-related or alcohol-related death during opioid abuse treatment. This study found methadone and buprenorphine equally decreased mortality.
2. **Preventing overdose after treatment.** [Wakeman et al.'s \(2020\)](#)

research funded by the US National Institute on Drug Abuse compared methadone or buprenorphine assisted treatment to five other treatments including inpatient treatment and intensive outpatient interventions. Wakeman et al. reported methadone or buprenorphine treatment was associated with reduced opioid overdose compared to all other treatments. Most notably, **only** methadone or buprenorphine treatment was related to a reduced risk of overdose during 3-month and 12-month follow-ups. **No other treatment was associated with reduced overdose risk after treatment.**

3. **Decreasing local crime.** [Furr-Holden et al.'s \(2016\)](#) research funded by the US National Institute on Drug Abuse examined if drug treatment centers increased crime. They compared crime near drug treatment centers to crime around businesses like liquor stores and convenience stores. The authors found that the average amount of crime near drug treatment centers was less than the average amount of crime around liquor stores, corner stores, and convenience stores.
4. **Decreasing crime by repeat offenders.** [Russolillo et al.'s \(2018\)](#) longitudinal study included 14,530 people with a history of incarceration and methadone use. The authors reported these participants exhibited 33% less violent crime and 35% less non-violent crime while methadone was available.

Methadone treatment saves lives and helps people recover from opioid use disorder. No studies have reported evidence to suggest that methadone treatment centers increase crime, and evidence suggests that methadone treatment decreases violent and nonviolent crime. While Putnam County does host buprenorphine clinics, there are currently no methadone clinics. Denying Cedar Recovery its Certificate of Need will limit the ability of Putnam County residents to receive care, and needlessly postpone recovery.

Sincerely,
Nick Woods

References:

Furr-Holden, C. D. M., Milam, A. J., Nesoff, E. D., Johnson, R. M., Fakunle, D. O., Jennings, J. M., & Thorpe, R. J. (2016). Not in my back yard: A comparative analysis of crime around publicly funded drug treatment centers, liquor stores, convenience stores, and corner stores in one Mid-Atlantic city. *Journal of Studies on Alcohol and Drugs*, 77(1), 17–24. <https://doi.org/10.15288/jsad.2016.77.17>
Santo, T., Clark, B., Hickman, M., Grebely, J., Campbell, G., Sordo, L.,

Chen, A., Tran, L. T., Bharat, C., Padmanathan, P., Cousins, G., Dupouy, J., Kelty, E., Muga, R., Nosyk, B., Min, J., Pavarin, R., Farrell, M., & Degenhardt, L. (2021). Association of opioid agonist treatment with All-Cause mortality and specific causes of death among people with opioid dependence. *JAMA Psychiatry*, 78(9), 979.

<https://doi.org/10.1001/jamapsychiatry.2021.0976>

Russolillo, A., Moniruzzaman, A., McCandless, L. C., Patterson, M., & Somers, J. M. (2017). Associations between methadone maintenance treatment and crime: a 17-year longitudinal cohort study of Canadian provincial offenders. *Addiction*, 113(4), 656–667.

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Wakeman, S. E., Laroche, M. R., Ameli, O., Chaisson, C. E., McPheeters, J. T., Crown, W. H., Azocar, F., & Sanghavi, D. M. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Network Open*, 3(2), e1920622.

<https://doi.org/10.1001/jamanetworkopen.2019.20622>

From: Don Terry <don.terry@twkumc.org>
Date: Wednesday, July 24, 2024 at 5:20 AM
To: logan.grant@tn.gov <logan.grant@tn.gov>, phillip.m.earhart@tn.gov <phillip.m.earhart@tn.gov>
Cc: Stephen Loyd <stephen@cedarrecovery.com>, Paul Trivette <paul@cedarrecovery.com>
Subject: Supporting Methadone Clinic in Putnam County

I am writing to support plans for a Methadone Clinic in Putnam County. I find it troubling that opponents are spending so much money in opposition when funds would be better spent for addiction recovery.

As the former chairperson of an addiction recovery organization, we declined applicants using methadone because of our focus on total abstinence and because we were inadequately staffed to medically monitor those on methadone.

However, we never told them to stop treating their addiction in this way and always offered help finding residential facilities that supported their treatment.

As a father of a recovering addict, who nearly died of opioid addiction, I support any treatment that saves lives and leads to recovery. The death toll from opioid addiction is too high.

I suspect many in opposition of clinics in their vicinity are afraid of addicts and, or lack understanding of how treatment and addiction recovery work. I got your emails from an opposition poster plastered to my windshield. So, I'm sure you've heard from angry people. Well, here's one guy and one voice saying please let them treat, help, and heal those trapped in addiction

Rev. Don Terry
Pastor
Algood & Brotherton United Methodist Churches
Cookeville, TN

Home 433 Bradley Dr, Cookeville, TN 38501

931-537-6111-office
615-707-0648-cell
algoodumc.org
linktr.ee/PastorDT

To: Health Facilities Commission

Attention: Logan Grant, Executive Director

I write this letter in support of Cedar Recovery's Certification of Need application to open an opioid treatment program in Putnam County, TN. I am a master's level counselor pursuing licensure. I actively treat individuals that have substance use and mental health disorders. The use of medication-assisted treatment (MAT) with methadone, buprenorphine, and naltrexone is widely accepted as the best standard of treatment for those suffering from opioid use disorder.

I live very close to the location where the proposed program will be located. I personally believe the location is great due to its proximity to the interstate and Plateau Mental Health. I am personally bothered by the level of stigma and noise some community members have raised in opposition to treatment. The right thing to do is approve this application and allow Cedar Recovery to open this program and serve individuals in our community.

Thank you,

 *Janice Alder* LPC-MHSP(temp), NCC

Janice Alder, LPC-MHSP (temp), NCC

Tennessee Health Facilities Commission
Attention: Logan Grant, Executive Director
502 Deaderick Street, 9th Floor
Nashville, TN 37243

Date: 07/09/2024

Subject: Letter of Support for CN2405-014 Cedar Recovery

Dear Mr. Grant & Commission Members,

I am writing in strong SUPPORT of Cedar Recovery's Certificate of Need application to open an opioid treatment program in Putnam County, TN. Our county has been severely impacted by the opioid crisis, which has had a generational effect on families and the community as a whole. Citizens of this region have never had access to this type of treatment, primarily due to stigma and misconceptions about using medications to treat this deadly disease. However, the need for a quality, evidence-based opioid treatment program has steadily increased over the years.

As a resident of Putnam County, I care deeply about those who need help finding a path to recovery. I am aware of the opposition to this project, but I believe it is not based on the actual need for this type of service. I want to speak on behalf of those who are silenced and desperately need this treatment.

Cedar Recovery is the right organization to bring this medical and treatment service to our community. The application meets all three criteria for consideration: need, quality, and consumer advantage. It is time to eliminate the treatment desert in this region and help break down the stigma of addiction. The best way to do this is to APPROVE this application.

Thank you for considering this letter of support.

Sincerely,

A handwritten signature in black ink, appearing to read 'Montana Chambers', with a stylized, cursive script.

Montana Chambers

Out the Door PRINTING

28 W. Spring Street Cookeville, TN 38501

I write this letter in strong support of Cedar Recovery's Certification of Need application to open an opioid treatment program in Putnam County, TN. I am a person in long term recovery and achieved it through an abstinence program. Although abstinence was my path to recovery, I support all paths to recovery, including the use of methadone to treat opioid use disorder. Additionally, I understand there is a minority of community opposition that are being loud about the matter, but I believe this is grounded in misinformation and a lack of information.

As a local business owner of a sign and printing company in Cookeville that employs individuals in recovery, I understand the need for all treatment resources to be made readily available. I personally live near where the proposed OTP will be located and support the location as well.

Cedar Recovery has been a trusted provider of addiction treatment services in the Cookeville and Putnam County community. Moreover, they have a reputation for being willing to participate in community treatment efforts, collaborate with the criminal justice system, and promote the existing healthcare system.

The application overwhelmingly meets the three criteria required to obtain a CON. The commission should not allow the vocal minority opposition to overshadow the good Cedar Recovery will bring to us through this OTP.

I strongly urge the Health Facilities Commission approve this application. I am happy to provide additional information or documentation as requested.



Owner

Health Facilities Commission

To: Logan Grant - Executive Director

I write this letter in overwhelming SUPPORT of Cedar Recovery's application to open an opioid treatment program, offering methadone, in Putnam County. Methadone treatment saved my life and was a big part of my recovery. Since entering recovery, I have worked in the addiction treatment space and even obtained my Certified Peer Recovery Specialist (CPRS) certification from the Tennessee Department of Mental Health and Substance Abuse Services. If you would have asked me 10 years ago what role methadone would play, I would have responded "it is going away because of Suboxone." I was wrong. This is due to fentanyl, which has undeniably changed the game. I know of patients that are terrified of trying Suboxone because they know it will cause precipitated withdrawals due to their use of fentanyl. Methadone is a much better option for these patients. I have lived in the Upper Cumberland Community for about 7 years and understand the needs of this community. There is no doubt that Putnam County will benefit by having this as a treatment option to those impacted by this terrible disease, which I have experienced firsthand. Please APPROVE this Certificate of Need application.

Signature

A handwritten signature in black ink, appearing to read "Josh King". The signature is fluid and cursive, with a large, sweeping "K" and a long, horizontal tail stroke.

Tennessee Health Facilities Commission
Attention: Logan Grant, Executive Director
502 Deaderick Street, 9th Floor
Nashville, TN 37243

Date: 07/09/2024

Subject: Letter of Support for CN2405-014 Cedar Recovery

Dear Mr. Grant & Commission Members,

I am writing in strong SUPPORT of Cedar Recovery's Certificate of Need application to open an opioid treatment program in Putnam County, TN. Our county has been severely impacted by the opioid crisis, which has had a generational effect on families and the community as a whole. Citizens of this region have never had access to this type of treatment, primarily due to stigma and misconceptions about using medications to treat this deadly disease. However, the need for a quality, evidence-based opioid treatment program has steadily increased over the years.

As a resident of Putnam County, I care deeply about those who need help finding a path to recovery. I am aware of the opposition to this project, but I believe it is not based on the actual need for this type of service. I want to speak on behalf of those who are silenced and desperately need this treatment.

Cedar Recovery is the right organization to bring this medical and treatment service to our community. The application meets all three criteria for consideration: need, quality, and consumer advantage. It is time to eliminate the treatment desert in this region and help break down the stigma of addiction. The best way to do this is to APPROVE this application.

Thank you for considering this letter of support.

Sincerely,


Desiree Bennett (Jul 9, 2024 11:44 CDT)

Desiree Bennett

Tennessee Health Facilities Commission
Attention: Logan Grant, Executive Director
502 Deaderick Street, 9th Floor
Nashville, TN 37243

Date: 07/09/2024

Subject: Letter of Support for CN2405-014 Cedar Recovery

Dear Mr. Grant & Commission Members,

I am writing in strong SUPPORT of Cedar Recovery's Certificate of Need application to open an opioid treatment program in Putnam County, TN. Our county has been severely impacted by the opioid crisis, which has had a generational effect on families and the community as a whole. Citizens of this region have never had access to this type of treatment, primarily due to stigma and misconceptions about using medications to treat this deadly disease. However, the need for a quality, evidence-based opioid treatment program has steadily increased over the years.

As a resident of Putnam County, I care deeply about those who need help finding a path to recovery. I am aware of the opposition to this project, but I believe it is not based on the actual need for this type of service. I want to speak on behalf of those who are silenced and desperately need this treatment.

Cedar Recovery is the right organization to bring this medical and treatment service to our community. The application meets all three criteria for consideration: need, quality, and consumer advantage. It is time to eliminate the treatment desert in this region and help break down the stigma of addiction. The best way to do this is to APPROVE this application.

Thank you for considering this letter of support.

Sincerely,


Alec Yarbrough (Jul 9, 2024 11:09 CDT)

Alec Yarbrough

Attention: Logan Grant, Executive Director - HFC

August 22, 2024

To Whom it May Concern,

My husband, Jairo Daza, and I submit this letter on my behalf of Father's Heart Ministry (FHM) and in STRONG SUPPORT of Cedar Recovery's application to open an opioid treatment program in Putnam County that will also serve the Upper Cumberland Region. Father's Heart Ministry is a Christian church based in Algood, Putnam County, TN. FHM is far more than a church – we are the hands and feet of Jesus and seek to equip the next generation to disciple and serve others. I also work part-time at the pregnancy clinic in Cookeville and am honored to serve those women.

My husband and I were on staff at Teen Challenge in Brooklyn, NY for many years and this comes after Jairo's own personal struggle with addiction. We are thankful that he was able to not only overcome his addiction, but also, he obtained his certification in drug and alcohol training to help lead others to the path of recovery. To say we are familiar with addiction and the terrible effects it can have on people and families is an understatement.

Our first encounter with Cedar Recovery occurred in Overton County, TN when they hosted a town hall to educate the community about their proposed program, offering methadone services, in Rickman; however, my first meeting of Dr. Loyd was at a conference at River Church titled "Are You Awake." We were saddened and disheartened to observe the treatment they encountered by simply trying to bring this much needed healthcare service to our area. A good number of those individuals that were mistreating the Cedar Recovery team claim to share the same faith as us. We would like to note that we contacted Dr. Loyd and Paul Trivette after the meeting to request them to continue their effort in bringing this program here. Sadly, they elected not to out of safety concerns.

Putnam County and the Upper Cumberland region need every resource at its disposal to fight addiction. Cedar Recovery is a highly qualified and trusted provider in our community and is the right group to bring this service. Our church commits to welcoming their patients into our church and likewise, we commit to helping their patients in any way we can.

Please APPROVE this application and allow Cedar Recovery to open an OTP that will help our community recover from this deadly epidemic of addiction. Thank you for considering this letter of support.


Heather Daza (Aug 22, 2024 15:46 CDT)

Heather Daza

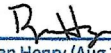
Attention: Health Facilities Commission Members

My name is Ryan Henry and I am a person in long-term recovery. More importantly, I am a Certified Peer Recovery Specialist (CPRS) and achieved that through the Tennessee Department of Mental Health and Substance Abuse Services. I am supporting Cedar Recovery application to open an opioid treatment program, offering methadone, in Cookeville (Putnam County), TN. My recovery path did not involve the use of medication-assisted treatment; it was Jesus who saved me and brought me healing. I wish for everyone to have that same experience, but unfortunately, that does not always happen.

If approved, the individuals receiving treatment at Cedar Recovery will be welcome at my church and in the recovery support services that we offer. We do not discriminate against those that are using medications to help with their opioid use disorder; although, we do hope that one day they come off it.

I personally trust Cedar Recovery and their team to deliver an evidence-based model of care. I also believe that Cedar will continue to integrate itself into our community as a trusted treatment provider .

Thank you for considering this letter.


Ryan Henry (Aug 22, 2024 17:03 CDT)

Ryan Henry

Stigma Leads to Death

Disclaimer: The views and opinions expressed in this essay are my own and do not necessarily reflect the official policy or position of any organization I am affiliated with.

Recently, the Putnam County Commission adopted a resolution stating they were opposed to a proposed methadone clinic being opened here in our community. The following day, County Mayor Randy Porter sent out a statement urging people in our community to sign petitions, write letters, and even email the individuals who are in charge of Cedar Recovery's efforts to open this clinic. From my perspective, the reasons being put forward to counter this clinic are not based in fact but instead in the emotional and stigma-ridden core of our community's heart.

I am in recovery. I am someone with Substance Use Disorder (SUD) and, more specifically, Opioid Use Disorder (OUD). Thanks to the welcoming community of my peers, introspective work on my inner self, and my engagement in Cognitive Behavioral Therapy (CBT), both are in remission. I have been clean since April 13, 2018. I moved to Cookeville to start my life over, and now I work in the recovery field as the program director of a TDOC approved transitional living program, co-founder of the Recovery Kitchen, and as a Certified Peer Recovery Specialist in the state of TN.

I work closely with men every day trying to pull themselves up after years of being slaves to narcotics. One of the biggest obstacles that the men in my program face is the stigma that follows them even after they have turned their lives around. I oversee three different houses here in Cookeville where we quietly help these men re-enter public life. We do things quietly because of the prejudice that accompanies the type of individuals we serve. We do things so well and so quietly that most of our neighbors don't even realize there are 15 to 20 men, most with SUD and felony convictions, living in our houses. They go to meetings, work, and covertly turn from their previous lifestyles. Part of what I see as my responsibility to these men and our community is that I must advocate for them and reduce this stigma in any way possible.

The reality is that we are in an ever-expanding crisis. There is an entire generation that is being decimated by fentanyl. I do not have the answers nor is it within my expertise to comment on how things have gotten this bad. I know it started in the 90s with the pill mills and has continued today with fentanyl and counterfeit pills. The most important thing to me is that people are dying. Young men and women are losing their lives before they ever get a chance to recover, find peace, or experience life. According to The American Medical Association, every five minutes someone in America dies from a drug overdose (Pattani, 2023). This isn't some faraway problem. It's happening right here. Every day, our hospital is treating drug overdoses. Someone is using Narcan on a family member or friend. The current trends in law enforcement and criminal justice are not slowing the morbidity rates anywhere in our state or county. So, what should we do as a community to help?

Regardless of our prejudice surrounding Medically Assisted Treatment (MAT)—which includes methadone, suboxone, and naltrexone—it has been shown to be of great effect in prolonging the lives of its patients, increasing their retention in treatment, and curbing illicit opioid use (CDC, 2023).

Contrary to the narrative being pushed by opponents of this clinic, there is no factual basis for an increase in criminal activity surrounding an operating methadone clinic. In fact, there is research showing the exact opposite. According to a comprehensive Cochrane review, methadone treatment significantly reduces criminal activity associated with drug-seeking behavior. The review found that patients on methadone had fewer opioid-positive drug tests and were less likely to engage in criminal activities to obtain drugs (CDC, 2023). An analysis published in the International Journal of Drug Policy showed that communities with accessible methadone clinics experienced lower rates of drug-related crime. The study highlighted that methadone clinics help stabilize individuals and reduce cravings and withdrawal symptoms, which in turn reduces the need for drug-seeking behavior often associated with criminal activity. Patients on methadone treatment have shown improvements in social functioning, including increased employment and better family relationships, which have also been linked to lower rates of criminal behavior (Cochrane Review, 2023).

A methadone clinic, at least the one being proposed by Cedar Recovery, is not just a dispensary of medication. Medication alone is not the standard practice of an MAT clinic. The patients of these clinics meet with peer support specialists, therapists, doctors, and participate in group therapy. According to the Pew Charitable Trusts, MAT is more effective when combined with psychosocial therapy than either approach alone. It significantly reduces overdose fatalities and increases the chances of sustained recovery (Pew Charitable Trusts, 2023).

Baltimore implemented comprehensive harm reduction strategies, including the expansion of methadone clinics. The city saw a significant decrease in overdose deaths and drug-related crime rates. The Baltimore City Health Department reported a 50% reduction in overdose deaths over five years following the expansion of MAT programs (Baltimore City Health Department, 2023).

Vermont's Hub-and-Spoke model integrates methadone and other MAT options with primary care and community services. This model has been successful in increasing treatment retention and reducing overdose deaths. The Vermont Department of Health reported a 96% reduction in opioid-related deaths among individuals receiving MAT through this model (Vermont Department of Health, 2023). 96%!

Let's talk money. The opioid crisis comes with a financial cost to government and law enforcement. It impacts the healthcare system, emergency services, law enforcement, the criminal justice system, social services, and the welfare system. A study by the CDC estimated that the economic cost of the opioid epidemic in 2017 was approximately \$1.02 trillion, including costs related to healthcare, lost productivity, addiction treatment, and criminal justice interventions. That number has only grown over the past seven years (CDC, 2023).

MAT, including methadone, is cost-effective. A study by the RAND Corporation found that every dollar spent on methadone treatment saves \$4 to \$5 in costs associated with crime, legal proceedings, and healthcare. It is a sound investment for any community. Our social services network is overloaded. Being a rural area means that the resources were limited to begin with, and every year that this crisis continues, more and more money is needed to stabilize and assist the communities and families being affected by it (RAND Corporation, 2023).

No MAT strategy is meant to be long-term or never-ending. It is meant to be a part of the process of recovery and reintegration. We must do everything we can to keep these individuals alive until we can get them where they need to be physically, emotionally, and spiritually. For some individuals, MAT is an important tool to bridge the gap between active use and recovery. How can we be so against a tool that literally saves people's lives?

Again, I think it is because some people just don't see much value in a person with SUD. They don't see a person in need. They see a weak-willed and morally bankrupt individual who they wish would leave their community entirely. The majority of the patients for a clinic like this are not the unsheltered men and women most commonly associated with substance use. They will be single parents trying to get things in order for themselves and their children without family support. Couples with children and jobs who fear dying, being arrested, or losing their kids because of their inability to quit using. Local small business owners who have been hiding their use from everyone in their family and desperately want to get on track and stop lying. Women who were abused or trafficked and have been using to just find the strength to get to the end of their day. These are our neighbors, and they need help.

I would implore anyone who is curious about how MAT programs, including methadone, work to do some research. Ask questions before accepting the false narrative of the hopeless criminal junkie. I am proof that we do recover. I have close friends who chose to use MAT as a part of their early recovery. Their progress is no less amazing because they got extra help from medication when they really needed it.

The truth is that anything that keeps someone from using heroin or fentanyl every day holds value in these troubling times. Addiction, in its many forms, has existed since people first discovered roots and herbs that changed the way we feel. To think that we will one day eradicate something that appears to be a part of the human condition is naive. MAT programs, along with wraparound social services and treatment, save lives. These programs not only support individuals in their recovery journey but also reduce healthcare costs and crime rates, benefiting society as a whole.

Personally, I cannot continue looking the other way while people die. I value the life of my neighbors regardless of their current situation or struggles. I value their lives because I was once just like them. Thanks to the wonderful people that I met when I joined this community, I have achieved a life that was never possible. If I ever look out the window of my car and see a line of people waiting to get into a MAT clinic, I am grateful they are in that line instead of in the ground. It will take our entire community to affect change in the opioid crisis. It requires multiple people from varying disciplines all working in tandem to save just one life. Instead of vilifying people seeking *any* form of treatment, we must welcome them with open arms. Support them through the difficulty of early recovery. No matter what the problem is, love is always the best place to start.

Sincerely,



Justin Veals, Certified Peer Recovery Specialist

Chairman of the Board, HART

Men's Program Director, Independence Again

Cell: 931-218-4500 Email: JVeals@independencagain.org

References

- Pattani, Aneri. "Opioid settlement payouts are now public — and we know how much local governments got." KFF Health News, June 16, 2023.
- Centers for Disease Control and Prevention (CDC). "Drug Overdose Deaths in the United States, 1999–2018." NCHS Data Brief, 2020.
- Cochrane Review. "Methadone Maintenance Therapy for Opioid Dependence." Cochrane Database of Systematic Reviews, 2023.
- Pew Charitable Trusts. "The Effectiveness of Medication-Assisted Treatment for Opioid Use Disorder." Pew, 2023.
- Baltimore City Health Department. "Impact of Harm Reduction Strategies on Overdose Deaths." 2023.
- Vermont Department of Health. "Hub-and-Spoke Model for Opioid Use Disorder Treatment." 2023.
- RAND Corporation. "Economic Benefits of Methadone Treatment." 2023.

To: Health Facilities Commission

Attention: Logan Grant

Board Members,

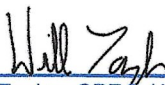
My name is Will Taylor and I am person in long term recovery. More importantly, I am a Certified Peer Recovery Specialist (CPRS) and have previously served as a Lifeline Coordinator for the Tennessee Department of Mental Health & Substance Abuse Services. Prior to that role, I served as a peer recovery coordinator at Buffalo Valley, a highly reputable provider of addiction treatment services.

My previous role with the department required me to find treatment resources for individuals seeking help for their substance use disorder. This included treatment programs that offer MAT. My journey to recovery did not involve the use of MAT, but I know of many others that have benefited from it. No treatment program is 100% effective nor have 100% success rates. The type of treatment needed for a patient should be readily available to them and one they feel comfortable participating in.

I have known Cedar Recovery and the leadership of Cedar Recovery for many years. I wholeheartedly trust them to provide MAT services that are evidence-based and in alignment with best practices. I attended a meeting in Overton County in late 2023 when Cedar Recovery was pursuing a CON in Rickman. Sadly, they were mistreated and had harm threatened against their property. I understand the reason they withdrew that application. That did not, however, change the need for this type of treatment in the Upper Cumberland area. Stigma, shame, and a lack of understanding about MAT primarily contributed to the behaviors displayed that evening.

I support abstinence-based programs, faith-based programs, and MAT programs and hope that every person needing help has access to these resources. The Upper Cumberland Community has never had access to an opioid treatment program and this is the perfect time to change that. Too many people are overdosing, and fentanyl is the primary contributor. The right thing to do is APPROVE this application and allow Cedar to bring this needed resource to the community.

Thank you for considering this letter of support.



Will Taylor, CPRS (Aug 23, 2024 09:23 CDT)

Will Taylor, CPRS

August 26, 2024

Health Facilities Commission Members

Commission Members,

I submit this letter in STRONG SUPPORT of Cedar Recovery's Certificate of Need (CON) application to open an opioid treatment program (OTP) in Putnam County to serve the Upper Cumberland region. As a board-certified emergency medicine, I strongly support the use of medication assisted treatment (MAT), including methadone, to treat opioid use disorder, which is in alignment with the American College of Emergency Physicians (ACEP) and the American Academy Emergency Medicine (AAEM). Equally important is my practice of addiction medicine, which I have been involved with since 2021. Over the last few years, I have worked with Emergency Physicians training and educating them on the initiation of MAT in the emergency department. The evidence is undisputed that MAT substantially reduces mortality related to opioid use disorder and improves treatment adherences. Most often, access to MAT is difficult to access due to stigma and distance to access treatment.

I am intricately involved with the Upper Cumberland Recovery Connect (UC Recovery) project and serve on the steering committee. UC Recovery is seeking to improve access to MAT not only in Putnam County, but also every county in Upper Cumberland region. Cedar Recovery is a strategic partner through its OBOT services but will be able to have a greater impact on the community if they are able to also offer methadone treatment through an OTP setting. The location in Putnam County is perfect given it is the largest county in the region and centrally located.

Cedar Recovery has a stellar reputation in the state and is the perfect group to bring this much needed service to the Upper Cumberland region. I respectfully urge the HFC APPROVE this application and save hundreds of lives by doing so. Thank you for your consideration in this support letter.

Respectfully,

MJ Brown

MJ Brown, MD FACEP,FAAEM
Past -President TNAAEM 2018-2020
Tennessee Medical Association
Academic Detailer, One-Tennessee