

## **THE CUMBERLAND HEIGHTS FOUNDATION, INC.**

### **HISTORY 1965-2015**

Cumberland Heights was chartered by the State of Tennessee on June 17, 1965. The Charter declared Cumberland Foundation, as it was originally named, as a 501(c)(3) tax-exempt corporation as defined by the Internal Revenue Code of 1954.

The "mission" was "to erect, maintain, and operate a public hospital or hospitals for the purpose of furnishing hospitalization and treatment to the sick and disabled, and especially to person addicted to the excessive use of alcoholic liquors or drugs."

Fulfillment of this mission continues to be foremost on the minds of the Board, management, and staff. More than 86,800 chemically dependent people and over 211,000 family members and significant others from diverse economic, social, and ethnic backgrounds have received treatment at Cumberland Heights.

Treatment was available only to men until 1974, when the Board of Directors recognized the need for a program for women. Again, in 1985, the Board became aware of the need for buildings and special programs for the treatment of adolescents and young adults.

The treatment philosophy was and is based on the Principles of the Twelve Steps of Alcoholics Anonymous. Patients are encouraged to use the Twelve Step programs and make them the foundation for their recovery. Cumberland Heights cooperates with Alcoholics Anonymous and other related programs, with meetings conducted at organization sites. Patients are referred to these programs as a vital part of their continuing care. In the 1970's, an Aftercare Program was instituted at Cumberland Heights to help patients reinforce their recovery after treatment and to assist them in applying these tools in actual life experiences. Many patients attend for years.

In 1978, it became possible for Cumberland Heights to qualify for reimbursement by insurance companies upon its accreditation by the Joint Commission on the Accreditation of Healthcare Organizations, thus enabling a greater number of chemically dependent persons to obtain treatment. That same year, the Board of Directors recognized the need for a treatment program for the family members of chemically dependent persons and a Family Program was begun. This involved a weeklong program for the family members and significant others of both youth and adult patients. The original program has now been expanded to offer a variety of family services at various times and locations throughout the organization.

In 1986, a group of alumni formed a steering committee and established an Alumni Association made up of former Cumberland Heights' patients. It now has a contributing membership of 3500 members throughout the United States. Members of the Alumni Association are available to assist management, staff, and patients in a myriad of ways, both personally and financially. Over 400 men, women, and children attend Aftercare at the main campus each week. An additional 400 attend Aftercare at the outpatient locations. The annual Alumni Picnic

attracts more than 1000 men, women, young adults, and recovering family members. There are also Alumni and family members attending Aftercare groups in Clarksville, Cookeville, Franklin, Hermitage/Old Hickory, Jackson, Nashville, Murfreesboro, Tullahoma, Smyrna, and Chattanooga, Tennessee. Out-of-state groups are active in Kentucky, North Carolina, and Florida.

Cumberland Heights was also supported by an auxiliary organization, the "Friends of Cumberland Heights," who continue to conduct fundraising events to provide many amenities to the programs and physical plant for the benefit and comfort of the patients to this day.

Cumberland Heights continues to remain abreast of advancements and ever-changing trends in the treatment industry. To address these advancements, staff members have been trained to provide services geared to specific age, gender and clinical populations, as well as specialty counseling in relapse prevention, adventure based counseling, art therapy, EMDR, and equine therapy. A Dual Diagnosis program was developed in conjunction with Parthenon Pavilion in 1993-1998. In 1996, Cumberland Heights partnered with District Attorney's office to provide alcohol and drug services for a two year women's program for clients recovering from the effects of prostitution as well as drug/alcohol abuse. In 1999, Cumberland Heights began a partnership with Coffee County for an intensive outpatient program for inmates.

Outpatient Services of Cumberland Heights were opened at White Bridge Road in Nashville in 1993. Outpatient evening services were provided for both adolescents and adults. In 1995, this program was moved to 145 Thompson Lane when Cumberland Heights assumed responsibility for that building from the Alano Club. Operations at this location included additional intensive outpatient groups for adults and adolescents, as well as specialized relapse prevention planning for adults. Noting a gradual shift in the location of people requesting our services, Thompson Lane was closed in 2009 with those services relocated to the Hermitage and Cool Springs locations. Current outpatient services are located in Hermitage, Cool Springs, Smyrna, Jackson, Murfreesboro, Chattanooga, Gallatin, and at the River Road campus. Services include intensive outpatient for adults and adolescents needing primary or relapse prevention treatment.

Cumberland Heights continues to focus efforts on education and training of staff, volunteers, and other service providers on changes in the health care field and various ways of providing services within this changing environment. Training for all levels of staff in the practical use of quality management theory and techniques led to creative use of physical and human resources. Specifically, in 1997 the residential adult program was split into two components to provide more focused services for each patient group. The Traditional Adult program provided individualized treatment in a residential setting for clients whose average length of stay was approximately 27-30 days. The focus was on experiential work, which allowed the patient to internalize the principals of recovery as well as to begin to process past trauma issues. The First Step program provided individualized assessment, crisis stabilization, psycho-education regarding recovery principles, and transition to outpatient services in a residential setting for adults clients whose length of stay averaged from 5-10 days in residential services and 18-20

outpatient sessions, depending upon needs. This approach allowed more flexibility for the patients as well as more productive use of staff resources.

In 2000, the Board of Directors began a strategic planning process to determine the direction for the organization over the next five to ten years. Specific planning committees, including Directors, Management, and Staff representatives, developed goals for the areas of Programming, Finances, Buildings and Grounds, Marketing and Development. It was the consensus of these groups that Cumberland Heights was one of the top chemical dependency treatment centers in the country in terms of services. A broad goal was established to begin to take the organization from regional to national recognition. To do this, the Programming Committee determined that there was a need to expand residential adolescent services and family services, as well as updating clinical information systems to computerization. It was determined that a Capital Campaign would be undertaken with the specific focus on building a larger Residential Youth Program building and a Family Life Center. Financial and marketing strategies were developed to support these goals. In addition, the Buildings and Grounds Committee determined that a master site plan was necessary and would be developed.

By the end of 2006, it was evident that these goals had been met. Patients were admitted to Cumberland Heights from 48 states and six countries during that year. Cumberland Heights was and continues to be recognized as one of the top five treatment centers in the country by the industry, had become part of the Partnership for Recovery, a lobbying group made up of the top centers in the nation, and its CEO was a Board member of the National Association of Addiction Treatment Providers, the industry's trade organization. Adolescent services were expanded from 16 to 24 beds, with 8 of these beds reserved for Extended Care. In addition, River Road Academy, a specialty licensed school for the Extended Care Adolescent population was put into place as well. Family Services were expanded to include the only Children's Family Program in the south for children ages 6-13 whose family has been impacted by addiction. Individual family sessions and multifamily groups increased by over 50%. Extended Care Services for adult males were also started in 2006. These advances in Clinical Services were made possible in part by the very successful Campaign for Recovery which exceeded its goal and raised \$13 million. The Frist Family Life Center and the Hazel Hawkins Martin Adolescent Center were erected and dedicated in 2007. In addition to the clinical expansions mentioned above, the Frist Family Life Center provided Cumberland Heights with its first indoor recreation space, including a gymnasium and fitness workout room. The master site plan which redesigned the parking spaces and created a campus quadrangle was also completed in late 2007, along with an expansion of the dietary facilities.

In 2008, Cumberland Heights began to move toward a service delivery model for patient care in an effort to provide even more tailored services to our patients as well as to better utilize human resources. The Women's Center at Cumberland Heights opened in March 2008 and was formally dedicated in May 2008. An extended care option for women was planned for future development. In addition, the First Step residential stabilization/outpatient option for women was moved under the Women's Center in December 2008 to provide more gender responsive counseling to that group. A similar integration of the First Step men into the

residential adult male program was planned for 2009. In Outpatient Services, a Professionals' Evaluation component was developed and launched in 2009 for those professionals who require a second opinion and/or extensive evaluation for licensure requirements.

The Board of Directors next met for strategic planning sessions in the fall of 2008. Board committees combining Board members and staff were appointed to work on goals in the areas of Clinical Programs, Business Development and Marketing, Finance and Development, Buildings and Grounds, and Infrastructure. Five year goals were developed to address philosophical refinement in the light of new pharmacological approaches to addiction treatment, planned expansion of extended care and outpatient services, creation of a post-discharge support system to include outcomes data collection; positioning of the organization in the internet and social media market, development of a strategy to pay off capital debt, development of a planned giving program, master site planning, and the continued integration of technology to assist efficiency.

In October, 2009, Cumberland Heights made the bold move of creating a new kind of service that allowed it to preserve some of the best elements of the original treatment that patients received at Cumberland Heights in the 1960's. Still Waters, a twelve step recovery immersion program for men, was created in Lobelville, TN, approximately one hour from Nashville. In this naturally beautiful setting, reminiscent of our River Road campus, men are able to experience an immersion into the twelve step literature and step work of Alcoholics Anonymous and Narcotics Anonymous in an intimate small group setting with other men. A "brotherhood" developed among the men who have completed this program with many of them staying in touch after they leave.

2009-10 continued to be years of accomplishment as strides were made to meet the goals set by the strategic planning process. A new Chief Medical Officer was recruited, as well as new clinical leadership. Executive and Clinical Management teams worked closely with the Chief Medical Officer and the Board of Directors Program Committee to craft a position statement on the use of psycho-pharmacology in treatment at Cumberland Heights. This was approved in 2010 and set out the continuing position of Cumberland Heights that long-term recovery is best achieved via chemical free living and active participation in a Twelve Step program. Specifically, the issues of long term stimulant medication for addicted adults diagnosed with ADD and the long-term use of Suboxone for opiate addicts was deemed to be not in the best interest of the large majority of our patients. An extended care option for women was developed with a transitional living setting operational for a total of 7 beds. The transition of the First Step Men's Program into the Men's Center was completed. On the Outpatient front, a Comprehensive Evaluation Services, suitable for professionals, was implemented.

In July, 2010, Cumberland Heights lost a contract from one of its major third party payors because of issues in philosophy of treatment. This necessitated expense reductions, including a reduction in force in September 2010. Through a series of meetings with the Board of Directors, other leaders in the treatment industry, as well as internal management and staff, a revised strategic plan was developed. It was determined that an increased focus on the self-

pay market as a long term strategy in order to better preserve the organization's independence in the face of the changing healthcare environment was needed. Business development and marketing targeted educational consultants as a market for adolescent services. The second focus was on stepping up the pace of the development of the Cumberland Heights Professionals Program. It was also determined that the organization would proactively participate in the Coalition for Parity, a Washington DC based trade group working for full implementation of Mental Health Parity and Addiction Equity Act of 2008, as well as actively manage its response to the Patient Protection and Affordable Care Act of 2010, as well.

Although a painful period in the organization's history, the leadership and staff felt even more committed to its mission and the revised strategies began to pay off with operations and finances stabilizing. Dr. Terrence Alley was recruited as the Medical Director for the Professionals Program and clinical leadership was recruited as well. By the end of 2011, the Professionals Program was treating healthcare and other professionals from twelve states. In addition, the Youth Services leadership was asked to serve on the Board of the National Association of Therapeutic Schools and Programs, greatly aiding our endeavors in the adolescent self-pay market. Our referrals from this market tripled in 2011. In the summer of 2011, the organization was approached by the lost third party payor and a new contract was signed in August of that year. In order to maintain the quality care that Cumberland Heights is known for, a strategy of planned growth was implemented.

In 2012, the organization continued its work on its philosophy of treatment by becoming an articulate advocate for that philosophy in the larger public policy arena. CEO Jim Moore convened what became known as the Nashville Summit, a group of Chief Executive Officers and Medical Directors from the top addiction treatment centers across the nation. This group turned its focus on how best to advocate for a full continuum of addiction treatment options, including residential treatment, for inclusion into the Essential Health Benefits package that was mandated by the Affordable Health Care Act. In addition, a continued emphasis on full implementation of the Mental Health and Addiction Treatment Parity Act as the AHCA rolled out was a critical focus of this group. In 2013, the Nashville Summit became an official Committee of the National Association for Addiction Treatment Providers (NAATP). Its focus was determined to be the creation of metrics, methodology, data analysis, and data dissemination plans for outcomes that could be used by its member organizations as evidence of the effectiveness of the full continuum of addiction treatment services. A working group, including experts outside of NAATP, was planned for 2014. In 2013, the full continuum of addiction treatment into the Essential Health Benefits package was achieved. Cumberland Heights, through its association with national organizations such as NAATP and the Parity Implementation Coalition, as well as through contacts with local organizations and key staff officials, focused on working for the full achievement of the Mental Health and Addiction Treatment Parity Act in its day to day interactions with third party payors on behalf of those we serve.

Physician members of the Nashville Summit, led by Dr. Chapman Sledge, our Chief Medical Officer, and others, also worked to clearly articulate a position statement about the

appropriate adjunct role of psychopharmacological medications in addiction treatment. A separate group called Like Minded Doctors, was formed to continue the work of advocacy for an abstinence based model of treatment for addiction.

2012-13 were years for a multitude of physical plant projects, including the renovation of the Admissions area, the renovation and dedication of the Pontes Men's Cabin, the renovation of the Chapel, and the build out of the Hazel Hawkins Martin Adolescent Center so that an additional 12 beds are now available. Banner financial and development years were largely responsible for our ability to provide these updates to our beautiful main campus.

In addition, Cumberland Heights continued its focus on innovative patient care with the addition of music assisted therapy programming to assist patients in the process of recovery through the powerful medium of music. Situated in "Music City, USA," we continue to be the treatment center of choice for the music industry's Music Cares program, assisting professional musicians to access addiction treatment. Although art assisted therapy has a long tradition at Cumberland Heights, we were fortunate to add a Licensed Art Therapist who also holds counseling credentials to our team. This enabled us to offer group and individual art therapy to all of our residential and extended care patients, offering yet another avenue to access healing. In addition, meditative and restorative practices, such as mindfulness and yoga, have been added to our patient care offerings.

A new logo and branding were adopted in 2012 as well. While keeping the best of our tradition, our new logo and branding were designed to bring a fresh and modern look to the materials that showcase our services. A Director of Internet Services was retained in order to manage our website, work on search engine optimization efforts, and coordinate our forays into social media. This work continued in 2013 with an expanding presence on FaceBook, My Space, Linked In, and Twitter. Throughout this period, Cumberland Heights enjoyed record breaking fundraising events, such as the Annual Women's Luncheon and the Cumberland Heights' concert. The annual fund drive also broke yearly records in 2012 and 2013.

2013 was also a year of revisiting the strategic plan. The Board and Executive Management committed to goals in six areas: 1) continued strategic growth in outpatient, professionals, young adult males, and women's services; 2) financial sustainability through endowment development, expansion of donor base, and the continued execution of the strategy to pay off the capital debt; 3) continued engagement with the field in the area of outcomes measurement development; 4) leverage of the organization's 50<sup>th</sup> anniversary in 2016; 5) continued execution of a master site plan, including the preservation of the "character" of the main campus and land; and 6) leadership succession planning, both at the Board and Executive staff levels.

A revitalized Young Adult Male program, implemented in 2012, continued to expand, with a dramatic increase in our ability to retain and successfully treat this 18-26 age group. Cumberland Heights worked closely with our referral sources, including the collegiate community, to address the growing problems with opiate addiction in this population. The Professionals Program referral base continued to expand as an increasing number of state professional

assistance programs referred their physicians, attorneys, nurses, and other professionals to that program. A new intensive outpatient site was developed in Murfreesboro, TN, in one of the fastest growing counties in the state. Outpatient expansion continued in 2014 with the addition of sites in Chattanooga and Gallatin, TN.

The development of effective outcome measurement systems and data for the field was also an area of focus during this time. Cumberland Heights had been exploring ways to extend its continuum of services post-discharge, in addition to Aftercare. A pilot study of telephonic contact with adolescent patients had been completed in 2012. Exploration of how to integrate technology into a recovery coaching program and potential vendors was explored in 2014. An Extended Case Management Service was developed consisting of personal recovery coaching, substance monitoring, and smart phone software that connects the patient to the organization and an individualized larger support network. In As part of the NAATP Outcomes Committee, Cumberland Heights worked with Dr. Norm Hoffman to begin to develop tools and protocols that could be used in a multi-site outcomes study.

Unfortunately, we continued to experience a decreasing admission rate of adolescent females into our Youth Program. This appeared to be a national trend with this age group being admitted to psychiatric institutions rather than stand-alone addiction treatment centers. Finally, in 2014, the Board made the painful decision to stop accepting adolescent females into our Youth Program as the low numbers made it difficult to provide the type of treatment experience typical of Cumberland Heights. The remaining 12 bed adolescent male program has continued to receive referrals from across the nation.

An extensive leadership retreat led to the creation of a new mission statement for the organization that was debuted in 2014.

***Cumberland Heights transforms lives, bringing hope and healing to people affected by alcohol or drug addiction.***

Building upon that mission statement, the organization's **Core Values** were defined as **Honoring our History and Traditions by**

- 1. always putting the patient first.***
- 2. providing the highest quality of care throughout our continuum of services.***
- 3. recognizing the principles embodied in the Twelve Steps as the essential foundation of lasting recovery.***
- 4. providing a physical and therapeutic environment conducive to the transforming power of a spiritual awakening.***
- 5. valuing the importance of family participation in the recovery process.***
- 6. remaining grateful for those who support our mission and share our passion for recovery.***
- 7. demonstrating the same care and respect for our employees that they show for our patients.***

In late 2014, Cumberland Heights' long time Chief Executive Officer, Jim Moore, retired after over 30 years of service, nearly 25 years as CEO. Jim left a legacy at Cumberland Heights, as well as in NAATP and the field itself, of being a staunch advocate for the principles and practices of Twelve Step recovery being the most reliable path to long term recovery. Our Chief Financial Officer, Jay Crosson, is currently serving as interim CEO, while the Board conducts a national search for the organization's next Chief Executive. During this transition, the leadership and staff have continued to focus on the Mission Statement and Core Values that define us.

We look forward to work on initiatives in the areas of human resources, business development, clinical services development, outcomes, and community engagement. In 2015, we are continuing to bring the best available services into our continuum of care. The Extended Case Management Service will be implemented this year, beginning with the Young Adult Male Program. With the purchase of another beautiful and serene property in Pegram, TN, a Still Waters for Women recovery immersion retreat will be opened. We will also begin participation in the multi-site outcomes project headed by NAATP. Renovations to Crichton Hall and the original farmhouse area began in 2014 and will be completed in 2015. Updating of the nursing area and transition area are set for 2015. In addition, planning for our 2016 50<sup>th</sup> anniversary is underway with a special board and staff committee assembled.

We are grateful to have had the opportunity to serve for near fifty years and look forward to helping many thousands more transform their lives from the despair of addiction to the healing and joy of recovery.