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SAMHSA Policy Academy:
Bringing Recovery Supports to Scale

Members of TAADAS, the TennCare Bureau, TN Mental Health Consumers Organization, TDMHSAS and TAMHO traveled to the Washington D.C. area to participate with seven other states as we all developed implementation plans for Recovery Support implementation grants awarded by SAMHSA. All the teams from each state were able to learn from each other’s projects while hearing from subject matter experts from around the country.

During the Academy, Lisa Ragan, TDMHSAS Director of Consumer Affairs and Peer Support Services (middle front row), was able to take the Tennessee team to visit her Uncle Hal—Congressman Harold Rogers. The Congressman (second from left, back row), who serves as the Chairman of the House Appropriations Committee, generously took the team for a tour around the capitol building. Other members of the TN team pictured below left to right in the front row include Mary Shelton, TennCare Bureau, and Mary Linden Salter, TAADAS. In the back row, left to right are Paul Fuchcar, CADAS, Debbie Hillin, Buffalo Valley, Trina Frierson, Mending Hearts, and Ellen Abbott, TDMHSAS.

TAADAS Mission
“To educate, support and engage our members and public, influence policy and advocate for prevention, treatment and recovery services.”
With the state legislative session wrapping up in early May, it has been a busy and exciting time for the Department of Mental Health. There were a number of major initiatives passed by the General Assembly in which our department played an important role.

As our state is facing a major substance abuse epidemic, efforts to stem such abuse have been focused. In 2011, Governor Haslam established a Subcabinet Working Group charged with developing a Public Safety Action Plan to tackle various public safety issues in our state. The group consisted of top leadership representatives from various state agencies including the Department of Safety and Homeland Security, the Department of Health, the Department of Correction, and the Department of Mental Health.

One of the key focus areas to curb crime and help foster a climate for job growth in Tennessee was in drug abuse and trafficking, and our department took the lead in developing strategies to address this growing problem. Out of numerous discussions with other agencies, stakeholders, and legislators, several key laws were passed that impact both the role of our department and the livelihood and safety of the citizens of Tennessee.

**Tennessee Prescription Safety Act**—The bill requires pharmacists and doctors to register with the Controlled Substance Monitoring Database so that they can check a patient’s history before prescribing pain medications. The multi-agency plan is designed to improve public safety statewide and curb the prevalent practice of “doctor shopping.”

Pharmacies must begin using the database by January 2013 and doctors by next April. Before becoming law, registration to the database was voluntary with roughly 1/3 of doctors participating.

**Anti-Meth Bill** – This comprehensive bill was signed into law to help combat the growing problem of methamphetamine manufacturing and use in Tennessee. Below are key provisions of the law, many of which take effect July 1:

- It tracks the sale of pseudoephedrine products, a key ingredient in making meth;
- Makes such sales information readily available to law enforcement;
- Makes it easier to prosecute those who make multiple purchases of pseudoephedrine products at different times and places for the purpose of exceeding the acceptable amount, or through use of false identification;
- And enforces minimum mandatory fines on such offenders.

**Bath Salts Bill**—The law increases penalties for persons who manufacture, deliver, sell, or possess with the intent to sell, deliver, or manufacture an imitation controlled substance commonly known as bath salts. These synthetic drugs mimic the effects of marijuana and are commonly sold in convenience stores or tobacco shops.

(Continued on Next Page)
The law also closes a loophole that had allowed makers of the drug to make minor changes to their recipes in order to skirt the law.

**Department Name Change Bill**—In an effort to draw attention to a major component of our department’s mission, the Tennessee Department of Mental Health will be renamed the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) effective July 1, 2012. There has been some confusion in years past as to which state agency houses services for drug and alcohol abuse. In 2007, Mental Health acquired this division from the Department of Health, and we thought it was important to promote our department as the authority on substance abuse issues.

**Drug Courts**—As part of an ongoing effort to streamline state government and increase its efficiency and effectiveness, Governor Haslam has transferred the Drug Court programs from the Department of Finance and Administration (F & A) to the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) effective July 1, 2012. This transfer aligns the Drug Court programs with our department’s mission and is a larger part of the department’s systems transformation.

As our department oversees the licensing and funding for indigent Tennesseans needing substance abuse prevention, treatment, and recovery support services, the transfer of drug courts to TDMHSAS will lessen duplication of effort and align with the department’s role as the substance abuse authority in the state.

Drug courts were established as an alternative to jails and prisons and are designed to foster recovery. For many arrested on drug-related offenses, prison is not the answer, and research has shown treatment costs are lower than costs associated with incarceration. Drug courts refer clients to substance abuse community agencies that provide intervention and treatment services, which are funded, contracted and licensed by TDMHSAS.

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS and funded by the Tennessee Department of Mental Health and Substance Abuse Services. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction treatment information and referrals to all citizens of Tennessee at their request.

The Tennessee REDLINE is promoted, and calls are received, from all over Tennessee. Treatment and other program referrals are made on the REDLINE. Callers are provided with at least three referral sources when possible. REDLINE staff does not offer therapy or counseling to the caller or substance abuser, but gives them the information to put them in touch with someone who will provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE strives to provide the caller with specific referrals based on their stated needs.

Referral sources are not limited to TAADAS member agencies, state funded programs, or to any specific area of the state. Any program can apply with the REDLINE to be included in their referral database. For an application contact the Information Specialist at 1-800-889-9789 or download the form here.

**REDLINE Provider Questionnaire**

1-800-889-9789
These books were all written by Gerald Corey and Marianne Schneider Corey. We have purchased several of their titles including “Effective Group Counseling” as well as “Theory and Practice of Group Counseling”.

**Groups: Process and Practice**

In this book (pictured left) as in the other volumes on this subject the Corey’s draw on their extensive experience in leading groups and training group leaders, Marianne and Jerry Corey provide a personal, hands-on resource filled with examples, guidelines, insights, and ideas that demonstrate how group leaders can apply key concepts of group process.

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**Featured Resource**

The TAADAS Library has numerous publications on substance abuse and related issues. In each edition of the TAADAS Times, we want to introduce one of the resources. This issue we want to highlight a series of books that were requested by TAADAS members and TAADAC Qualified Clinical Supervisors to use in their work to train LADAC candidates.

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**From the National Council on Behavioral Healthcare:**

*Behavioral Health IT bill, S. 539 would extend payment to behavioral health facilities — Urge your Representatives to support H.R. 6043 today!*

We are excited to announce that the Behavioral Health Information Technology Act has been introduced in the House! Much like its counterpart in the Senate (S.539), this bill will add community mental health centers, psychiatric hospitals, residential and outpatient mental health treatment facilities, and substance abuse treatment facilities to the list of organizations eligible for federal incentive payments. Currently, you can receive incentive payments for the adoption of health information technology if you have a psychiatrist or nurse practitioner on staff. Both bills would extend incentive payments for electronic health records to certain types of behavioral health organizations that are not currently eligible.

Health information technology is a critical component to providing high-quality, coordinated care. Extended payments to behavioral health agencies will help to support the adoption, implementation, and upgrading of IT systems. While this is a significant step in our advocacy efforts, there is still work to be done. Please contact your Representative today and urge them to sign on as cosponsors to HR 6043. The more cosponsors this bill has, the greater chance it will become a law. The current cosponsors of H.R. 6043 are Representatives Marsha Blackburn (TN), Pat Tiberi (OH), John Sullivan (OK), Thomas Marino (PA), and Tim Ryan (OH). Write to your Representative today, and if you have not already done so, be sure to also reach out to your Senators to urge them to cosponsor the Senate version of the behavioral health IT bill, S. 539.
On May 1, 2012, Buffalo Valley, Inc. opened its new 48 bed treatment center and primary care clinic located in Hohenwald, TN. The Community Health and Medical Clinic (HNM Clinic) will initially serve the patients at Buffalo Valley, Inc. The clinic provides basic primary health care services under the direction of Dr. Joe Hall, who is also serving as the clinic’s Medical Director. Dr. Joe Hall said, “We are opening the HNM Clinic in conjunction with BVI who has already received a federal grant to assist us in getting this clinic operational.” The clinic plans to apply to become a federally qualified health center (FQHC) as soon as possible. They intend to accept all patients, regardless of insurance status and ability to pay. They will offer primary care services to the community on a sliding fee scale, as well.

Assistant Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services, Rod Bragg was the keynote speaker. “We are so proud of Buffalo Valley and the work they do and this facility is the first of its kind in the state of Tennessee.” Amy Mitchell, Coordinator with the Tennessee Department of Public Health, also applauded Buffalo Valley for their great work.

“We are excited to be opening our doors and begin serving those that need primary care and substance use treatment in the State’s first such integrated operation. The HNM Clinic is located in the same building with BVI’s 48 bed treatment center and should become a model for treatment in Tennessee. BVI is happy to lead the way in this innovative approach to treatment,” said Debbie Hillin, Senior Vice President. “It means a lot to have the community’s support as we strive to increase access to health care in our area.”

Jerry Risner, Executive Director of BVI, states that “Integrated models of care like this offer the potential to improve access to treatment and improve quality of care for the whole person.”
Mark Your Calendar

TAADAS will be closed for the following holidays:

July 4
Independence Day
September 3
Labor Day

TAADAS Annual Recovery Month Dinner
Trevecca Nazarene University Boone Business Center
333 Murfreesboro Road, Nashville, TN 37210

Each September, the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS), sponsors Recovery Month. This nationwide celebration is now in its 23rd year. This year’s theme, “Join the Voices for Recovery: It’s Worth It,” emphasizes that while the road to recovery may be difficult, the benefits of preventing and overcoming mental and/or substance use disorders are significant and valuable to individuals, families, and communities. People in recovery achieve healthy lifestyles, both physically and emotionally, and contribute in positive ways to their communities.

This year, The Tennessee Association of Alcohol, Drug and other Addiction Services will host a dinner on September 13th to promote awareness and recognize the progress of our providers of alcohol and drug treatment in Tennessee. We plan to recognize Commissioner Doug Varney of the Department of Mental Health and Substance Abuse Services as well as other state officials for their support of alcohol and drug services in Tennessee’s budget for FY 2013. We are planning a festive night of entertainment and recognition that will include many of our partners in the recovery field.

Mark your calendar now and plan to join us on September 13th.
Watch for more details soon!
TAADAS initiated a search for a new Executive Director in the Fall of 2011 and the Search Committee asked Mary Linden Salter to serve as the interim Executive Director shortly afterwards. The Search Committee recently finalized their selection for Executive Director and retained Mary Linden permanently as of July 1, 2012. Mary Linden is an LCSW and has extensive clinical and behavioral health managed care experience. Before moving to Tennessee, she was the Managed Care Director for a MH & Substance Abuse Board in Ohio. She came to TN to work for what became Magellan Health Care. Mary Linden also worked as the Director of Network Services for United Health Care just prior to joining TAADAS. Additionally, she’s been the Director of Public Policy for TAMHO and worked at the Vanderbilt Center of Excellence for Children in State Custody and Centerstone.

Since joining TAADAS, Mary Linden has worked with the Executive Committee and membership to develop a strategic plan that included new By-Laws and a new committee structure. The new By-Laws will expand membership categories and increase the diversity of the organization. Staff positions have been reassigned to provide for job growth for several employees and add additional support for our training contract with TDMHSAS. Mary Linden traveled to several member agencies in the last few months and intends to make a practice of reaching out to new and existing members to ensure that TAADAS is fully informed as to trends and issues in the A&D community.

Hope of East Tennessee, Inc.
Oak Ridge, Tennessee

Founded in 1976 as a non-profit organization

- Long term treatment for both men and women
- No insurance required
- Intensive Outpatient available
- Priority services given to clients who are pregnant, IV drug users, or HIV positive

865-482-4826 office  865-481-0503 fax
www.hopeofet.org

Partially funded by the Tennessee Department of Mental Health and Developmental Disabilities and United Way

HARBOR HOUSE

Programs for Men Including
- Social Detox
- Residential Rehabilitation
- Halfway House

www.harborhousememphis.org

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities

Jacques A. Tate, LADAC, NCAC1, RTC, CCGC
Chief Executive Officer
1979 Alcy Road
Memphis, TN 38114
901-743-1836 Phone
901-743-3853 Fax

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Partially funded by the Tennessee Department of Mental Health and Developmental Disabilities and United Way
“What's in a name?”
In all likelihood, the Tennessee General Assembly members were probably not mindful of Juliet’s words in Act 2, Scene 2, of Romeo and Juliet before the General Assembly enacted Chapter 575 of the Public Acts of 2012. Still, renaming the Department of Mental Health as the Department of Mental Health and Substance Abuse Services is one of this year’s notable legislative accomplishments. Notwithstanding Juliet’s love torn balcony monologue, language and ideas do have power and strength. Typically across the country, the agency that administers alcohol, drug and other addiction services is housed within the state department of health or mental health, and sometimes the department of human services. Five states, California, New York, Ohio, Pennsylvania, and South Carolina recognize the agency as a separate cabinet level department. Tennessee rises now to the join the states of Connecticut and Oklahoma that have added “Substance Abuse Services” to the administering department’s name. Recognition should go to Commissioner Doug Varney who initiated the idea of the department name change and who prevailed upon Governor Bill Haslam to include the legislation as part of this year’s Administration package. Recognition should also go the legislative sponsors, Senator Bo Watson of Hamilton County and Representative Terri Lynn Weaver of Smith County. Chapter 575 takes effect July 1, 2012.

Drug Court Programs. Governor Bill Haslam has transferred the responsibility for administering Tennessee’s Drug Court Program from the Department of Finance and Administration to the Department of Mental Health and Substance Abuse Services. Since the establishment of the nation’s first drug court in Miami-Dade County Florida in 1989, the programs with the goals of providing treatment and avoiding imprisonment have now spread into each our fifty states. Each program typically has a strong local flavor that has been both a strength and a weakness. A strength in that a local judge has been willing to spend the energy engaging more directly with an offender than is typically the case. A weakness in that funding and programmatic consistency may be sketchy. Governor Haslam’s Executive Order 12 issued on June 12, 2012, has the potential to merge the energy of local judges and their staff members with the treatment experience and expertise of the state department and its contracting agencies responsible for substance abuse services. The Haslam Administration should be applauded for their willingness to try a new approach in this public policy matter.

Advocacy Notes: Politics is not a spectator sport. Politics is a full contact sport. The coming election season is the ideal time to engage a legislative candidate and make gentle inquiry into her or his position for the funding and support of an effective state substance abuse treatment policy. Make full contact during this election season. You are the best advocate for the treatment services your facility delivers. Use your data about your facility such as number of employees and number of clients treated to drive the conversation to the importance of your agency to your community.

Election Notes: The primary election for each of the 99 State House seats and the 16 even numbered State Senate seats is Thursday, August 2, 2012. Early voting for the August election runs from Friday, July 13, 2012 through Saturday, July 28, 2012. The voter registration deadline for the August election is July 2, 2012. The general election is Tuesday, November 6, 2012. Be sure your family members and your colleagues vote in this year’s upcoming elections.

Calendar Note: State offices will be closed Wednesday July 4, 2012 for the Independence Day holiday.
There is Help for Problem Gamblers in Tennessee

What is Problem Gambling

As defined by the National Council of Problem Gambling, problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term “Problem Gambling” includes, but is not limited to, the condition known as “Pathological,” or “Compulsive” Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, “chasing” losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

Is there Problem Gambling in Tennessee?

Based on a report published by the University of Memphis, it has been estimated that there are over 200,000 persons in Tennessee with gambling problems. (Satish Kedia, Ph.D., The SAT Report, University of Memphis, Vol. 1, No. 3, 2004)

Are You a Compulsive or Problem Gambler?

Only you can decide. In short, problem gamblers are those whose gambling has caused continuous problems in any facet of their lives. The following 10 questions may help you to decide if you are a compulsive or problem gambler.

Have you …

• often gambled longer than you had planned?
• often gambled until your last dollar was gone?
• had thoughts of gambling that caused you to lose sleep?
• used your income or savings to gamble while letting bills go unpaid?
• made repeated, unsuccessful attempts to stop gambling?
• broken the law or considered breaking the law to finance your gambling?
• borrowed money to finance your gambling?
• felt depressed or suicidal because of your gambling losses?
• felt remorseful after gambling?
• gambled to get money to meet your financial obligations?

If you or someone you know answers “Yes” to any of these questions, consider seeking assistance from a professional.

The Tennessee Department of Mental Health & Developmental Disabilities, Division of Alcohol & Drug Abuse Services, offers services for problem gamblers and their loved ones.

If you or someone you know is concerned about gambling, please contact the following agency:

The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu
The National Association of Recovery Residences (NARR) held their annual conference in Washington, DC, in May. Daryl Murray and I attended the NARR conference on behalf of Welcome Home Ministries to broaden our knowledge and understanding of NARR, so that we could provide better assistance in helping to organize a new statewide association of “recovery residences” here in Tennessee – the “Tennessee Association of Recovery Residences “ (TN-ARR).

There are challenges that recovery residences are facing that need focused attention, such as a greater voice of inclusion among decision makers at the local, state and federal levels of government. Also, there is a need to encourage recovery residences to employ some very basic “best practice standards” to provide quality of care for clients that seek recovery in sober-living communities. Additionally, there is a need for sources of funding to assist recovery support organizations in providing the types of housing conducive for “special needs populations” in long-term recovery (individuals that suffer from chronic alcohol and drug addictions, mental health disorders and/or co-occurring disorders, etc.). “Special needs populations” often require more supervision and/or long-term care in transition, prior to reaching a level of greater independence and/or self-sustainability.

Parenthetically, due to the new direction HUD is taking based on the HEARTH ACT (funding for “transition in place” and/or “permanent” housing), presently, there is no HUD funding available for “traditional transitional housing” that many A&D recovery support organizations in Tennessee utilize to provide recovery support services in a “group home” or “shared community” transitional housing environment. Space does not permit a detailed discussion. However, if your agency plans to seek future HUD funding, it is imperative to understand the implications of the goals adopted by HUD as a result of HEARTH ACT legislation that will have an impact on local continuums of care throughout the United States.

Finally, there are drug court judges in Tennessee that are willing to place alcohol and drug offenders in programs that provide long-term recovery support services in sober-living communities. However, a viable list of recovery residences that meets quality standards in terms of “best practices” -- as a whole -- does not exist. Recently, during a luncheon with a drug court judge, the judge told a group of recovery residence providers that he often hears about possible recovery residences as an alternative to prison for A&D offenders, but, as he said, “many of these organizations are here this week and gone next week.”

TN-ARR will help raise awareness of the importance of recovery residences in Tennessee; and with the guidance and “best practice standards” provided by NARR, TN-ARR will have a positive impact in helping to raise the quality of care of recovery residences in sober-living communities throughout the state of Tennessee.
ASAP Board-Sponsored Motorcycle Ride a Success

Wheel Through the Hills was the inaugural motorcycle ride, organized to benefit drug prevention in Anderson County. ASAP Board Vice President, Bill Hall, organized the event to help cover costs associated with implementing a new grant. ASAP Board Treasurer, Don Green, and Secretary, Kim Guinn, also assisted with the event. According to Don Green, "the community service that ASAP provides more than compensates for our time assisting in its fundraising and activities."

Fifteen riders showed up on June 9, 2012 to ride to save lives. The event kicked off at Tommy’s Motorsports in Clinton. Riders rode through Raccoon Valley and by Melton Hill Lake to end at Lincoln’s Sports Grille in Oak Ridge. The Anderson County Sheriff’s Office and the Oak Ridge Police Department escorted the riders. "Riders showed up not just to ride, but to support ASAP by casting a conscious vote to participate. There were many other rides in the area that could have drawn their attention, but they chose ASAP," according to Bill Hall.

The ride raised $830 in cash and $1,142 in in-kind donations. Organizers are eager to increase participation next year. "For a first time event, there was excellent support from local riders. We look forward to opportunities to continue involving the community in ASAP activities and in educating our residents to the services available," said Don Green.

Let’s Ride!!
Youth Life Skills Series for High School presents powerful peer-to-peer messages about problem solving and living responsibly.

Step Videos For Adults
The step before Step One is often the hardest to take. Hazelden’s new Step videos can help. Rufus, Debra, and Andrew share stories about unmanageability, turning over their will, working with sponsors, and the setbacks and triumphs they faced in working the first three Steps. Their stories are candid, from the heart, and at times touches with humor.

And Many More......
Applying ASAM Placement Criteria
Men In Recovery
Prescription Drug Abuse
Prescription Drug Abuse: Prevention Video
Rape Under The Influence: Sexual Assault On Campus
The Muslims I Know
Twelve: Is There Life After Rehab In Recovery?
Women In Recovery

Hot Summer Sale!

Each Month We Feature Special Discounts And Sales!!! So Take Advantage Of These Specials During The Next Three Months!

July - 20% OFF Abbey Press Items
August - 20% OFF Entire Online Purchase
Enter Code O82D12 At Checkout
September - 20% OFF Meditation Books

Coming Soon!!!

NEW VIDEOS!

Step 1 for Adults
Step 2 for Adults
Step 3 for Adults

Relax
There’s a better way to manage your files...

“Enterprise Content Management”

• Single, searchable electronic source for all types of information
• Significant cost savings with proven ROI
• Multiple security levels to protect critical data

Easy Implementation, Fast ROI, Quicky Accessible, Cloud-Based, Minimal IT Involvement

www.digipointsolutions.com • 931-536-4860
Solution to Word Search Puzzle on page 14

Discount Hotel Rates

Membership Has Its Benefits!

TAADAS members enjoy discounted rates at Holiday Inn Express, Downtown Nashville, 920 Broadway. Newly renovated rooms, 24-hour fitness center, complimentary covered parking, complimentary breakfast bar, complimentary wireless internet, just blocks from the downtown entertainment district.

Call April Ramsey, 615-780-5901, ext. 16, for more information.

See page 18 for other membership benefits.
WORKSHOPS & TRAININGS

Prevention Ethics
Murfreesboro
July 9th & July 13
Registration Fee: $25.00

Prevention Ethics
Jackson, TN
July 10
Registration Fee: $25.00

Prevention Ethics
Cleveland, TN
July 11
Registration Fee: $25.00

Prevention Ethics
Johnson City, TN
July 12
Registration Fee: $25.00

Prevention Ethics
Murfreesboro, TN
July 13
Registration Fee: $25.00

Grant Writing
Oak Ridge, TN
July 16
Registration Fee: $25.00

OTC and Prescription Drug Abuse
Knoxville, TN
August 6th
Registration Fee: $40.00

Grant Writing
Nashville, TN
September 13
Registration Fee: $25.00

Word Search Puzzle

Search for these words that are related to addiction and treatment. They may be vertical, horizontal, diagonal or backwards in any direction. Solution is on page 13.

Addiction Alcohol
Drugs Treatment
Detox Co-Occurring
Opiates Abuse
Outpatient Suboxone
Gambling Anonymous

Please contact TAADAS at 615-780-5901 for registration information. Prices and locations are subject to change.
Coalitions...Anti-Drug Coalitions... Prevention Coalitions...
By Walter Williams – Director
Memphis Area Prevention Coalition

You may have heard them referred to by different names.
**What do they do? Who are they? Who runs them? Why should I be involved?**

I must admit spending many years in the treatment field I knew little about prevention coalitions and their efforts. I also thought prevention began and ended in the home. If parents did not raise their children properly then we would just deal with it later when they are admitted to a treatment program. I was wrong.

Effective coalitions are made up of 12 different sectors in a community. They include:

- Health Care Professionals
- Schools & Higher Education
- Law Enforcement
- State, Local Government
- Business
- Youth
- Parents
- Media
- Youth Serving Organizations
- Faith/Fraternal Organizations
- Civic/Volunteer Groups
- Other Substance Abuse Organizations

Hopefully you have a local coalition in your county. They are happy to take the opportunity to speak at your church, school, or civic meetings. They produce media campaigns on alcohol and drug abuse. They advocate to law enforcement agencies to perform more compliance checks with retailers to ensure alcohol is not being sold to individuals under the age of 21. Many coalitions will contact retailers who do fail compliance checks and offer free education on how alcohol negatively affects the minds and bodies of youth. I have been told the social host law would not have passed in Tennessee if were not for our coalitions. This law holds adults responsible for providing alcohol to youth. Coalitions hold Town Hall Meetings to educate the community on the social and retail access of alcohol and drugs to our youth. Each coalition is a little different and focused on the goals specific to their communities!

Some Coalitions in Tennessee receive state contracts from DADAS, Governor’s Highway Safety, Local Community Grants, and some have Federal DFC Drug Free Communities funding. The leadership at the Department of Mental Health and Substance Abuse Services, including Commissioner Doug Varney, Assistant Commissioner Rodney Bragg, Director Angie McKinney Jones and Dennis Berry, Coalition Manager have expanded the scope of services coalitions will provide in your county. In addition to currently working on binge drinking among 14-17 year olds, coalitions will now also focus their efforts on prescription drug abuse among all ages and tobacco use in 12-17 year olds.

I would really like to encourage Mental Health and Drug Treatment Providers to connect with your local coalitions. You can have one of your staff attend their monthly meetings and I assure you that you will not be disappointed with the work these organizations are doing in your community. They will enjoy having your help and it will be a mutually beneficial relationship!

In the USA on the average, the return on investment in school-based prevention services ranged between $7.70 and $36 per dollar invested, with an average savings estimate of $18. “For every dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other drugs can be seen,” according to Gil Kerlikowske, Director of National Drug Control Policy.
### Planning and Policy Council Meeting Schedule

<table>
<thead>
<tr>
<th>Region</th>
<th>Date</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Second Tuesday/quarterly</td>
<td>Harrison Christian Church, Johnson City, TN</td>
<td>10:00 AM-12:00 PM</td>
</tr>
<tr>
<td>I</td>
<td>Wednesday quarterly</td>
<td>Helen Ross McNabb Center, 201 west Springdale Avenue, Knoxville, TN</td>
<td>11:30 AM-1:30 PM</td>
</tr>
<tr>
<td>III</td>
<td>Wednesday/quarterly</td>
<td>AIM Center, 472 W. MLK Blvd., Chattanooga, TN</td>
<td>10:00 AM - 12:00 PM</td>
</tr>
<tr>
<td>IV</td>
<td>Third Wednesday/quarterly</td>
<td>Mental Health America of TN, 295 Plus Park Blvd. – Suite 201, Nashville</td>
<td>11:00 AM-1:00 PM</td>
</tr>
<tr>
<td>V</td>
<td>Thursday/quarterly</td>
<td>Skyline-Madison Campus - 9:30 AM-11:30 AM</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>Second Tuesday/quarterly</td>
<td>Pathways – 238 Summar Drive - Jackson, TN</td>
<td>1:30–3:00 PM</td>
</tr>
<tr>
<td>VII</td>
<td>Wednesday/quarterly</td>
<td>Main Library, Poplar Avenue</td>
<td>11:00 AM-1:00 PM</td>
</tr>
<tr>
<td>TDMHASPPC</td>
<td>Planning and Policy Council Meeting</td>
<td>MTMHI, Nashville</td>
<td>10:00 AM-2:30 PM</td>
</tr>
</tbody>
</table>

### What CCS provides:
- Screening and Assessments
- 24-Hour Clinical Detoxification
- Co-Occurring Disorders
- Residential
- Intensive Outpatient (IOP)
- Outpatient (OP)
- Recovery Support Services
- Education Services
- Referral Services
- Payments
- TransCare / Grants / Self-Pay
- Safe Social Setting

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Are you, or someone you know, in need of Alcohol and Drug Treatment Services?

**CCS CAN HELP!**

Contact Info: [www.cstreatment.com](http://www.cstreatment.com) / 423-369-4079 / [ccskpradmissions@wml.com](mailto:ccskpradmissions@wml.com)

Locations: Johnson City, Kingsport, Bristol, and Greeneville
We thank the following members for their support and involvement in our organization!

Debbie Hillin, President    Charlotte Hoppers, President Elect    Daryl Murray, Treasurer

Organizational Members

Agape, Knoxville
Aspell Recovery Ctr., Jackson
Buffalo Valley, Hohenwald
CADAS, Chattanooga
CADCOR, Murfreesboro
Cocaine & Alcohol Awareness Program, Memphis
Community Prevention Coalition of Jackson Co., Gainsboro
Comprehensive Community Services, Johnson City
Daniel Payne Outreach, Nashville
E.M. Jellinek Center, Knoxville
First Step Recovery Center, Memphis
Franklin co. Prevention Coalition, Winchester
Friend of Bill’s Recovery Houses, Lebanon
Grace House, Memphis
Harbor House of Memphis, Memphis
Healing Arts Research Training Ctr., Memphis
HealthConnect America, Nashville
Here’s Hope, Counseling Ctr., Dyersburg
Hope of East Tennessee, Oak Ridge
Innovative Counseling, Memphis
Jack Gean Shelter, Savannah
JACOA, Jackson
Madison Treatment Center, Madison
Metro Health Department, Nashville
Place of Hope, Columbia
Recovery Community, Madison
Renewal House, Nashville
Samaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
Synergy Treatment Ctr., Memphis
The Next Door, Nashville
Turning Point Recovery Residences, Nashville
Welcome Home Ministries, Nashville
YANA, Nashville

Affiliate and Individual Members

DigiPoint Solutions    TN Assoc. of Alcohol & Drug Abuse Counselors
Hamblin County Recovery Court, Morristown    TN Professional Assistance Program, Nashville

Kathryn Benson    Joyce Hardy    Harold Montgomery
Susan Binns    Charlie Hiatt    Joe Osterfeld
Bruce Emory    Patrick Kendall    Nathan Ridley
David Guenther, CPA    Deb Marnhout    Julie Smith
Carrie Hawk    Wayne McElhiney    George Snodgrass
**What is TAADAS?**
The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions. TAADAS programs are funded in part by grants from the Tennessee Department of Mental Health and Substance Abuse Services, Division of Alcohol and Drug Abuse Services.

**TAADAS’s purpose is to:**
- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- facilitate cooperation with all agencies interested in the health and welfare of the community;
- impact legislation regarding alcohol and drug abuse and other addiction issues;
- educate the community regarding alcohol and drug abuse and other addiction issues;
- encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- enhance the quality of services provided by Association members;
- to serve as a resource for Association members; and
- to further fellowship among those members.

As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

**It’s up to US to help others understand!**
Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life — social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. We must join together to focus attention in support of addiction treatment, prevention, and recovery. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

**TAADAS Membership**
TAADAS is a statewide association made up of alcohol and drug abuse treatment, prevention and recovery service professionals, and others who are interested in addiction issues. TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today.

- Expand Knowledge – Take advantage of the TAADAS Statewide Clearinghouse’s extensive resource center.
- Impact Public Policy – TAADAS has long been the voice for alcohol and drug abuse issues in Tennessee. TAADAS provides advocacy for alcohol, drug and other addiction issues, and first generation information on policy issues, as well as a strong voice for parity issues.
- Networking – TAADAS offers networking opportunities with professionals and other concerned individuals across the state in the alcohol, drug and other addiction services community
- TAADAS Times Newsletter
- Discounts at Recovery Books & Things
- Discounted Hotel Rates
- Credit Union Membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occuring, prevention, or recovery support services and subject to payment of membership dues. TAADAS membership is not automatic board membership as the board consists only of the board of directors.

Organizational Member - Any organization or entity that provides addiction, co-occuring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

Individual Member - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee. Examples of persons in this category may include, but are not limited to, individuals who work in the addiction services field, licensed counselors or those working toward licensure, employee assistance professionals, risk managers or other managed care professionals. They may also be someone who has been affected by alcohol and drug abuse or other addiction, be it by a family member or a loved one, or by their own addiction. Or they may simply be someone who recognizes the scope of this problem and wants to demonstrate their support through membership in a professional association of like-minded individuals.

Annual Dues*

<table>
<thead>
<tr>
<th>Category</th>
<th>Dues</th>
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<tbody>
<tr>
<td>Organizational Member with Annual Revenue &lt; $100,000</td>
<td>$200</td>
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<tr>
<td>Organizational Member with Annual Revenue = $100,000 - $500,000</td>
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<tr>
<td>Organizational Member with Annual Revenue = $500,000 - $1,000,000</td>
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<tr>
<td>Organizational Member with Annual Revenue = $1,000,000 - $2,000,000</td>
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<tr>
<td>Organizational Member with Annual Revenue &gt; $2,000,000</td>
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</tr>
<tr>
<td>Individual Member</td>
<td>$100</td>
</tr>
</tbody>
</table>

*Minimum suggested leadership pledge ... you may pledge more

Date: ____________  Referring Member: (If Applicable) _______________________________________

Name: __________________________________________

Agency: __________________________________________

Address: __________________________________________

City: _____________________________ State: _________ Zip Code: _________________________

Phone: _____________________________ Toll Free: _____________________________

Fax: _____________________________ Email: _____________________________

Agency Website: __________________________________

Agency Representative: __________________________________

Representative Email: __________________________________

Please fax your completed application to TAADAS at 615-780-5905