TN REDLINE Connects with Callers

TAADAS runs a 24 hour a day, 7 day a week, statewide addictions treatment referral hotline called the TN REDLINE. Beginning in the Summer of 2017, TAADAS has been in discussions with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) about making the REDLINE a more engaging process for callers. A new process for caller ‘warm handoffs’ will be implemented that we hope will identify callers who are most at risk and help them make a stronger connection with a provider. As early as January of 2018, callers who are indigent and who are using substances will be offered more than just a list of providers to contact, they can be connected directly on the phone to one of the state contracted providers that meets their needs. An implementation date will be announced.

This ‘warm handoff’ to a provider is intended to help the caller connect and engage with a provider, understand the referral and admission process for that agency and follow up to access services. Callers who are most at risk, those who are pregnant, injecting drugs intravenously, have a history of overdose or who are abusing alcohol will be encouraged to accept a call transfer to a provider. TAADAS has hired several new staff that are Peer Recovery Specialists who can help offer the hope and encouragement that may be needed for callers to accept a transfer.

As this new program is initiated, TDMHSAS and other state entities will be advertising the REDLINE number and this new initiative. Please help us distribute ads and flyers about the REDLINE so that we can connect with and engage callers across the state.

TN REDLINE  1-800-889-9789
In Memoriam

REPRINTED from the Stuttgart Daily Leader, December 16, 2017

Donald Ray Moore, age 36, passed away on Sunday, Dec. 10, 2017, of an accidental heroin overdose after a long battle with opioid addiction. He is survived by his wife, April, and their three young sons, Kane, Wesson and Bryson; his first wife, Jennifer; and their children, Daniel and Cassandra; his parents, Donnie (Alice); sisters, April and Lora; and many aunts, uncles, cousins, nieces and nephews. He was preceded in death by his mother, Jennifer “Ginger” Moore.

Donald never wanted to be defined only by his addiction and mistakes, because he was so much more than that. He was witty, outspoken, never met a stranger; he would do anything for anyone and often did. He fought many demons and struggled with depression and bipolar disorder. Not only did the drugs suppress his physical pain from previous back injuries, but they also suppressed his constant emotional battles and the shame he felt over the effects his addiction had on his family. He loved his family deeply, took his dog, Lucy, with him wherever he went, played and connected with children like he was their age. He had a big heart and he shared it with everyone.

He wanted to live. He spoke often about having a final corrective back surgery so he could be pain free and fight to end his addiction. He was looking into nursing school so he could continue his passion of helping others. He looked forward to his oldest son graduating in May and his daughter soon after. He was planning where to take his youngest sons camping when the weather warmed back up. He referred to his children’s future spouses and his future grandchildren. He planned for a life free from addiction and all the strings attached.

Donald strongly believed in second chances and often referred to his wife as his second chance. He craved the chance to start over and make good on his mistakes; maybe his choice to be an organ donor was his last attempt at making things right and helping someone else turn their life around. His life ended, but he saved the lives of three others and he would feel amazing knowing that.

Addiction does not discriminate. It is beside you in the cereal aisle at the grocery store, pumping gas a car over or dropping their kids off at school. It cares not if you have a bright future, a sorrowful past, a family who fights for you, or little voices saying “I love you daddy.” It is hidden in the faces you pass by everyday.

The family asks that you educate yourself and others about addiction. Nobody asks or wants to be an addict. Help stop the shame and stigma of addiction. Donald, like all the others around us suffering from this disease, was so much more than his addiction. The world has lost a big heart and a giving soul that can never be replaced.

“Forever and Always” — April
SAMHSA Finalizes Rule Supporting Payment and Healthcare Operations Activities While Protecting Substance Use Disorder Patient Privacy

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, announces the finalization of proposed changes to the Confidentiality of Substance Use Disorder Patient Records regulation, 42 CFR Part 2. The rule will be published in the Federal Register and currently can be viewed at http://www.samhsa.gov/42CFRPart2Final.

Part 2 protects the confidentiality of records relating to the identity, diagnosis, prognosis, or treatment of any patient records that are maintained in connection with the performance of any federally assisted program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research. Under Part 2, a federally assisted substance use disorder program may only release patient identifying information with the individual’s written consent, pursuant to a court order, or under a few limited exceptions.

“This final rule underscores our commitment to ensuring persons with substance use disorders receive integrated and coordinated care,” said Dr. Elinore F. McCance-Katz, the nation’s first Assistant Secretary for Mental Health and Substance Use. “This rule will permit healthcare providers, with patients’ consent, to more easily conduct such activities as quality improvement, claims management, patient safety, training, and program integrity efforts.”

Dr. McCance-Katz said that modernizing Part 2 is one way that SAMHSA strengthens the nation’s efforts to reduce opioid misuse and abuse and to support patients and their families confronting substance use disorders. The rule also reflects an effort to better align Part 2 requirements with those of the Health Insurance Portability and Accountability Act (HIPAA).

**Major provisions in today’s rule:**

The final rule permits additional disclosures of patient identifying information, with patient consent, to facilitate payment and healthcare operations such as claims management, quality assessment, and patient safety activities.

The final rule permits additional disclosures of patient identifying information to certain contractors, subcontractors, and legal representatives for the purpose of conducting a Medicare, Medicaid, or CHIP audit or evaluation.

The final rule will assist users of electronic health records (EHRs) by permitting use of an abbreviated notice of prohibition on re-disclosure more easily accommodated in EHR text fields.

This rule finalizes changes proposed in a supplemental notice of proposed rulemaking (SNPRM) issued on January 18, 2017 (82 FR 5485). The SNPRM was published at the same time SAMHSA finalized the first major, substantive revisions to Part 2 in nearly 30 years (82 FR 6052).

As required by Section 11002 of the 21st Century Cures Act (P. L. 114-255), SAMHSA plans to hold a public meeting to obtain additional input from stakeholders about the effect of 42 CFR Part 2 on patient privacy, health outcomes, and patient care. The public meeting is tentatively scheduled for January 31, 2018.
I would like to extend the department’s warmest welcome to our new Assistant Commissioner for Substance Abuse Services, Rich Coté, Ph. D. Dr. Coté’s experience includes a 22 year active-duty career with the U.S. Air Force that began in 1971 when he graduated from the U.S. Air Force Academy in Colorado. He retired from military service in 1993 with the rank of Lieutenant Colonel. Rich joins TDMHSAS after serving as director for behavioral health at in-patient facilities in Minnesota, South Carolina, Texas, and Nebraska. He has extensive experience in organizational management with special expertise in behavioral healthcare that will be very valuable to our department. Please join me in welcoming Dr. Coté to the team!

Sincerely,

Marie Williams, LCSW, Commissioner TDMHSAS

2018 Tennessee Nonresidential Buprenorphine Treatment Guidelines

TDMHSAS is pleased to share with you the Tennessee Nonresidential Buprenorphine Treatment Guidelines for 2018. Per Public Chapter 112 of 2017, these Guidelines can be found on the TDMHSAS website by clicking this hyperlink. Please contact me if you have any questions.

Kurt Hippel| Assistant Commissioner
Division of Planning, Policy & Legislation
c. 615-495-2951
Kurt.Hippel@tn.gov

TDMHSAS Division of Substance Abuse
TAADAS recognized several years ago that the Association and its members wanted a better, proactive approach to an organizational advocacy agenda. TAADAS developed a process for a proactive advocacy plan and sought support from the Healing Trust for our advocacy goals. The Healing Trust awarded TAADAS a 3-year advocacy grant beginning in January of 2016. The goals of this grant are focused on establishing an infrastructure for advocacy that will enable TAADAS to engage in advocacy long term—far past the term of the grant.

A process within the TAADAS Legislative Committee was established to develop advocacy goals each year. Additionally, the committee established a decision-making process to address urgent legislative or policy issues and a calling tree to keep members informed. TAADAS staff updated the calling tree this Fall and appreciates the participation of all our members in the calling tree and the advocacy process.

**TAADAS FY 2018 Advocacy Goals**

This year the TAADAS’ Legislative Committee submitted advocacy goals for consideration at the August Membership Meeting and these goals will continue to be reviewed as the legislative session, Tennessee budget and other policy initiatives are announced. Paul Fuchcar, Legislative Committee Chair, presented the goals to the membership. The current plan includes the following key policy or legislative initiatives:

- Increase state funding for substance use disorder treatment services and recovery housing, which will address the full continuum of care needs of the addictions and recovery community.
- Tennessee Parity Project, to address parity enforcement and ensure review mechanisms are in place to guarantee behavioral health care services are as accessible as physical health care services.
- IMD Caps with Medicaid Block grants, monitor the present residential services that are in place for addictions treatment due to the 1115 Waiver and what will happen to these services if Tennessee transitions to block grant funding for Medicaid.

Various coalitions are forming around these issues and TAADAS is participating in the development of these groups. The Tennessee Parity Project formed to review parity legislation based on the model presented by Parity Track and NAMI. TAADAS, NAMI TN, TN Hospital Association, TAMHO, and Mental Health America of Middle TN are the foundational members of this coalition and the group will engage additional support for the coalition.

TAADAS participates with several groups of collaborative partners monitoring the move to appeal and replace the Affordable Care Act and move to a block grant funding system for Medicaid. TAADAS will update members on how any change to Medicaid funding will alter the delivery of treatment services for the addictions and recovery community.

There will be training on our planned advocacy agenda, which will highlight the details of each goal as well as support talking points. We plan to have this training during the January TAADAS membership meeting and will discuss key legislators to target for each goal.

TAADAS Day on the Hill is scheduled for February 7, 2018. The 2018 Day on the Hill will feature a Legislative Breakfast. Kathleen Kennedy, Advocacy Director, will coordinate members’ appointments, if you prefer to coordinate joint meetings with identified key legislators.
News from Capitol Hill

January 2018
Nathan Ridley, Esq.

Campaign Financial Disclosure Reports.
Tennessee political nerds are awaiting the filing of the January 31, 2018 financial disclosure reports for gubernatorial candidates. The filing covers funds raised for the period of July 1, 2017 through January 15, 2018. With Governor Bill Haslam being term limited, Tennessee has several candidates seeking the job in the August 2, 2018 primary and the November 6, 2018 general election. The filing will show each of the announced candidates’ willingness to contribute their own money as well as their fundraising abilities. Most of the leading candidates have released income tax return summaries or 1040 copies. Republicans Mae Beavers and Bill Lee are the exceptions. Not Surprisingly, Diane Black, Randy Boyd, and Karl Dean are all very wealthy. Craig Fitzhugh and Beth Harwell are also well to do, but not like the other three who have released tax information. For Tennessee, 2018 is an important election year, not an auction year, but a showing of some political campaign finance wherewithal does show that a candidate has the ability to advertise on television in each of the state’s six media markets.

2018 Legislative Issues.
While Tennessee is not affected as much as most states which rely on a state income tax as the main source of state revenues, Tennessee public finance leaders will hope that the recently enacted federal tax law will not affect its revenues in a significant way. While Governor Haslam is in the final stages of crafting his eighth state budget, Tennessee’s overall economy continues to percolate along with the state’s major urban areas, particularly Nashville, continuing to lead the way with solid growth. After the budget, state leaders will also address the opioid addiction epidemic. With 1,631 overdose deaths in 2016, Tennessee continues to have more overdose deaths than highway accident deaths. No candidate wants to run for election on that statistic. Other high profile issues for the 2018 legislative session will include Sunday wine sales in grocery stores and small cellular telephone tower siting procedures and medical marijuana issues.

Cannabis.
Speaking of marijuana, the entire country and the world are watching as California has become the largest state to authorize and implement the sale of recreational marijuana on January 1, 2018. While many may have snickered when California became the first state in 1996 to authorize the distribution of medical marijuana, 29 others states and the District of Columbia have now authorized some form of medical marijuana usage. Seven other states in addition to California have authorized recreational marijuana. They include Alaska, Colorado, Maine, Massachusetts, Nevada, Oregon, and Washington. Tennessee had an off season task force that will propose legislation with an emphasis probably on cannabidiol (CBD) an extract from the cannabis plant, which is non-psychotropic, that is, it doesn’t cause a high.

New Members.
The State Senate will welcome Art Swann of Blount County and Mark Pody of Wilson County as new members. The Senate will still have a vacancy for the 14th District for the seat formerly held by Jim Tracy
who has resigned to accept a position with the United States Department of Agriculture. The House will welcome Jerome Moon of Blount County and Kevin Vaughn of Shelby County. As new members, Senator Mark Norris of Shelby County has been approved for confirmation by the Senate Judiciary Committee as a federal district court judge, but a full floor vote has not yet been scheduled. His confirmation will create another vacancy in the State Senate.

**Member Checklist.**

Mark Wednesday, February 14 on your calendar for the TAADAS 2018 Legislative Day on the Hill event. This will be a nice opportunity to check out the freshly renovated Cordell Hull Building in its new role as the home of the General Assembly’s offices and committee meeting rooms.

Review the Tennessee Secretary of State’s new online voter registration system. It works for new voters as well as anyone needing to update his or her address. Of course, be sure everyone in your shop is registered to vote and that the registration has a current address. 2018 is going to be a busy election year.

**Calendar Notes:**

State and TAADAS offices will be closed Monday, January 15, 2018, for the Martin Luther King, Jr. holiday and Monday February 19, 2018, for the Presidents’ Day holiday.

The special elections to fill the vacancy in Senate District 14 are January 25 and March 14. Republicans Joe Carr and Shane Reeves will face each other in the January 25 Republican primary with the winner facing Democrat Gayle Jordan in the March 14 general election. The district covers Bedford, Lincoln, Marshall, Moore and part of Rutherford counties. Each of the candidates is from Rutherford County.

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Nathan Ridley serves as Legislative Counsel for TAADAS and is an attorney with the Nashville firm, Bradley Arant Boult Cummings LLP. You may contact him by e-mail at nridley@bradley.com.

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**Board of Alcohol and Drug Abuse Counselors**

**Upcoming Meetings:**

- January 26, 9 am
- April 6, 9 am

665 Mainstream Drive, Poplar Room
MetroCenter, Nashville, TN
Submitted By Kyle D. Duvall, Deputy Executive Director, Welcome Home Ministries

In part I of the “Individual Placement and Support” (IPS) series, we introduced an evidence-based approach to supported employment to encourage integration of this EBP into recovery programs. In part II of the IPS series, we will explore the IPS principles delineated in the book, Individual Placement and Support (An Evidence-Based Approach to Supported Employment) by Drake, Bond & Becker.

In simple terms, supported employment is a systemized evidence-based approach to assist individuals with mental illness and/or co-occurring conditions achieve meaningful and competitive employment in the mainstream workforce. There are eight basic IPS principles supported by research. The justification for these principles is derived from “a strong value base undergirding the field of psychiatric rehabilitation (Corrigan, Mueser, Bond, Drake, & Solomon, 2008). These principles also reflect the philosophy of shared decision making (Edwards & Elwyn, 2009).” (P.33). The IPS principles are as follows:

1. Competitive Employment: “Agencies providing IPS services are committed to competitive employment as an attainable goal for clients with serious mental illness seeking employment. The competitive employment principle means that IPS programs assist clients to enter into competitive jobs directly.” (P.33). Competitive jobs pay at least minimum wage and “the wage that others receive performing the same work, based in community settings alongside others without disabilities, and not reserved for people with disabilities.” (P.24).

2. Eligibility Based on Client Choice: “Clients are not excluded on the basis of readiness, diagnoses, substance-use history, psychiatric hospitalizations, level of disability, or legal system involvement. The only requirement for admission to an IPS program is a desire to work in a competitive job. Starting IPS is based on client choice.” (P.34).

As a result of the Rehabilitation Act of 1986, “the vocational rehabilitation system has embraced the notion of ‘Zero exclusion,’ which refers to the removal of any precondition for participating in supported employment services related to clinical or work history, substance use, readiness, or any other background factor. One early proponent of the zero exclusion principle was John Beard, founder of the Fountain House clubhouse. In the clubhouse model, the belief is that everyone deserves a chance to work, regardless of history or background (Beard, Propst, & Malamud, 1982).” (P.35).

3. Integration of Rehabilitation and Mental Health Services: “IPS programs are closely integrated with mental health treatment teams. This principle means that IPS specialists participate regularly in treatment team meetings to review client progress.” (P.35). It is important to note, “one innovation in the IPS model that differentiated it from conventional thinking at the time was that it is a service model embedded within the community mental health system, not the vocational rehabilitation system. This principle was drawn from the multidisciplinary team approach, the guiding principle of the assertive community treatment model (Stein & Test, 1980).” Integrating rehabilitation and mental health services “has proved to have broader applicability across many areas of mental health, including the integration with substance abuse treatment, physical health care and many other domains (Corrigan et al, 2008).” (P.35).

4. Attention to Client Preference: “Services are based on clients’ preferences and choices, rather than providers’ judgments. Staff and clients conduct an individualized job search, based on client preferences, strengths, and work experiences.” (P.35). While the IPS worker makes suggestions, client choice about job types, work settings, environments, etc., is paramount within the process. (PP.35-36). Vocational research literature suggests, “Client choice has an important influence on employment outcomes. Several studies have shown that most clients with serious mental illness hold specific occupational preferences, and that these preferences are realistic and fairly stable over time (Becker, Bebout, & Drake, 1998; Becker, Drake, Farabaugh, & Bond, 1996; Mueser, Becker, & Wolfe, 2008).”
5. Personalized Benefits Counseling: “Employment specialists help clients obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government payments. IPS workers encourage all clients to learn how different work scenarios would affect their benefits.” (PP.36-37). These services are often available through community agencies that specialize in benefits counseling.

6. Rapid Job Search: IPS programs use a rapid job search approach to help clients obtain jobs directly, rather than providing lengthy pre-employment assessment, training and counseling. In the first few sessions after program entry, the IPS worker and client build a career profile of the client’s preferences, skills, strengths, and previous employment and education. This profile provides direction for the job search and job support. IPS workers and clients, or both start making face-to-face contacts with employers (hiring managers) within a month of starting the IPS program. A rapid job search conveys to the client that the IPS worker is taking his or her goals seriously.” (P.37). It should be understood that the rapid job search principle does not mean “rapid placement.” The focus should be on the process of seeking employment and finding a “job fit,” not the end result, lest a poor “job fit” may occur. It may very well take much time to find a “job fit.” Patience and encouragement need to be applied.

7. Systematic Job Development: Employment specialists build on an employer network based on clients’ interests, developing relationships with local employers by making systematic contacts. Job development is more than contacting employers for job availability, it involves cultivating a relationship.” (P.38). “Historically, clients were encouraged to find jobs on their own. The evidence is quite clear, however, that many people with serious mental illness get discouraged and give up with self-directed job searches (Bond, 1992; Corrigan, Reedy, Thadani, & Ganet, 1995). Many vocational studies suggest that vocational counselors and IPS employment specialists who devote more time to employer contacts have higher job acquisition rates (Leff et al., 2005; Rosenthal, Dalton, & Gervey, 2007; Vandergoot, 1987; Zadny & James, 1977).” (P.38).

Parenthetically, employer development takes much time. Welcome Home Ministries has spent more than seven years cultivating potential employers. Not only do we visit potential employers at their workplace, potential employers frequently are invited guests at Welcome Home Ministries and do presentations for our clients at our “recovery employment table” meetings, which occur on a weekly basis at one of our recovery residences.

8. Time-Unlimited and Individualized Support: “Follow-along supports are individualized and continued for as long as the client wants and needs the support. IPS workers and other members of the treatment team provide work support. For example, the psychiatrist might make medication adjustments and the case manager might talk about strategies for managing anxiety on the job in certain situations. Each client has his/her own support needs. One person might need training to follow different bus routes and another client might need to negotiate a job accommodation to work in a quiet area. IPS workers also help clients end jobs and develop a career path. IPS programs provide ongoing support and remain committed to the support of clients long after they have achieved employment… Within the psychiatric rehabilitation field, researchers have long recognized that services should be individualized and that long-term supports are necessary (Corrigan et al., 2008). “ (PP.38-39).

Robert E. Drake (M.D., Ph.D.), Gary R. Bond (Ph.D.) and Deborah R. Becker (M.Ed., CRC), authored the book titled, Individual Placement And Support (An Evidence-Based Approach To Supported Employment). The authors are professors and researchers at the Dartmouth Psychiatric Research Center. This book and other related resources are published by Oxford Press and are available for purchase from The Rockville Institute (603-678-4531).
Coming in 2018 ....

Due to recent SAMSHA funding, we are thrilled to be extending the Chronic Pain Self-Management Program/CPSMP! Before we can bring this free, 6-session, interactive workshop to the public, we need to find facilitators who are available and excited to learn the curriculum and to share it at community agencies, in hospitals, faith-based organizations, service programs, homes, and more!

Using a program developed with the Stanford Patient Education Research Center, our CPSMP facilitators will be instrumental in teaching Tennesseans ways to deal with and manage their chronic pain in safe and healthy ways.

Participants will gain confidence, learning:
* Techniques for dealing with fatigue, poor sleep, pain, and other challenges
* How to communicate effectively with family, friends, and healthcare professionals
* Exercises for improving strength, flexibility, and endurance
* Appropriate use of medication and alternative therapy
* Additional ways to maintain active and fulfilling lives, including nutrition

Who can be a facilitator?

YOU can train to be a facilitator!
Agency staff, peers, advocates, family members ... anyone interested in learning the techniques and sharing that knowledge with others!

Community providers:

We are seeking partners in this effort. If your agency would like to send staff to this training - who in turn will take this valuable curriculum to your clients - please connect with us.
Note: Agencies are required to send at least two participating staff members.

The NEXT TRAINING CLASS will be held Jan. 29-31, 2018 at TAADAS in Nashville!

An additional training class is currently being scheduled for March 2018 in West Tennessee

Have QUESTIONS? Or to REGISTER for training, contact Ken Barton at KBarton@tamho.org. Space is limited.
MEMPHIS THEOLOGICAL SEMINARY ANNOUNCES NEW DEGREE WITH CONCENTRATION IN ADDICTION COUNSELING

Responding with pastoral sensitivity and clinical expertise to the addiction epidemic in the US

MEMPHIS, TN - Memphis Theological Seminary (MTS) announces a new Master of Arts in Christian Ministry degree with a concentration in Addiction Counseling. This degree program builds upon the seminary’s Certificate in Addiction Counseling which has been offered for several years.

“I am so excited to see MTS take this program to the next level. The training that participants will receive will come from some of the most talented and highly trained counseling professionals, said Terry Kinman, coordinator for the drug alcohol addiction certificate program at MTS. “We have a curriculum that is inclusive and integrates multi disciplines to ensure that the client will receive a quality of care that can lead them from the destruction of addiction. MTS is on the cutting edge with this program as there is no other program like this in the state.”

Students will now be able to earn a master’s degree integrated with the Certificate in Addiction Counseling. This master’s degree program will prepare people for ministry with competent counseling services to individuals, families, and groups who struggle with the effects of Substance Use Disorders.

Students within the degree program will integrate counseling for substance abuse with foundations in Christian theology and pastoral practice. They will also earn the educational hours that the Tennessee State Board of Alcohol and Other Drugs of Abuse Counselors requires for licensure as an Alcohol and Drug Abuse Counselor (LADAC). These courses will also likely meet Addiction Certification requirements in Mississippi and Arkansas.

“This Master of Arts in Christian Ministry with a concentration in Addiction Counseling reflects the seminary’s commitment to offer practical preparation for ministry that meets the needs of our community,” says Dr. Peter Gathje, vice president for academic affairs/dean. “The faith community needs to respond with pastoral sensitivity and clinical expertise to the addiction epidemic in the United States, including opioid addictions. This program at MTS will produce persons ready to offer effective pastoral ministry and addiction counseling to those struggling with addictions.”

Memphis Theological Seminary (MTS) is an ecumenical graduate school of theology that seeks to create a higher theological educational setting that is committed to scholarship, piety, and justice. MTS was founded in 1852 in McKenzie, Tennessee. In 1964, the seminary moved to Memphis, TN and educates men and women of all races and denominations.

www.MemphisSeminary.edu
TAADAS typically meets in Suite 130 at 1321 Murfreesboro Pike at 10 am on the second Thursday of each month and will meet this quarter on:

- January 11
- February 7—Day on the Hill
- February 8
- March 8

For information please contact:

Mary Linden Salter, Executive Director
615-780-5901, x-18
marylinden@taadas.org

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**TAADAS Training**

- **Human Trafficking and TB 101 Training-Nashville**
  - January 18, 2018
  - Jill Rutter, Rachel Irby and Billy Reagon
  - Court Foundation Center
  - 417 Welshwood Dr
  - Suite 103
  - Nashville, TN 37211
  - 8:30 AM-12:00 PM CST

- **Domestic Violence and Addiction-Nashville**
  - January 19, 2018
  - Heather Herrmann
  - TAADAS Conference Room
  - 1321 Murfreesboro Pike
  - Suite 130
  - Nashville, TN 37217
  - 8:30 AM-4:00 PM CST

- **HIV and Addiction-Nashville**
  - January 26, 2018
  - Mary Hawkins and other panelist
  - Goodwill Career Solutions Center
  - 937 Herman Street
  - Nashville, TN 37208
  - 8:30 AM-4:00 PM CST

- **Embracing Multiple Pathways to Recovery:**
  - Access to Recovery Housing
  - February 13, 2018
  - Goodwill Career Solutions Center
  - 937 Herman Street
  - Nashville, TN 37208

- **Recovery Roundtable-Roane County**
  - March 23, 2018
  - Mary Linden Salter and other panelists
  - Kingston Church of Christ
  - 303 N. Kentucky Street
  - Kingston, TN 37763
  - 9:00 AM-3:00 PM EST

- **Save the Date!!**
  - TAADAS Carnival
  - June 2, 2018
  - Coleman Park
  - 384 Thompson Ln
  - Nashville, TN 37211
  - 10:00 AM-2:00 PM CDT
WE TREAT THEM BOTH.
Specialized addiction treatment for women and their children.
RenewalHouse.org  615.255.5222

Renew the whole person. Restore a life.
SPECIALIZED ADDICTION TREATMENT FOR WOMEN AND THEIR CHILDREN.

Empowering women and families by removing barriers and restoring hope.

Offering client-centered, evidence-based residential and outpatient treatment within the healing environment of a loving home.

A woman is never turned away based on the inability to pay for treatment.

CELEBRATING OVER 40 YEARS OF SERVICE TO WOMEN

Grace House of Memphis is a 501(c)(3) nonprofit alcohol, drug and co-occurring treatment program for women. Our Residential Treatment Program is accredited by CARE, the Commission on Accreditation of Rehabilitation Facilities. Grace House is licensed and partially funded by the Tennessee Department of Mental Health and Substance Abuse Services.
Finding resources for children in Tennessee has never been easier.

With the Kid Central app, you’ll get mobile access to state services, receive useful notifications and have important contact info on the go.

Visit [http://kidcentraltn.com/](http://kidcentraltn.com/) for more information and to download the app for android or iphone.
Hope
As long as there is life, there is hope.

ACCESS
Staying informed will be helpful when services are necessary.

RECOVERY
is real!

- Keep up with current co-occurring disorder events/trends
- Access the latest perspectives related to the impact of co-occurring disorders on: 1) families, 2) communities; 3) local and state level policy and legislative matters, 4) judicial and criminal justice systems; and, 5) business and workforce
- Order educational and awareness materials
- Sign up with TNCODC to stay current on co-occurring disorder updates
- Request educational presentations
- Download a TNCODC link banner to place on your agency or organization website and so much more!

The TNCODC is funded by a grant from the State of Tennessee, Department of Mental Health and Substance Abuse Services (TDMHSAE). No person in the United States shall, on the basis of race, color or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal funding assistance. Civil Rights Act of 1964
PARTNERS IN PREVENTION

2018 Statewide Conference

SAVE THE DATE
Wednesday, May 23 and Thursday, May 24, 2018
Lipscomb University, Nashville, TN

More Details Coming Soon!
www.pipconference.com

Presented by:

CHASCo
COALITION FOR HEALTHY AND SAFE CAMPUS COMMUNITIES

TCB
Tennessee Certification Board

LIPSCOMB UNIVERSITY
GRADUATE STUDIES IN COUNSELING WITH ADDICTIONS SPECIALIZATION

TN
Department of Mental Health & Substance Abuse Services
This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services.
Help us to bring recovery support services to more Tennesseans

Designate TAADAS as the recipient for your Kroger Plus and Amazon Smiles rewards purchases. It's easy to do and helps us to do more for the recovery community in Tennessee!

Amazon Smiles is as easy as 1-2-3!

1. Sign in to www.smile.amazon.com on your desktop or scan the Amazon QR code below with your phone.

2. From your desktop, go to Your Account from the navigation at the top of any page, and then select the option to Change your Charity.

3. Or, from your mobile browser, select change your charity from the options at the bottom of the page. Select TAADAS as your new charitable organization to support.

Kroger Community Rewards: How to Register

Use your existing Kroger Plus Card or get a new one from the customer service desk.

Visit www.krogercommunityrewards.com (scan the QR code below if you have a smartphone)

Sign up for an online account using the “new customer” box unless you already have an online account.

Once signed up retrieve the confirmation email and confirm your new account.

Now visit your new account and look for edit Kroger Community Rewards - Input your Kroger plus Card Number.

Now enter the NPO 32184 and click confirm.

Your recipient organization’s name should now appear on the right side of the information page.

If you use your phone number at the register Call 1.800.676.4377 and select option 4 to get your Card Number.

You must swipe your card or use your phone number to get credit for any one purchase.

Two Great Programs

One Awesome Cause!
Get Connected. Stay Engaged.
www.TAADAS.org

Our Mission
To educate, support and engage our members and public, influence policy and advocate for prevention, treatment and recovery services.

24/7 Support
Do you need help with addiction? Call the Tennessee REDLINE for 24 hour assistance 1.800.889.9789

Order Free Addiction and Recovery Literature
We offer free addiction and recovery literature shipped right to your door anywhere within the state of Tennessee. Just type in a few key words and add the literature you want to your cart, it’s free! https://www.taadas.org/free-literature

Support Recovery in Tennessee
Become a Member
Join us in bringing awareness of addiction and mental health issues to the community and creating change through legislative efforts. There are several levels of membership available, join now.
https://www.taadas.org/membership-info/membership-application

Get Your Training With Us
TAADAS offers professional trainings statewide, the current offerings can be viewed on nearly every page of our website on the left hand side of the screen.
https://www.taadas.org/training

Sign Up for Our Emails
We stay on top of current trends related to addiction and recovery services in Tennessee. If you’re interested in regional trainings, legislative reports, advocacy efforts or general addiction and recovery information then sign up!
https://www.taadas.org/contact-us/sign-up-for-our-emails

Borrow Our Conference Room
We have a conference room that seats upward of 50 people, you can reserve the room online.
https://www.taadas.org/the-conference-room
We thank the following members for their support and involvement in our organization!

Jon Jackson, President      Norman Miller, President Elect      Linda Leathers, Treasurer

Organizational Members

12th Judicial District Recovery Court      Knox County Recovery Court, Knoxville
Aspell Recovery Ctr., Jackson      Madison Treatment Center, Madison
Buffalo Valley, Hohenwald      Memphis Recovery Center, Memphis
CADAS, Chattanooga      Mending Hearts, Nashville
CADCOR, Murfreesboro      Mental Health America of Middle TN
Case Management Inc., Memphis      Metro Health Department, Nashville
Cannon County Board of Education      Overton County Anti-Drug Coalition, Livingston
Centerstone, Nashville      New Life Lodge, Burns
Church Health Center of Memphis      PAL (Prevention Alliance of Lauderdale)
Clay County Anti-Drug Coalition, Celina      Park Center, Nashville
Comprehensive Community Services, Johnson City      Place of Hope, Columbia
Crossbridge, Inc. Nashville      Prevention Alliance of Lauderdale
Cumberland Heights, Nashville      Prevention Alliance of Tennessee (PAT)
E.M. Jellinek Center, Knoxville      Professional Care Services, Covington
First Step Recovery Center, Memphis      Renaissance Recovery, Knoxville
Freeman Recovery Center, Dickson      Renewal House, Nashville
Friend of Bill’s Recovery Houses, Lebanon      Samaritan Recovery Community, Inc., Nashville
Frontier Health, Gray      Serenity Centers of TN, Knoxville
General Session Treatment Court, Nashville      Serenity Recovery Center, Memphis
Grace House, Memphis      Smith County Drug Prevention
Grandpa’s Recovery House, Smyrna      STARS Nashville
Hamblin County Drug Court, Morristown      Synergy Treatment Ctr., Memphis
Harbor House of Memphis, Memphis      The Next Door, Nashville
Healing Arts Research Training Ctr., Memphis      TN Certification Board
HealthConnect America, Statewide      TN Mental Health Consumer’s Association
Helen Ross McNabb Center, Knoxville      TN Assoc. of Drug Court Professionals
Here’s Hope, Counseling Ctr., Dyersburg      Transition House, East TN
Highpoint, Johnson City      Turning Point Recovery Residences, Nashville
Hope of East Tennessee, Oak Ridge      Vista Recovery Systems, Johnson City
Innovative Counseling and Consulting, Memphis      Welcome Home Ministries, Nashville
Jack Gean Shelter, Savannah      WestCare TN, Statewide
JACOA, Jackson      YANA, Nashville

Affiliate and Individual Members

Addiction Campuses      TN Alliance of Recovery Residences
American Addiction Centers      TN Education Lottery
Ammon Analytical Labs      TN Health Care Campaign
TN Assoc. of Alcohol & Drug Abuse Counselors      TN Professional Assistance Program

Stephanie Crisp      Wayne McElhiney      Nathan Ridley
Nita Gamache      Harold Montgomery      Brad Schmitt
Jeanice Harper      Judge Seth Norman      James Shiver
John McAndrew      Butch Odom      George Snodgrass
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. 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.

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. TAADAS is committed to helping the public understand that addiction is a treatable illness and that millions of people achieve recovery.

TAADAS’s purpose is to:

- promote common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- work with and facilitate cooperation with all agencies interested in the health and welfare of the community;
- impact legislation regarding alcohol and drug abuse and other addictions;
- 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;
- serve as a resource for Association members; and
- further fellowship among those members.

**TAADAS Membership**

Through its association membership and by networking with public policy makers, 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. Membership benefits include:

- Expand knowledge – TAADAS has a statewide Clearinghouse of extensive resources and statewide training opportunities
- Impact public policy
- Networking opportunities that promote advocacy and best practices. TAADAS committees address data and outcomes measurement, legislative advocacy and consumer support
- Publish in the 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-occurring, prevention, or recovery support services and subject to payment of membership dues. **Organizational Member** - Any non-profit or governmental organization or entity that is state contracted to provide addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

**Affiliate Member**—Any organization or business that is affiliated with or wishes to support the efforts of the A&D provider and recovery community.

**Individual Member** - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee.

**Student or Retiree Member**—Individual membership open to anyone with an interest in addiction, co-occurring or recovery support services in Tennessee who is retired, unemployed or enrolled in a higher education program or is working towards a LADAC.

### Annual Dues*

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Annual Revenue</th>
<th>Dues</th>
</tr>
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<tbody>
<tr>
<td>Organizational/Affiliate Member</td>
<td>&lt; $100,000</td>
<td>$200</td>
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<tr>
<td>Organizational/Affiliate Member</td>
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</tr>
<tr>
<td>Organizational/Affiliate Member w/ Annual Revenue</td>
<td>$1,000,000- $2,000,000</td>
<td>$1500</td>
</tr>
<tr>
<td>Organizational/Affiliate Member w/ Annual Revenue</td>
<td>&gt; $2,000,000</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Individual Member</strong></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td><strong>Retiree or Student Member</strong></td>
<td></td>
<td>$50</td>
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</tbody>
</table>

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

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**Date:** ____________  * Referring Member: (If Applicable) ________________________________

**Name:** __________________________________________________________

**Agency:** __________________________________________________________

**Address:** _________________________________________________________

**City:** _____________________________ **State:** _______ **Zip Code:** ______________

**Phone:** _____________________________ **Toll Free:** ___________________________

**Fax:** _____________________________ **Email:** ________________________________

**Non-Profit:** Yes  No  **Government contracted:** Yes  No

**Agency Website:** ____________________________________________________

**Agency Representative:** _____________________________________________

**Representative Email:** _____________________________________________

Please send your completed application to TAADAS at 615-780-5905 (fax) or taadas@taadas.org
The Tennessee Association of Alcohol Drug and other Addiction Services cordially invites you to attend our Annual Legislative Breakfast.

Breakfast will be held on February 7, 2018 from 7:30 - 8:15 a.m. in the Cordell Hull Building located at 425 5th Avenue North Nashville, TN 37243

The entire membership of the 110th General Assembly has been invited to this event and a copy of this invitation has been timely delivered to the Tennessee Ethics Commission pursuant to T.C.A.3-6-305(b)(8).