Three Star Health Plan Task Force
Behavioral Health & Vets Expansion Plan

House Speaker Beth Harwell’s health care task force proposed a limited expansion of TennCare to serve uninsured veterans and individuals with behavioral health diagnoses to federal officials at a meeting with the Centers for Medicare and Medicaid Services (CMS). Coverage would be for individuals with incomes up to 138% of the Federal Poverty Level. The main benefit of the proposed pilot plan described by the task force was the phased-in approach, beginning with these two populations. They promoted the plans flexibility and the ability to adapt and shape a plan in phases based on successful pilots.

The 3-Star Health Plan Task Force, focused on behavioral health in several of its meetings (see following page for a summary of the last meeting). Doctors and administrators repeatedly told the group as they toured the state holding public hearings, that behavioral health patients are congesting hospital emergency rooms.

Reducing emergency room usage to improve efficiency and save money is one of the task force’s aims. Chairman Cameron Sexton, Task Force leader, and others view those with behavioral health issues as historically underserved. It is not clear how many people would be affected by the proposal, but the Tennessee Hospital Association has data indicating 35.5% of the uninsured patients who went to emergency rooms in 2014 had either a primary or secondary behavioral health diagnosis. And the University of Tennessee Center for Business and Economic Research estimates 24,000 of the people in the current health care coverage gap unaddressed by Medicaid or ACA health plans are veterans.

Full TennCare coverage, including physical and behavioral health care benefits, would be provided to those in both groups in the proposed plan. The group has not fully developed its plan and has yet to define the behavioral health diagnosis that would determine eligibility. All these eligibility and coverage logistics will need to be fully documented and reviewed before CMS would approve any plan.

(article includes excepts from June 24, 20th edition of The Tennessee Journal with permission)
Three Star Health Plan Hearings

Tennessee House Speaker Beth Harwell (pictured right) announced The "3-Star Healthy Project" in April 2016. The task force was announced to formulate a proposal to offer insurance coverage to Tennesseans in the coverage gap—with no Medicaid and no private insurance. Harwell said she reached out to experts at Vanderbilt University’s School of Medicine last year after the failure of Insure Tennessee. House Health Committee Chairman Cameron Sexton from Crossville, will lead the task force. Representatives Matthew Hill, Steve McManus, Karen Camper and Roger Kane and Senator Richard Briggs, make up the remainder of the task force. They were asked to formulate the details of the plan after traveling across Tennessee to meet with community leaders.

“After the announcement, Harwell said there's a chance to leverage more federal dollars through the TennCare waiver approval process, which takes place in June. Harwell said she expects at least some pilot programs could happen even if the federal government doesn't sign off on them.” (The Tennessean, April 12, 2016)

The task force was asked to complete its work in time to meet in June with Governor Haslam and the U.S. Center for Medicare & Medicaid Services (CMS). Sexton acknowledged that’s a short timeline in comments to The Tennessean, but pledged to do so while having open meetings and to get feedback from all stakeholders. That series of meetings across the state culminated in a hearing May 31, held exclusively to address behavioral health coverage.

Commissioner Doug Varney from TDMHSAS made a statement and answered questions about behavioral health care needs and coverage at this May 31st hearing along with Deputy Commissioner, Marie Williams. He spoke of the overuse of emergency rooms by those with unmet behavioral health needs, many of whom have co-occurring Mental Health and Addiction issues. Commissioner Varney praised crisis service providers but stressed that there are not enough treatment services available for Tennesseans in need.

Commissioner Varney also pointed out that a continuum of services must include adequate pre-screening based on an established criteria such as ASAM. TAADAS wrote the Task Force and reinforced this suggestion along with a description of a complete system of care including detoxification, residential treatment, out-patient services, aftercare and recovery support as well as medication assisted treatment.

The details of the plan are yet to be announced but TAADAS will circulate any ongoing announcements from the Three Star Health Plan Task Force.

Pictured Left:
Chairman Cameron Sexton, who represents House District 25 and is the Chairman of the Three Star Task force.
Hope Reigns!

By Rod Bragg, Assistant Commissioner
Tennessee Department of Mental Health & Substance Abuse Services — Division of Substance Abuse Services

I recently talked with a woman whom I will call “Jennifer.” Jennifer had years of alcohol and drug use problems. She had been told she was a “loser,” a “failure,” and “worthless.” Jennifer knew inside herself that these labels were true. She felt hopeless and blamed everyone and everything for her problems.

Jennifer found herself committing crimes that she never dreamed would be part of her life. She was stealing from her family and friends, she lost her job as a cashier because money was missing from her cash drawer on more than one occasion, she lied about anything that she felt would give her the ability to use more drugs. She was at the “end of her rope” when a loving grandmother who still believed in Jennifer said, “Let’s get some help.” Granny, as Jennifer called her, called me looking for help. She didn’t know what she needed, and she knew nothing about treatment. All she knew is that she had a granddaughter that she deeply loved and wanted her “well.” Referrals for treatment agencies in her area were given to them.

A few months later, Jennifer and Granny called me back. At first, I had concerns that Jennifer may be using and they were again seeking help. But, no, Jennifer had completed treatment, was in a Recovery Support Group, was attending Narcotics Anonymous, and living a life of recovery. She simply wanted to let me know that her life had turned around and she was again happy, employed, had an apartment, and felt content. She said that it was not always easy, but she had found contentment in her recovery live.

Too often we can become discouraged about those whose recovery journey is confusing and discouraging. However, people do recover from the devastating effects of a substance use disorder. People find hope and healing. People are able to put their lives in order and live a productive, meaningful life.

One thing I know is that the most important thing we can offer a person is hope. We are in the “hopeful” business. As long as the individual can hold on to a smidgen of hope, recovery can happen. Thank you, all of you, for allowing people to enter your centers, your life, and find that meaningful hope that changes life. We are truly fortunate to be working in this field. Hope reigns!

http://www.tn.gov/behavioral-health/
All Done For This Year  With the adoption of SJR 844 by Mark Norris the 109th General Assembly adjourned sine die at the close of business on April 22, 2016. Sine die is a Latin phrase meaning "without a day" to return. Barring two highly unlikely events, a call for an extraordinary session by Governor Bill Haslam or 2/3's of both houses agreeing to reconvene, formal legislative work is all done for the 109th General Assembly.

The 110th General Assembly will convene after the 2016 election cycle, in an organizational session at noon on Tuesday, January, 10, 2017.

On the TAADAS Front, Speaking of that 2016 election cycle, all 99 state house districts will be up, and the even numbered state senate districts will be up for election this summer and fall. The Senate is assured of having one new member in January because Speaker Ron Ramsey will not seek reelection to his senate district 4 seat. The House is assured of having at least five new members because Jon Lundberg (R of Sullivan County, District 1), Rick Womick R of Rutherford County, District 34), David Shepard (D of Dickson County, District 69), Billy Spivey (R of Marshall County, District 92), and Jamie Jenkins (R of Fayette County, District 94) will not seek reelection to the House. Other notable primary races involving incumbents include: Representative Martin Daniel in District 18 in Knox County. One of the three challengers to the present incumbent includes the former incumbent Steve Hall who lost by 165 votes in the 2014 primary; Representative Courtney Rogers in District 45 in Sumner County. Representative Rogers opponent is School Board Chair Beth Cox; Representative Charles Sargent in District 61 in Williamson County; Representative Sargent is again facing Steve Gawrys who lost by 255 votes in 2014 and political newcomer, Terence Smith; Representative Jimmy Eldridge in District 73 in Madison County; Representative Eldridge is facing Glen Gaugh who is touting himself as a “real conservative.” It’s a good time to make yourself friendly.

Top Five 2016 Legislative Enactments:
Chapter 758, the Appropriations Act funds state government services for the July 1, 2016 - June 30, 2017 fiscal year, which does not include an increase for alcohol and drug treatment services. We are reminded of the words of the Epistle Writer, “We are perplexed, but not in despair, persecuted, but not abandoned.”

Chapter 869 restructures the governance of the state’s six four year board of regents institutions;
Chapter 1061 permits handgun carry permit holders who are state college employees to carry handguns on state college campuses;
Chapter 1064 reduce the Hall Income Tax rate from 6% to 5%, and abolishes the tax by 2022; and
Chapter 787 eases the permitting and delivery process so that wine will be sold in retail food stores beginning July 1, 2016.
Recovery Month. September 2016 marks another celebration of recovery with the statement, Join the voices of Recovery: Our Families, Our Stories, Our Recovery. We will work again to remind public policy makers that prevention works, treatment is effective, and people recover. We are perplexed when we see in the rear view mirror for 2014 that 1,263 Tennesseans died of drug overdoses up from 1,062 in 2010. In addition to the 1,263 Tennessee deaths, we note with interest the other 2014 data from the U.S. Centers for Disease Control and Prevention that show that 12,630 Tennesseans were admitted to treatment for opioid abuse, 136,404 Tennesseans abuse opioids or are dependent, and 925,779 Tennesseans were non-medical users of opioids. These numbers stagger us, and we must tell our stories to show how they affect our families and our very limited opportunities for recovery. Budgets really are a reflection of our values and our priorities. If we value certain outcomes, then we need to put the money behind it to make it happen.

Member Checklist:

Call your elected state officials and thank them for their service during the 2016 legislative session.

Be sure all your family members, colleagues and employees are registered to vote. The deadline to submit a new registration is July 5, 2016 for the August 4, 2016 election. It’s a big year for Tennessee state and federal elections in 2016 with the fall election being on Tuesday, November 8, 2016.

Be sure all your colleagues and employees vote! The early voting period for the August 4 election runs from July 15 to July 30. The August primary race will be a low turnout election and every vote for a candidate supporting treatment and recovery will be greatly magnified. President Johnson noted that the vote is the most powerful instrument ever devised by man for breaking down injustice.

Plan on attending the TAADAS Recovery Month Dinner in honor of our 40th Anniversary on September 8, 2016 in Nashville.

Calendar Notes: State offices and TAADAS offices will be closed Monday, July 4 for the Independence Day Holiday and Monday, September 5 for the Labor Day Holiday.

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@babc.com.
Ending homelessness is a major effort among cities across the Nation including Nashville. In ending homelessness, housing individuals and families should be a priority. There are different models gaining traction in how we do this as a Nashville community. Major consideration needs to be addressed when assessing the populations being served.

In Nashville, HUD funded agencies have been severely cut over the past several years due to the “Housing First” model. The agencies affected by these drastic cuts happen to be agencies serving Nashville’s homeless hard to serve and vulnerable individuals and families with substance abuse and mental health disorders (co-occurring). Unfortunately, agencies like Park Center (mental health) have suffered such draconian cuts in funding ($120,000) by the Nashville/Davidson County Continuum of Care (COC) that one transitional housing facility for men was dissolved a few years ago to “make room for more permanent housing.” Add to the most recent de-funded list $95,510 lost collectively from Mending Hearts and Renewal House serving moms with kids. According to Green Doors: Homeless families comprise roughly 34% of the total U.S. homeless population. 84% of families experiencing homelessness are female headed. Serving single moms with addiction and/or mental illness is the hardest to serve and most vulnerable of all the populations. Yet, in Nashville these programs were cut from HUD funding. The point to be made here is we are not broadening the philosophy we hear pronounced at nearly every COC meeting that the COC is greater than HUD funded agencies. Rather, we have narrowed our COC by de-funding agencies that are providing services for hard to serve homeless individuals in need of transitional living. We can ill afford to alienate major community leaders like Park Center, Mending Hearts and Renewal House, et al, while promoting a philosophy of expanding outreach to a greater Continuum of Care in Nashville/Davidson County. Nor can we promote a “One size fits all housing approach.”

The Housing First model does not require individuals experiencing homelessness to address all of their problems, including behavioral health and addiction. One of the “core” elements of the Housing First approach is the admission practice of accepting applicants regardless of their sobriety or use of substances, completion, treatment or participation in services. This is considered as housing with NO-barriers. While this may seem good on the surface to get them housed, housing individuals with addictions with those who are not addicts, is not in the best interest of the one seeking recovery. Housing First in this instance would be more damaging for those seeking sobriety as they continue to relapse and the cost to the city increases the spending burden related to the justice system, education, health, child/family assistance, mental health and public safety. This could have been diverted with a stable recovery housing environment.

There is a great need in our Nashville Community for Transitional Housing and Permanent Supportive Housing to be a “Housing Choice” for individuals seeking sobriety to heal form this dreadful illness. Sobriety takes a monumental amount of courage to acquire positive changes in one’s life. Many of the housing choices for recovery and mental health individuals are non-profits as the client typically has no means to pay. It is the non-profit transitional housing and permanent supportive housing programs that are being squeezed out with the Housing First model.
Did you know that according to the Centers for Disease Control and Prevention, 114 people die every day in the U.S. (41,610 people a year) as a result of drug overdoses and another 6,748 are treated in emergency departments for the misuse or abuse of drugs. According to the Tennessee Department of Mental health and Substance Abuse Services (TDMHSAS), in 2012, prescription drug opioids became the primary substance of abuse for people and Tennessee is the 5th highest ranked state in the nation. If Nashville financially supports only a Housing First model approach, where then those seeking to heal from addiction with no ability to pay go to find recovery housing. How will we as a state ever win the war on addiction as well?

As Nashville implements strategies to end homelessness, there needs to be effective housing and services options for people experiencing homelessness who have diverse challenges and service needs, including substance use disorders. These strategies should be effectively integrated within our Nashville community’s overall approach, strategies, and systems for addressing substance use. This such strategy that is recommended is HUD’s “Recovery Housing Policy.” In essence, Recovery Housing is a strength-based, evidence-based and collaborative approach to providing harm reduction strategies that allow individuals with a housing choice to support various paths towards recovery. The main thrust of the Recovery Housing approach is “Low-barrier” based on evidence-based practices and models. Low barriers allow for individuals with substance abuse, mental illness, sex-offenders, AIDS, etc. to maintain housing in a community or in a transitional housing environment. Several great alliances for substance abuse and mental health disorders in Nashville are TDMHSAS, TAAADAS and TN alliance of Recovery Residences (TN-ARR). It would be great to consider these resources as a basis for encouraging policies that affect the A&D and mental health communities in Nashville.

There is a study circulating in Nashville called the “Focus Strategy” report. This study focuses on permanent housing with no barriers that has become the system to end homelessness. While it may work for individuals with no barriers, this type of strategy over a long period of time could become a system of reliance upon the government. Majority of individuals maintaining sobriety integrate back into the community without government subsidy. This is due to stabilized mental health, healing unresolved emotional conflicts and behavioral methodologies. Recovery housing communities and transitional housing using evidence-based practices and models typically have a program term of 2 years. According to the National Alliance of Recovery Residences (NARR):

- Recovery residences provide a safe, healthy, community-based alternative for facilitating recovery at all stages of the recovery process.
- Outcome studies show, the longer an individual remains in a recovery/treatment environment, the greater are her or his chances of sustaining recovery.
- Positive recovery outcomes are strongly associated with duration of recovery support.

There are so many entities that need to be brought together in a roundtable forum to have input into the development of the housing policies and initiatives in Nashville for ongoing dialogue and assessment for the strategy of ending homelessness (MDHA, The Homelessness Commission, Nashville Davidson County COC, TDMHSAS, TN-ARR representatives and TAAADAS leadership).

Finally, as a community working together towards more affordable low income housing, it is important to continue to include non-profit recovery communities the opportunity to apply for housing funds through different revenue streams the city has to offer like MDHA, Barnes Fund, THDA, etc.

Thank you for allowing us to open the door and dialogue about these very important matters concerning the homeless men and women we serve every day in our agencies. We look forward to continuing an open dialogue concerning Recovery Housing as a “Housing Choice” not a “Housing First” approach in Nashville.

JUNE 30, 2016
Final Rules for Parity Implementation for Medicaid Plans

On April 25 with the release of a 1,425-page final rule from the Center for Medicaid and Medicare Services, the delivery of health care for tens of millions of children and adults must meet parity requirements under The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. The rule was released in conjunction with President Barack Obama's visit to a national drug abuse summit in Atlanta and is part of the administration's new efforts to combat the opiate abuse epidemic. Behavioral health parity refers to requirements for health insurers to cover mental health and substance use disorder services on terms that are equal to those offered for medical and surgical services. Essentially, the rule requires that each managed care enrollee in a state be provided access to a set of benefits that meets specific parity requirements.

KEY PROVISIONS

Federal law requires Medicaid managed care organizations (MCOs) to provide behavioral health benefits in parity with medical/surgical benefits. CMS’s rules applies the parity requirement to all Medicaid services provided to MCO enrollees. The final rule requires states to:

- Ensuring that parity applies to intermediate levels of care, such as treatment received in residential or intensive outpatient settings
- Clarifying the scope of the transparency required by health plans, including the disclosure rights of plan participants, to ensure compliance with the law
- Clarifying that parity applies to all plan standards, including geographic limits, facility-type limits, and network adequacy

The final rule retains an enrollee bill of rights provision that delineates obligations related to provision of information, respectful treatment, patient engagement in treatment decision-making, access to medical records, and health information privacy. The final rule protects provider-enrollee communications, including those regarding treatment options and alternatives. The TN Department of Commerce and Insurance is responsible to receive and investigate complaints about parity. Please click here to file a Parity Complaint with the TN Department of Commerce and Insurance.

Know Your Rights:
Parity for Mental Health & Substance Use Disorder Benefits
http://store.samhsa.gov/product/SMA16-4971

SAMHSA and the U.S. Department of Labor have produced a new resource to inform individuals about their rights under the Mental Health Parity and Addiction Equity Act (MHPAEA). This pamphlet is an online and printable brochure that provides examples of common limits placed on mental health and substance use disorder benefits and services that are now subject to parity. The brochure also provides consumers with tips on finding information about their health plan benefits and coverage, and informs consumers on their right to appeal a claim if denied.

The rule requires plans to disclose information on mental health and substance use disorder benefits upon request, including the criteria for determination of medical necessity. The final rule also requires a state to disclose the reason for any denial of reimbursement or payment for services with respect to mental health and substance use disorder benefits.

Under the final rule, states have up to 18 months after the date of publication of the final rule to comply with the finalized provisions for enforcement entities.
May 3, 2016 saw the opening of a brand new, state of the art re-source and treatment center at Mending Hearts. The building is 3,333 sq. feet and houses administrative offices, a computer lab, classroom, counseling room, a medical clinic and a group room large enough for all 94 of the current residents to meet. Mending Hearts offers supportive, sustainable recovery services for homeless women and ex-offenders. Mending Hearts started as a small halfway house in North Nashville in 2004 funded by income from their cleaning service. It has evolved into a recovery campus extending four blocks on Albion Street in West Nashville. Mending Hearts’ continuum of care offers a Residential Treatment program, Intensive Outpatient Treatment Day and Night program, Transitional Living, a Moms with Kids program, and Partial and Independent Living. This growth is largely due to the vision of two extraordinary women, Katrina Frierson and Charlotte Grant—founding directors (both pictured below). Katrina Frierson is pictured above welcoming everyone to the open house.

In the new John and Stephanie Ingram Resource Center, Mending Hearts will offer women life skills training courses, including computer training and job skills training and activity classes such as Yoga and art therapy. The space will also accommodate events such as Thanksgiving dinners for the residents and recognition ceremonies.

The Board, staff and residents are grateful for the generosity of John and Stephanie Ingram, along with all those who have had a part this building coming to fruition. Special thanks also go to DJ Wootson of TYRE, Carmichael Construction and architect, Jim Myatt.
Aspell Recovery held a Ribbon Cutting and Grand Opening for their new Men’s Residential Dorm on May 6, 2016. Les Jaco, Board President, welcomed those gathered for the event. Mayors Jimmy Harris and Jerry Gist for Jackson and Montgomery County spoke as well along with Deann Thelen from West Tennessee Healthcare. Richard Barber, Executive Director of Aspell, spoke about this new resource and how the plans for it developed and came to fruition (see dignitaries photo left). Aspell programs include residential treatment, intensive outpatient and sober living.

Aspell is grateful for the support of the Federal Home Loan Bank of Cincinnati and West TN Healthcare.

Buffalo Valley

Opened Patriot Place housing for Veteran’s in Clarksville, TN on June 13, 2016. Debbie Hillin and Jerry Risner of Buffalo Valley were joined by Mayor Kim McMillan, TN Dept. of Veteran’s Affairs Commissioner Many Bears Grinder, Bob Currie from TDMHSAS, and the City of Clarksville’s Office of Housing & Community Development (see dignitary photo right) for the opening. Patriot Place is an affordable housing program available to homeless men and women veterans. This is a drug-free, transitional housing program where “veterans are helping veterans.” It provides the camaraderie of living in a structured, substance-free environment. Buffalo Valley offers many resources, such as case management, relapse prevention, vocational rehabilitation, job readiness/placement, housing, and transportation. Their goal is to help clients achieve lifelong recovery from addiction and homelessness through residential stability, increased income/skills and greater self-determination.
Freeman Recovery Center in Dickson, Tennessee has a remarkable history and legacy. Built in the early 1900s, the Freeman house is a two-story colonial home (about 4,700 square feet) that housed both the first mayor of Dickson as well as being the childhood home of their current state representative. The home has been restored to showcase many fine details and to provide a welcoming environment.

The home now houses eight men in the residential program of Freeman Recovery. An Open House was held June 22, 2016 to highlight the renovations of this site as well as a newer site downtown. The second site is located in downtown Dickson and houses an intensive outpatient program as well as administrative offices.

Shawn E. Baker. President and CEO (pictured left), started the program in 2012 after finding his own recovery from addiction. The program has achieved notional recognition as a Joint Commission accredited program.

The Dickson County Chamber of Commerce officiated the ribbon cutting ceremony. Participants included many former residents, local prevention coalition members, local Recovery Court staff and Marie Crosson, Executive Director of the TN Association of Drug Court Professionals. Mary Linden Salter, Executive Director of TAADAS also participated along with TAADAS staff members Kathleen Kennedy and Anthony Pugh.
Sixty-three people attended the Recovery Roundtable in Johnson City on April 7 at the Boones Creek Christian Church. The attendees included recovery court personnel from several area courts as well as several veteran service’s programs. Because the Johnson City community is located near a VA Hospital, these services were highlighted. The program contained information on TDMHSAS requirements for clinical programs as well as requirements for Recovery Courts. In addition, the agenda highlighted the Lifeline program and the TDMHSAS program to certify Recovery Congregations. The program was expanded for the first time to include information on addiction and the brain which elicited more discussion on the nature of recovery and on Medication Assisted Treatment.

Judge Kenneth Bailey, Green Co Recovery Court, attended the event and was a panelist for the discussion of recovery supports in the community. Area Prevention Coalitions talked about their appreciation of the opportunity to meet and understand more about treatment services. The break out groups which discussed service needs focused on the need for recovery support programs and for more AA/NA type support programs and Celebrate Recovery. After each Roundtable, TAADAS shares contact information between all attendees. This has resulted in various types of follow up activities at various locations where roundtables were held. In Johnson City, the group has started a list serve to stay in touch, share resource information and updates and to work together to develop resources and advocacy efforts. Well Done!
Pictured page left, top—Maria Smith, TAADAS Training Director welcomes attendees.


Right—Monty Burks, TDMHSAS with John Marr, Administrative Minister of Boone’s Creek Christian Church. Monty was a presenter and later took the opportunity to present Pastor Marr with the church’s certificate as a Recovery Congregation.

Below. From left to right—Mary Linden Salter looks on as the treatment provider panelists describe their programs; Meagan Fisher, Frontier Health; Jason Zimmerman, VA; Deanna Irick, Evidence Based Addiction Medicine; and Thad Noto, CCS.

Below—Recovery Support panelists Jason Abernathy, Lifeline; Judge Kenneth Baily, Green Co Recovery Court; Grant Rockley, Haven of Mercy. Shauna Mellons of Oxford House is not pictured.
Carthage Recovery Roundtable

Bill Gibson, Executive Director of the Power of Putnam and Barbara Kannapel, Executive Director of the Smith County Drug Coalition, helped the TAADAS Recovery Support and Criminal Justice Committee organize a Recovery Roundtable for their area. Their involvement helped to engage many local officials and community agencies and TAADAS is very grateful for their support. Mayor Donnie Dennis of the city of Carthage attended at Barbara’s request.

Daryl Murray, who leads the TAADAS organizing Committee, chaired the event on behalf of TAADAS. Daryl introduced Judge Michael Collins, General Sessions/Recovery Court Judge for the area. Judge Collins (pictured standing up below) also participated as a support provider panelist during the event. 83 people attended the Roundtable and participated in the discussion about service needs.

As in the previous Roundtable, the agenda now includes a section on the Brain and Addiction. This overview helped set the stage for a more in depth discussion of relapse and the recovery supports needed. Marie Crosson, Executive Director of the TN Association of Drug Court Professionals, gave the overview of TDMHSAS Standards for recovery courts. Monty Burks from TDMHSAS also presented on the Department’s Recovery Congregation Certification program.

The final discussion about service needs focused on issues of stigma for those identifying with a substance abuse history. Roundtable participants talked about going to programs - even AA and NA groups, miles away to retain their anonymity. Participants were encouraged by the identification of Recovery Congregations who could be supportive of recovery in their community. Additionally, the group decided that further networking was needed and once TAADAS circulates a list of all participant information, the group hopes to determine a mechanism for networking.
Pictured above from Left to Right:
Recovery Support provider panelists Nathan Payne, Lifeline Program; Bobby Vanhooser, Priority House; Becky Harris - UCHRA; John Quintero, Haven of Hope; and Kim Seator, Emmanuel House. Mary Linden Salter, TAADAS Executive Director, is in the background.

Pictured right from left to right:
Treatment provider panelists
Bob Valerio - Bradford Health Services,
Kimberly Sowell - New Leaf, and
Amanda Lewis - Cumberland Heights
Rogersville Recovery Rally

Hawkins County residents were invited to learn more about overcoming addiction to alcohol and/or drugs during the Rogersville Recovery Rally, held Sunday, June 26, at Rogersville City Park. Organizer, Doug Benjamin, designed the rally to offer help to people who are stuck in addiction to drugs and alcohol. General Sessions Judge J. Todd Ross, who presides over the local Recovery Court, “Sheriff Ronnie Lawson and several ministers were among those invited to speak during the rally. Mary Linden Salter from TAADAS gave an overview of Addiction and the Brain during a panel presentation at the event. Several providers addressed the crowd as well including Thad Noto, Clinical Director of Comprehensive Community Services in Johnson City and Deanna Irick Executive Director, Evidenced Based Addiction Medicine in Johnson City, both TAADAS members.

Because no one organization sponsored the rally, Mr. Benjamin wanted to feature a mix of representatives of state agencies, counseling center representatives, ministers and others. “I’ve been off alcohol for just a year now,” Benjamin said. He’s trying to bring in as many pastors as possible “to help them understand what addiction is and take it back to their churches.”

Mr. Benjamin had an emergency medical technician talk as well who described what an over-dose and how it is treated during the rally. Nancy Daniels from U-Recover.com brought information about accessing Naloxone, an antidote for overdose. The Emergency Services Technician told the audience that he’d used the antidote twice the previous day in Hawkins County.

The rally also featured musical entertainment, including The Lewis Family Singers, a Gospel Bluegrass group with great banjo pickin’. Thanks for a great event!
REGISTRATION IS NOW OPEN!
Journey Together Conference 2016

Plenary Speakers
Tuesday:
  Shane Garrard—Gambling Addiction
Wednesday:
  Karen Moran—Counseling Relationships
Thursday:
  Randal Lea—Trauma Triage

September 2016

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September 5th, 6th, 7th, and 8th
Franklin Marriott Cool Springs
700 Cool Springs Blvd
Franklin, TN 37067
Hotel Reservations:
  800.228.9290
  Hotel Phone:
  615.261.6100

Room Rate is a fabulous $119.00!

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

Board of Alcohol and Drug Abuse Counselors

Meeting Schedule:

- July 15, 2016, 9 am, Poplar Room
- October 7, 2016, 9 am, Poplar Room

Meetings are held at:

665 Mainstream Drive, MetroCenter
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:

- **July 14**
- **August 11**
- **September 8** - Annual Mtg 5 pm, Trevecca Nazarene University

For information please contact:

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

| TAADAS Training | Prevention Ethics in Today’s World-Nashville  
Camille Lashlee, MS, CPSII  
July 8, 2016  
Oaks Towers  
1101 Kermit Dr  
Nashville, TN 37217  
9:00 AM-4:00 PM CDT  
| Ethics 101 Training-Nashville  
Shirley Marks, LADAC, LMFT, QCS  
July 15, 2016  
TAADAS Conference Room  
July 15, 2016  
1321 Murfreesboro Pike Suite 130  
Nashville, TN 37217  
8:30 AM-12:00 PM CDT  
| Pregnancy, Postpartum and Addiction Services Outreach-Knoxville  
Jude White, Dr. Nicole Perez  
Camoirano, Chelsea Brasher, Jennifer Drake-Croft and Panelists  
July 20, 2016  
Susannah’s House  
923 Dameron Ave  
Knoxville, TN 37921  
9:00 AM-4:00 PM EDT  
| Environmental Strategies in Prevention-Jackson  
Josh Greer, M. Ed., CHE, CPSII  
July 8, 2016  
Lowell Thomas State Office Building  
225 Dr. Martin Luther King Jr. Dr  
Jackson, TN 38301  
9:00 AM-4:00 PM CDT  
| Military Sexual Trauma-Memphis  
Latrice Thomas, LMSW  
July 28, 2016  
Innovative Counseling Center  
1455 Poplar Avenue  
Memphis, TN 38104  
8:30 AM-11:30 PM CDT  
| Opioid Use Disorder and Treatment Options-Memphis  
Ed Johnson, M.Ed., MAC, LPC, CCS  
August 25, 2016  
TBD  
| Suicdie and Addiction-Memphis  
Joanne Perley, MPH  
July 28, 2016  
Innovative Counseling Center  
1455 Poplar Avenue  
Memphis, TN 38104  
12:30 AM-4:00 PM CDT  
| Opioid Use Disorder and Treatment Options-Nashville  
Ed Johnson, M.Ed., MAC, LPC, CCS  
August 26, 2016  
TBD  
| Ethics 101 Training-Knoxville  
Lori McCarther, LADAC, QCS  
August 12, 2016  
| Recovery Roundtable-Winchester  
September 16, 2016  
TBD  
| Susannah’s House  
923 Dameron Ave  
Knoxville, TN 37921  
9:00 AM-4:00 PM EDT  
| Treatment for Pregnancy, Postpartum and Parenting for Women and their Children-Nashville  
Nancy Hamilton, MPA, CAP, CCJAP  
August 15  
Goodwill Career Solutions Center  
937 Herman Street  
Nashville, TN 37208  
9:00 AM-4:00 PM CDT  
|
Update on the TNCODC Strategic Initiative to implement COMPAS EZ

Strategic Initiative Website available at: http://www.tncodc.com/strategic-initiative

The website provides information and resources, including a video on the overview of the strategic initiative’s approach and recorded webinars on implementing the strategic initiative.

First steps in implementation

Implementing the Strategic Initiative within an agency requires both a top-down approach – senior leadership gaining buy-in and setting the vision, and a bottom-up approach – everyone involved and committed to improving the delivery of co-occurring services. A 12-step model is utilized to help guide the agency through the process. Here are the first three steps:

| Step 1 – Formal Announcement and Commitment |
| CEO/Executive Director decides to take steps to participate in the process |
| CEO/Executive Director engages agency’s senior leadership team and obtains buy-in |
| Provide orientation training to senior leadership (CCISC Overview video - http://www.tncodc.com/strategic-initiative) |
| Senior leadership communicates a statement of intent to the whole agency |

| Step 2 – Continuous Quality Improvement Team (CQI) |
| Provide orientation training to the agency as a whole – can occur in waves as needed for the agency (CCISC Overview video and 12 Steps webinar - http://www.tncodc.com/strategic-initiative) |
| Identify representatives and organize the Continuous Quality Improvement Team (CQI Team) for co-occurring capability |
| CQI Team starts to meet regularly to oversee the change process |

| Step 3 – Identify Change Agents |
| As needed for the agency, identify a steering team (project management for the endeavor) |
| Identify change agents representing each program |

Q&A Teleconferences scheduled

July 19 CEO/Executive Director Q&A teleconference/webinar (more sessions will be scheduled)
   With Ken Minkoff and TDMHSAS – it is highly recommended to view the orientation video prior to this call, and it is very beneficial to view the 12-steps webinar also

August 5 Agency Q&A teleconference/webinar (more sessions will be scheduled)
   With Ken Minkoff discussing the 12-Steps and the COMPASS-EZ – view both of the recorded training webinars on the 12-steps and the COMPASS-EZ before this session

COD Learning Community

A variety of Learning Communities will be developed based on the needs of the participating agencies. The main emphasis of the Learning Communities will be knowledge sharing across the agencies to help in the implementation of the initiative.
Internationally recognized IC&RC credentials that set the industry standard:

Certified Prevention Specialist I (CPS I)
Certified Prevention Specialist II (CPS II)

www.tncertification.org
Know someone who would be an awesome Family Support Specialist?
Now is a great time to start the certification process...

...the Certified Family Support Specialist program provides State certification for caregivers who render direct support services to families of children and youth with mental, emotional, behavioral, or co-occurring disorders. Family Support Specialists use their unique experiences as caregivers to inspire hope and to provide support to others facing similar challenges. Specialists help caregivers navigate the varying child-serving systems. They teach caregivers to become advocates for their children by participating in committees and councils which determine policy and affect change. They make a huge difference in the lives of children and of caregivers.

Scholarships are Available

To cover the cost of the Competency Course required for certification

A $500 value!

To request a scholarship application and to learn more, contact:

Brenda Donaldson, Family & Youth Engagement Coordinator

Phone: 615.770.1788 or email: fcfss.tdmhsas@tn.gov

Deadline to apply: September 30, 2016
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 select edit Kroger Community Rewards - Input your Kroger plus Card Number.

Now enter the NPO 32184 and ollow onfirm.

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 purchase.

Two Great Programs
One Awesome Cause!
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.

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RecoveryFest Nashville is a grassroots movement about celebrating the positive impact of recovery from chemical dependency and other addictions and giving it the visibility and attention it deserves. We are on a journey and want to share our love and support with the people in our lives who walk with us.

WHEN: Saturday September 24th, 2016
WHERE: East Park Greenspace - 700 Woodland Street - Nashville, TN 37206
TIME: 11:00am to 5:00pm

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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.
The Clearinghouse’s 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, a full service check out library is available including over 650 video/DVD programs and curricula, as well as a research area.

Check out our new literature specifically for Veterans!

- Alcoholism
- Drug Dependence
- Gambling Addiction
- Eating Disorders
- Depression
- NAS
- Resources for Domestic Violence
- Smoking/Tobacco
- General Mental Health
- HIV/AIDS
- PTSD

1.800.889.9789

Call us toll free 24/7
We thank the following members for their support and involvement in our organization!

Barry Cooper, President     Jon Jackson, President Elect     Paul Fuchcar, Treasurer

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

Affiliate and Individual Members
Addiction Campuses
Ammon Analytical Labs
Bradford Health
Cumberland Heights, Nashville

Mirror Lake Recovery Center
TN Assoc. of Alcohol & Drug Abuse Counselors
TN Education Lottery
TN Professional Assistance Program

Todd Albert
James Beck
Richard Chirip
Jeanace Harper
Leland Lusk
John McAndrew
Wayne McElhinney
Harold Montgomery
Melody Morris
Judge Seth Norman
Butch Odom
Nathan Ridley
Brad Schmitt
Sheila Shelton

George Snodgrass
Lawrence Wilson
Richard Whitt
Ron Bailey
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.

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;
- To serve as a resource for Association members; and
- To 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>
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<tbody>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue &lt; $100,000</td>
<td>$200</td>
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<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $100,000- $500,000</td>
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<td>Organizational/Affiliate Member with Annual Revenue = $500,000 - $1,000,000</td>
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<td>Organizational/Affiliate Member with Annual Revenue = $1,000,000 - $2,000,000</td>
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<tr>
<td>Organizational/Affiliate Member with Annual Revenue &gt; $2,000,000</td>
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<td>Individual Member</td>
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<td>$100</td>
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<tr>
<td>Retiree or Student Member</td>
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<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: ________________________________

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
SAVE THE DATE!

Recovery Month Banquet & Awards

September 8, 2016 from 5:00 pm - 9:00 pm

Premiering the TAADAS 40th Anniversary Video