TAADAS Day on the Hill 2014

TAADAS hosted a Legislative Breakfast at Legislative Plaza for all TN legislators and their staff on February 12, 2014. Over 80 TAADAS staff, TAADAS members and their program staff attended and they distributed over 100 Legislative packets to our TN State Senators and Representatives. TAADAS disseminated information on a budget amendment that would increase funding for adult Alcohol and Drug treatment services for the uninsured. TAADAS staffs the TN REDLINE and that hotline takes thousands of calls from uninsured citizens seeking treatment. Information on that proposal follows on page 2 of this edition.

TAADAS members attended several Legislative Committee hearings as well during our Day on the Hill and were present to support the Governor’s bill to restrict pseudoephedrine sales to promote a decrease in Methamphetamine production.

BELOW: JACOA staff met with Rep. Johnny Shaw from Bolivar During Day on the Hill. Left to right Kristi Towns JACOA; Barry Cooper, JACOA Executive Director; Rep. Johnny Shaw; and Julie Strike, JACOA.
Support a Budget Amendment to add $1.7 million to treat 1,932 more Tennesseans who need alcohol, drug, meth, and prescription drug addiction treatment

TN Department of Mental Health & Substance Abuse Services (TDMHSAS) expenditures potentially treat nearly 7% of those abusing opioids. An additional 8.27% of TN adults (391,000 people) “abused or were dependent on alcohol or illicit drugs in the past year”. We can increase the persons served by almost 9% from 13,528 to 15,460 with increased funding of $1,763,000. Without treatment, these individuals will continue to revolve through our court systems, jails, emergency rooms and countless other tax payer funded services.

TDMHSAS opioid abuse treatment costs are increasing faster than overall treatment costs

Overall expenditures for substance abuse treatment increased by 5% from FY2011 to FY 2012 ($27.4 million to $29 million). Expenditures for opioid abuse treatment increased by 15% ($11.0 million to $12.6 million).

Heroin is making a frightening comeback

Increased scrutiny has decreased the number of opioid prescriptions, but the addiction does not go away. TN Bureau of Investigation statistics show heroin arrests have increased by 2 1/2 times from 2010 to 2012.

Drug Courts rely on TDMHSAS financial support

Treatment costs for inmates in drug court programs are primarily paid with TDMHSAS grant funds. In general, TDMHSAS Drug Courts are not funded to provide substance abuse treatment.

As of August 31, 2013, 16.8% of the Tennessee prison population was incarcerated on drug related charges. Treatment is a smarter long-term investment for Tennessee

The two year statewide average recidivism rate for inmates who serve in a drug court with treatment is 27.5%. In contrast, the re-incarceration rate for inmates without treatment is significantly higher, 39.3%. Drug courts supported by treatment programs not only address the systemic issues that contribute to incarceration, but they help lower the risk of future incarceration by more than 11%.

The amendment is currently sponsored by Senator Doug Overbey of Blount County. The amendment seeks $1,763,000 for the department of mental health and substance abuse services to provide adult residential continuum of care services for persons addicted to methamphetamine, narcotic drugs and prescription drugs.
Attendees were also welcomed by Lt. Governor Ron Ramsey and Speaker Beth Harwell who both complimented the size and scope of the event. Over 300 people attended this Day on the Hill and their advocacy visits to Legislative offices successfully illustrated the need for Peer Support services and Peer Support Centers in Tennessee. Funding for these services were recently restored to the TN budget.

Beth Uselton from Baptist Healing Trust also addressed the attendees and described the issues with Medicaid expansion and the Haslam Plan in Tennessee. There remains a huge number of uninsured Tennesseans who are not eligible for Medicaid currently and who do not qualify for Healthcare Exchange programs. An estimated 200,000 people in TN remain uninsured and as a result do not have access to care such as alcohol and drug treatment programs. Given that over two hundred thousand people in TN need treatment for opioid abuse alone this is a huge service gap.
TAADAS Day on the Hill Legislator Office Visits

LEFT:
Kyle Duval, Director of Organizational Advancement at Welcome Home Ministries in Nashville met with Sen. Bill Ketron of Murfreesboro during the TAADAS Day on the Hill on February 12th. Sen. Ketron is a strong supporter of recovery homes in Tennessee.

Kyle Duvall and Mary Linden Salter, TAADAS Executive Director, also met with Sen. Jack Johnson of Brentwood (pictured left) to review the need for TAADAS’ proposed budget amendment to fund additional alcohol and drug treatment services for the uninsured.

ABOVE:
Barry Cooper, Executive Director of JACOA in Jackson Tennessee, also met with Rep. Jimmy Eldridge of Jackson.

LEFT:
Barry Cooper of JACOA and his staff met with Sen. Lowe Finney, also of Jackson.
Who Has a Co-Occurring Disorder?

For some folks, this is a difficult question; for others, it’s simple. Co-occurring substance use and mental disorders are real. Approximately 10 million people in the United States experience a co-occurring disorder. That represents at least 187,000 people in Tennessee with a co-occurring disorder. Do you, as an agency, serve these individuals? The unequivocal answer is, “Yes.” Individuals are complex. It is becoming more and more rare for an individual to enter treatment services with just a substance use disorder.

If you missed the Co-occurring Disorders Symposium, you missed a great presentation. Dr. Kenneth Minkoff, Senior Systems Consultant with ZIA Partners, was the primary presenter. Anyone who has been around Tennessee for a while knows that Dr. Minkoff has been in Tennessee multiple times. He is the leading expert in treating individuals with a co-occurring disorder.

Dr. Minkoff shared with us the complexity of individuals coming to receive services. He shared a simple, yet very complex challenge for providers in Tennessee. He said, “In order for our system to inspire people and families with serious challenges and multiple issues, we need to be in hope business. Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive and meaningful life.” Wow! This is profound! But isn’t that the business we are in. I have said for a long time that all we really can offer to people are the tools needed to find hope in life. With hope comes the ability to change, grow, and succeed.

Tennessee has made huge progress in treating individuals with a co-occurring disorder over the last several years. We must, however, go further. We must be prepared to meet the consumer where the consumer is. No longer do we need to ask the question, “Which came first, the substance use disorder or the mental illness.” No longer do we need to suggest to consumers that if they get their mental health life in order, they can then be treated for their substance use problems. We MUST treat the whole person and continue to become experts in treating co-occurring disorders.

Tennessee is moving forward. The complexity of co-occurring disorders is seen as the expectation, not the exception. We must take the next step. We must become more proficient in delivering co-occurring disorders treatment. We must understand that complexity is real and must be honored in the treatment experience. The Tennessee Department of Mental Health and Substance Abuse Services is moving to the next level. I hope you will join us.

Many thanks to the Tennessee Co-Occurring Collaborative for organizing this informative and valuable symposium and for all the work that they are doing to help us better understand and serve the most vulnerable citizens of Tennessee.

By Rod Bragg, Assistant Commissioner
Tennessee Department of Mental Health & Substance Abuse Services —Division of Substance Abuse
TAADAS Recovery Roundtable
Knox County Recovery Court

March 16, 2014

LEFT:
Daryl Murray (far left), Executive Director of Welcome Home Ministries and TAADAS Recovery Support & Criminal Justice Committee Chair and Ron Hanaver (near left), Knox County Recovery Court Director welcomed all the attendees to the Roundtable. The Knox County Recovery Court was our host for the event and their staff helped set up and greet attendees.

Seventy seven people attended the Roundtable and attendees included staff from mental health and recovery agencies, drug courts, recovery homes, LifeLIne programs, Peer Support Specialists and community social service agencies. During previous Roundtables, it was clear that not everyone in the system of care understood the roles and rules for key components of the system. Newly established Recovery Courts around the state need to understand how to access appropriate care. One of the major roles of the Roundtable has been to provide information on these roles and standards—including standards for recovery homes that are being promoted by TNARR—the TN Association of Recovery Homes.

After discussing some common terms and definitions as well as some program standards, attendees broke into two discussion groups. One group discussed recovery community issues in rural areas and the other discussed the same issues for urban areas. Program information was shared and each group was able to brainstorm ways to address access to recovery support and treatment programs in their areas. The Roundtable was held in Nashville and Jackson during the past year and will next be held in Chattanooga in late June of 2014.
RIGHT:
TAADAS new Training Director, Maria Smith, greeted all the Roundtable attendees. Maria organized the event and made sure everyone got their certificates for contact hours.

LEFT:
Liz Ledbetter from the TN Department of MH and Substance Abuse Services Office of Criminal Justice Services gave an overview of the 10 Drug Court Key components for the audience. Liz served as a panelist for the event.

In the background is Jason Abernathy from the Northeast TN LifeLine program, who was another panelist.

BELOW:
News from Capitol Hill

April 4, 2014
Nathan H. Ridley, Esq.

Just because you do not take an interest in politics
doesn’t mean politics won’t take an interest in you.  Pericles,
450 B.C.E.

As Pericles noted almost 2500 years ago, now is our season of political engagement.  Most coun-
ties in Tennessee will have three elections in 2014.  Many counties will have a primary election on Tues-
day, May 6, 2014, for local offices such as judge and district attorney and public defender and the court-
house offices.  Each county will have a general election for those offices Thursday, August 7, 2014, and
that date will also be the primary election for state and federal offices.  The general election for those
state and federal offices will be Tuesday, November 7, 2014.  Be sure that your employees and clients
and those you care about are registered to vote and then that they actually vote.  If our civic engage-
ment muscles are not regularly exercised, they tend to atrophy and fade away just as other muscles do.

Legislative Update.  The 2014 session of the General Assembly is in the closing days.  The largest
single remaining item of legislative business is the appropriations bill also known as the state budget.
Senator Doug Overbey of Blount County is sponsoring Amendment #15 which seeks $1.763 million dol-
loars to provide adult residential continuum of care services for persons addicted to meth, narcotics, and
prescription drugs.  Representative David Hawk of Greene County has the companion house amend-
ment.  The amendment is currently pending before the four member Senate Budget Subcommittee and
the twelve member House Finance Ways & Means General Subcommittee.  Your calls are in order.  This
amendment fits nicely with the Administration’s effort to curb meth production by restricting the avail-
ability of pseudoephedrine.

Public Service Note.  On Thursday, April 3, 2014, Senator Douglas Henry slowly rose from his seat
in the Senate chamber to present his last bill on the floor.  He first presented a bill on the floor of the
House of Representatives in 1955.  Senator Henry of Davidson County will be 88 on his birthday in May.
He has decided not to seek reelection to the Senate seat he has held since 1970.  He has forgotten more
about the operation and financing of state government than most will ever know.  Very few folks reach
out to public officials unless they have a problem.  If you have a spare moment, write him a note or give
him a call to thank him for his service to the public.  Senator Henry is a gentleman of some financial
means.  Without fanfare, he has always returned his legislative per diem expense allocation.  His think-
ing was that as a Nashvillian, he did not need the expense funds because he did not incur the hotel and
meal expenses that other members incurred who had to travel a greater distance to attend legislative
sessions.  In addition, he reasoned, Tennessee would put the money to better use than he would, and
under his leadership, Tennessee did so.

Calendar Notes:  State offices will be closed Friday, April 20, 2014 in observation of the Good Friday
holiday, and Monday, Monday May 26, 2014 for the Memorial Day holiday.
The 109th General Assembly will convene on Tuesday, January 13, 2015.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings LLP.  You may contact him by e-mail at nrid-
ley@babc.com.
CADCA’s 24th Annual Leadership Forum

In February, the Prevention Alliance of Tennessee and 15 Tennessee anti-drug coalitions visited Washington D.C. for the annual Community Anti-Drug Coalitions of America (CADCA) Forum. We learned new strategies to address local drug-related issues and renewed our commitment to preventing drug abuse. We also went Capitol Hill to educate our legislators about the effectiveness of substance abuse prevention and education, and what we are accomplishing throughout Tennessee. Several Tennessee coalition staff members graduated from the National Coalition Academy. The Coffee County Anti-Drug Coalition won the national Got Outcomes! “Coalition in Focus” award. The Franklin County Prevention Coalition made a presentation on the “STOP Meth Now” campaign. Michael Foster with Allies for Substance Abuse Prevention of Anderson County could be found at the Ideas Fair sharing his experience of developing a youth coalition and how it has increased capacity in Anderson County.
Quality Review Tools by Susan Nance, CPHQ, DCSW

Susan Nance is – a licensed clinical social worker with over two decades experience in mental health settings. She is certified as a CPHQ (Certified Professional in Healthcare Quality) from NAHQ and CHC (Certification in Healthcare Compliance) from HCCA. She is working on her next certification in coding. She has been invited to present a series of articles introducing Quality tools which show a well-established process for identifying solutions and measuring progress in the organization. The use of these tools will demonstrate a pattern of commitment to improvement of processes, which is expected by Managed Care Companies, Medicare, and Medicaid. This four part series will review the basics to use to discuss defining problems, identifying solutions, and measuring progress using the quality tools of brainstorming, the affinity diagram, the Ishikawa diagram, and Plan Do Study Act cycles. Solutions can be identified before problems emerge and the process illustrated in this article will help you formulate an affinity diagram to address issues in your programs.

Before the meetings, identify a problem or issue that needs to be addressed. Phrasing the issue in terms of a question is quite helpful in generating ideas. Instead of the topic “Member Satisfaction” ask “How can we make the members more content?” or an entirely different twist on the idea “How can we improve our satisfaction ratings?” The topic can be related to a problem that needs to be solved, creating the name of a program or service, or what to do with a million dollars that a benefactor just donated. Brainstorming is really a fun tool because everyone can have a voice and all opinions are valid. People get really energized about this and it can be fun. The goal is to generate a lot of ideas, the more the better. You pick it!

Steps for Brainstorming:

Identify an issue to be developed, place, and length of time the meeting will be – 60-90 minutes. People like to finish things, and they also like to get out early!

Invite key players who have different experiences and responsibilities to generate more creativity and perspectives. Tell them this is a fun exercise to generate ideas about whatever issue you will address.

Identify a facilitator, a recorder if needed, and obtain supplies such as sticky notes, thick markers, and a large blank space to put the sticky notes such as a whiteboard or a wall.

Bring snacks

Ground rules are essential or the fun is depleted quickly. Ground rules should be posted and reviewed prior to the exercise, and any time the group re-convenes.

Remind people that the purpose of the exercise is to generate ideas.

All ideas have value.

No criticism is allowed.

Wild and crazy ideas are welcomed.

It is OK to build on others’ ideas.

All ideas will be recorded.

Honor the time limit you have set.

Thank the group, and tell them that their ideas will be used in the next phase of the process – to organize and evaluate.
Tips – if you have a couple of really vocal people in the group and a few quiet ones, you may want to consider a round robin approach in which each person is asked for their ideas until all ideas are shared. Likewise, if you have a group that may be uncomfortable with this process, ask all to write down one or two ideas and give them to the facilitator. The facilitator can then re-write them and post them on the whiteboard for all to see. This will generate some discussion and building off other ideas.

The Affinity Diagram
The Affinity Diagram sorts the ideas from the brainstorming sessions into groupings. There is no right or wrong way to complete the process – it can be done with the same sticky notes you used in the brainstorming exercise, and then the tech-savvy folks can make into pretty diagrams like the ones below:

The affinity diagram process can be done on the same day as the brainstorming exercise or another day, but the exercises should be close together. Ground rules that all ideas are valued and that the goal of this exercise is for the group to have a general consensus on common themes or similarities generated by the ideas. There are not make-or-break-it decisions in this exercise.

Group similar ideas using a topic heading and find themes and create names for what they represent. For example, one theme may be “Staff Education”; or another one “Outdated Equipment”. As with the brainstorming, there are no right or wrong answers, but this is also not a time to judge or alienate others. The facilitator should ask if the idea is acceptable in a grouping, or if it needs to be somewhere else. If an idea fits in more than one topic heading, create another sticky note with that idea and put it under each heading in which it belongs. Remember that this is a grouping exercise, not an executive decision which could affect the finances and reputation of the company.

Those are the first two tools in the series about defining problems, identifying solutions, and measuring progress using quality tools. Have fun and remember the snacks.

New publication!!

Available in the TAADAS Clearinghouse—Free of charge!

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.
TAADAS Training Calendar

ASI 2014 Training
Presenter Dr. Thomas Coyne, Ed.D, LCSW

April 3, 2014 Hope Church
Cordova, TN 38018

April 4, 2014 Goodwill Industries of Middle TN
Nashville, TN 37208

April 7, 2014, CADAS
Chattanooga, TN 37405

(ASAM) Association Society of Addiction Medicine 2014 Training
Presenter: Dr. Thomas Coyne, Ed.D., LCSW
May 1, 2014 Goodwill Industries of Middle TN
Nashville, TN 37208

May 2, 2014, CADAS
Chattanooga, TN 37405

May 5, 2014, Hope Church
Cordova, TN 38018

The Pain of Pleasure and the Current Drug Testing Technologies.
Presenter: Dr. Merrill Norton
May 5, 2014 City Co. Building
Knoxville, TN 37902

Veterans Outreach Panel - East TN
May 13, 2014 City Co. Building
Knoxville, TN 37902

Art of Prevention 2014 Conference
June 4, 5, 6, 2014
Embassy Suites
Murfreesboro, TN 37129

Recovery Roundtable - Chattanooga
June TBD

TAADAS meets in Suite 140 at 1321 Murfreesboro Pike at 10 am on the second Thursday of each month and will meet this quarter on:

April 10
May 8
June 12

Please contact the TAADAS Executive Director for meeting information, directions or other membership information:

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

TAADAS will be closed for the following holidays:

April 18
Good Friday
May 26
Memorial Day
July 4
Independence Day

Is April 22!!
Strengthening individuals, families and communities with hope, access to services, and recovery.

42 Rutledge Street
Nashville, TN 37210-2043
(615) 244-2220, EXT. 14
TOLL FREE IN TN. (800) 568-2642
FAX (615) 254-8331

Changing Lives, Saving Lives

JACOA
Substance Abuse Treatment Since 1964
(731) 423-3653 • jacoa.org
SAVE THE DATE
Journey Together Conference 2014

Plenary Speakers (to date)
Scott Miller
Frances Patterson- Ethics, 6 hours

Sponsors and Exhibitors
Available!

Workshop Proposals
Due by February 1

Conference Brochure and Registration Forms
Available Spring/Summer 2014

September 2014

Over 20 Credits Available
NAADAC, LCSW, LADAC
APPROVED CEU’S

September 1, 2, 3, 4
Nashville Airport Marriott Hotel
600 Marriott Drive
Nashville, TN 37214
Hotel Reservations:
800.228.9290
Hotel Phone:
615.889.9300

Room Rate is a fabulous $99.00!

PLEASE VISIT OUR SITE @ www.mtaadac.org FOR REGISTRATION INFORMATION

ALL·A·BOARD INC.
SOLID PINE FURNITURE
1-800-882-2753

Steel Furniture
Fully Upholstered Furniture
At ALL·A·BOARD, we make contract furniture affordable.

www.allaboardinc.com
TAADAS Programs

TAADAS Statewide Clearinghouse
The Clearinghouses’ mission is to provide a comprehensive information dissemination service for all Tennesseans. The Clearinghouse is home to a large and varied collection of resources that are continually updated and expanded. The extensive resource center for alcohol, drug and other addiction information offers free materials including pamphlets, fact sheets, booklets, and posters, etc. Topics range from general addiction knowledge to current research and trends. In addition to the free materials, there are also materials that may be checked out such as videos and curricula, as well as a research area. This project is funded under an agreement with Tennessee Department of Mental Health & Substance Abuse Services.

Tennessee REDLINE
The TENNESSEE REDLINE serves as the statewide referral source for any person who calls seeking assistance and/or resources on substance abuse and addiction disorders—including Co-Occurring A&D disorders that arise along with Mental Health disorders. Callers are given listings for resources in their area. The REDLINE has been in existence since 1994 and is funded under an agreement with the Tennessee Department of Mental Health & Substance Abuse Services. You can reach the REDLINE by dialing 800.889.9789 24 hours a day, 7 days a week.

Recovery Books & Things is the TAADAS Bookstore. There are hundreds of self help book titles in stock - and more that can be special ordered! Recovery Books & Things stocks a unique collection of quality gifts designed to sustain, inspire, and celebrate the recovery journey. Shop online from the comfort of your own home, or visit our store in person. Recovery Books & Things is located in the TAADAS offices in Nashville. Store hours are Monday through Friday from 8 am - 5 pm CST. Phone the store toll free at 877.863.6914.

Regional Training
TAADAS provides training statewide to assist professionals in obtaining continuing education contact hours and to enhance the efforts of Community Coalitions, Recovery Support providers and treatment agencies. This project is funded under an agreement with Tennessee Department of Mental Health and Substance Abuse Services.
Tennessee REDLINE

Facts:

Substance abuse costs our Nation over $600 billion annually and treatment can help reduce these costs.

In the 2004 Survey of Inmates in State & Federal Corrections Facilities, 32% of state prisoners & 26% of federal prisoners said they committed their current offense under the influence of drugs.

Addiction treatment reduces associated health & social costs by far more than the cost of the treatment itself. Treatment is much less expensive than its alternatives, such as incarceration. For example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment is approximately $24,000 per person.

Babies born with neonatal abstinence syndrome (NAS) are a growing concern in Tennessee. Of 450 babies treated annually in the neonatal intensive care unit at East Tennessee Children’s Hospital about 70 are diagnosed with NAS. At an average health care cost of $53,400, these 70 babies are estimated to have cost $3.7 million.

Services:

The TENNESSEE REDLINE is an anonymous statewide referral source for any person who calls seeking assistance and/or resources on substance abuse and addiction disorders—including smoking, gambling, food and other addictions. The Redline provides referrals for Co-Occurring A&D disorders that arise along with Mental Health disorders.

We provide referrals to friends and family as well as community members who need to know of resources such as halfway houses and support groups.

Callers are given listings for resources in their area. The REDLINE has existed at TAADAS (http://taadas.org/) since 1994 and is funded under an agreement with the State of Tennessee.

Call: 1-800-889-9789
24 hours a day, 7 days a week
We thank the following members for their support and involvement in our organization!

Charlotte Hoppers, President  Laura Berlind, President Elect  Daryl Murray, Treasurer

Organizational Members

Agape, Knoxville  Henry Co. Prevention Coalition
Aspell Recovery Ctr., Jackson  Here’s Hope, Counseling Ctr., Dyersburg
Buffalo Valley, Hohenwald  Hope of East Tennessee, Oak Ridge
CADAS, Chattanooga  Jack Gean Shelter, Savannah
Clay County Anti-Drug Coalition, Celina  JACOA, Jackson
Cocaine & Alcohol Awareness Program, Memphis  Knox county Recovery Court
Community Prevention Coalition of Jackson Co., Gainsboro  Madison Treatment Center, Madison
Comprehensive Community Services, Johnson City  Memphis Recovery Center, Memphis
Crossbridge, Inc. Nashville  Mending Hearts, Nashville
Cumberland Heights, Nashville  Metro Health Department, Nashville
E.M. Jellinek Center, Knoxville  PAL (Prevention Alliance of Lauderdale)
Families Free, Johnson City  Park Center, Nashville
First Step Recovery Center, Memphis  Place of Hope, Columbia
Franklin Co. Prevention Coalition, Winchester  Renewal House, Nashville
Friend of Bill’s Recovery Houses, Lebanon  Samaritan Recovery Community, Inc., Nashville
Generations, McMinnville  Serenity Recovery Center, Memphis
Grace House, Memphis  STARS Nashville
Grandpa’s Recovery House, Smyrna  Synergy Treatment Ctr., Memphis
Hamblin County Drug Court, Morristown  The Next Door, Nashville
Harbor House of Memphis, Memphis  The Shipley House, Nashville
Healing Arts Research Training Ctr., Memphis  Turning Point Recovery Residences, Nashville
HealthConnect America, Nashville  Vista Recovery Systems, Johnson City
Welcome Home Ministries, Nashville

Affiliate and Individual Members

Employee Benefit Specialists, Inc.  TN Certification Board
TN Assoc. of Alcohol & Drug Abuse Counselors  TN Professional Assistance Program, Nashville

James Beck  Wayne McElhinney  Nathan Ridley
Richard Chirip  Harold Montgomery  George Snodgrass
Cody Harris  Melody Morris  Lawrence Wilson
Leland Lusk  Judge Seth Norman
John McAndrew  Butch Odom
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. 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.

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;
• to serve as a resource for Association members; and
• to further fellowship among those members.

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-occurring, prevention, or recovery support services and subject to payment of membership dues. **Organizational Member** - Any non profit or governmental organization or entity that provides 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 AD& 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>Category</th>
<th>Annual Revenue</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>with Annual Revenue $&lt; 100,000</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$100,000 - $500,000</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$500,000 - $1,000,000</td>
<td>$1000</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$1,000,000 - $2,000,000</td>
<td>$1500</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$2,000,000</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td><strong>Retiree or Student</strong></td>
<td></td>
<td>$50</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 send your completed application to TAADAS at 615-780-5905 (fax) or taadas@taadas.org
Board of Alcohol and Drug Abuse Counselor Meeting
April 25, 2014, 9:00 a.m. Poplar Room, 665 Mainstream Dr, MetroCenter