Recovery Banquet and Awards

The 2014 Recovery Month Awards and Banquet was held at the Millennium Maxwell House Hotel on September 11. The event was attended by 220 people from all over the state—many of which are TAADAS members but the group also included community agencies, advocates and persons in recovery.

2014 Awardees include Tennessee General Assembly Rep. David Hawk of Greeneville and Senator Doug Overbey of Maryville. They both won Voice of Recovery Awards for their advocacy on behalf of a budget amendment to provide additional funding for alcohol and drug addiction treatment to those who are indigent.

TAADAS also presented three awards to TAADAS members in recognition of their work on behalf of TAADAS and the recovery community. The Volunteer of the Year award went to Laura Berlind, CEO of Renewal House. The CEO of the Year was presented to Daryl Murray, CEO of Welcome Home Ministries. Boomer Brown from CADAS in Chattanooga received the Lifetime Achievement award in recognition of 25 years as a counselor, mentor and advocate.
RIGHT:
Charlotte Hoppers, CEO of Grace House and President of the TAADAS Board, lead the program at the Awards Ceremony and Banquet. Charlotte not only gave the welcoming presentation but also presented the CEO of the Year award.

LEFT:
Rev. Mike Coupe, of Place of Hope, gave the Invocation for the Banquet

Right:
TDMHSAS staff attended to celebrate with all of us—from left to right they included Angela McKinney Jones, Taryn Sloss, and Rod Bragg.

RIGHT:
Mike Farris was the entertainer for the evening and his recovery story was evident in his lyrics and presentation throughout the concert. The audience appreciated such a great end to the evening.

LEFT:
Cumberland Heights staff were in attendance at the Banquet this year. They are one of the newest affiliate members of TAADAS and we appreciate their support.
LEFT to RIGHT:
Mary Linden Salter, Executive Director of TAADAS, Charlotte Hoppers, Board President and Laura Berlind President Elect;
Mary Linden was presented with a bouquet of flowers by the TAADAS Board in recognition of her work on the banquet and throughout the year on behalf of TAADAS.

RIGHT:
Daryl Murray, CEO of Welcome Home Ministries, and his wife, Glenda Murray, show their table how to use the event commemorative megaphones!!

LEFT:

LEFT:
Mary Linden Salter, Executive Director of TAADAS, Charlotte Hoppers, Board President and Laura Berlind President Elect;
Mary Linden was presented with a bouquet of flowers by the TAADAS Board in recognition of her work on the banquet and throughout the year on behalf of TAADAS.

LEFT:
Debbie Hillin, COO of Buffalo Valley, and the staff and Board of the organization enjoyed Debbie’s introduction of the Volunteer of the Year.
National Council on Behavioral Health Visits TAADAS

Since the National Council and SAAS merger became official on October 1, 2014, TAADAS members are eager to join the efforts of National Council to address addiction issues. TAADAS members welcomed the merger to provide “a way of assuring a strong diverse advocacy base” and give addiction issues a stronger voice on the national level.

Linda Rosenberg, National Council President and CEO, recently wrote “Although addictions and mental illnesses are different diseases, the people affected share a common goal: recovery. Recovery is a personal journey, but on that is often a struggle for both people with addictions and those with mental illnesses. The struggle to find treatments and supports that foster recovery is common to both. There is the daily struggle to hold onto hope, a struggle shared by all who love them, during periods of relapse. And once in recovery there can be insurmountable discriminatory barriers to the goals people with addictions and mental illnesses share — a home, a job and a family. “

With the merger, Becky Vaughn, former SAAS CEO, joined the National Council staff as Vice President for Addictions. Becky and Rebecca Farley, the Director, Policy & Advocacy for the National Council came to Nashville to attend a TAADAS meeting on October 9th. They addressed questions pertaining to the merger as well as SAMHSA’s budget, Behavioral Health IT Act, the Breaking Addiction Act, Mental Health Access Improvement Act and the Comprehensive Addiction and Recovery Act. TAADAS was grateful for the opportunity to connect with the National Council staff personally and to discuss policy issues in person.

ABOVE: Rebecca Farley addresses TAADAS members, including Laura Berlind of Renewal House and April Ramsey from TAADAS, concerning the policy issues discussed above.

LEFT: Becky Vaughn discussed the merger between National Council and SAAS and the implications for policy issues.
NATIONAL CONFERENCE ON PROBLEM GAMBLING

LAURA DURHAM

I was fortunate to attend the 28th National Conference on Problem Gambling held July 11-12 at the Hyatt Regency in Orlando, Florida. A crowd of about 450 attendees were welcomed by the co-host Florida Council on Compulsive Gambling (FCCG) and the National Council on Problem Gambling (NCPG). Attendees came from 42 states and 7 other countries: Australia, Austria, Canada, Japan, Singapore, South Africa, and the United Kingdom. The main conference included 45 presentations with 77 speakers. The Pre-conference Workshops, July 9-10, provided in-depth training with 12 presentations given by 29 speakers. In addition, there was an all-day Helpline Symposium during the Pre-Conference Workshops. The TN REDLINE serves as the Tennessee call center for the National Council on Problem Gambling’s nationally advertised helpline number. Calls to this number, if dialed from a Tennessee area code, are automatically routed to the TN REDLINE. Callers are then given local resources for help.

DISTINGUISHED SPEAKERS

On Friday, July 11, Dr. Westley Clark, Director of the federal Center for Substance Abuse Treatment (CSAT), gave the keynote address on The DSM-5 and Gambling Addiction. The addition of Problem Gambling to the DSM-5 has shed a whole new light on our work and is bringing us a higher state of creditability. This change also furthers recognition of our longtime efforts to “mainstream” problem gambling in the national behavioral healthcare discussion.

STRATEGIC PLANNING SESSION

I attended a strategic planning breakfast on Saturday morning to participate in the development of a 5 year plan (2015 – 2020) for the National Council on Problem Gambling. Highlights of this session were:

- How we advocate – not just advocating for funding and awareness through legislation (which is crucial), but also advocate with our colleagues and peers in mental and behavioral health at the national level to reduce stigma.
- Expanding on the great work of our National Problem Gambling Awareness Month to make community education, education in schools, awareness campaigns and early interventions a truly national effort
- Bringing awareness to the fact that, when gambling has grown to a widely acceptable form of entertainment, encouraging those who have gambling problems to seek help should not be stigmatized, but applauded and supported.
- Focus awareness efforts on a specific population (veterans, senior citizens)
- Develop standards for responsible gambling programs

CONNECTIONS MADE – THE POWER OF NETWORKING

Everyone who works in the problem gambling field – from treatment providers to prevention specialists; from researchers to administrators and more; works hard to try to help people understand the realities of problem gambling and the real people who experience problems with gambling. We’ve made progress, but problem gambling, even among professionals in the mental and behavioral health fields, often remains in the shadows if it is addressed at all.

The stigma that surrounds problem gambling often keeps people from seeking treatment. Stigma is a significant barrier to both prevention and treatment efforts.

As we were together in Orlando for our 28th National Conference on Problem Gambling, talk was heard in sessions, at lunch tables, even around the pool, about how to bring Problem Gambling out of the shadows and into the realm of a true Public Health issue.
Comprehensive Addiction and Recovery Act of 2014

The abuse of heroin and prescription painkillers is having a devastating effect on public health and safety in communities across the United States. According to the Centers for Disease Control and Prevention, drug overdoses now surpass automobile accidents as the leading cause of injury-related death for Americans between the ages of 25 and 64. More than 100 Americans die as a result of overdose in this country every day.

We know that addiction is a treatable disease, but we also know that only about ten percent of those who need treatment are receiving it. Discoveries in the science of addiction have led to advances in drug abuse treatment that can help people stop abusing drugs and resume their productive lives.

We know from researchers, the law enforcement community, and treatment providers that the most effective way to address the challenges posed is to initiate a comprehensive response to the twin epidemics of opioid and heroin addiction that includes prevention, law enforcement strategies, addressing overdoses, expansion of evidence-based treatment, and support for those in, or seeking, recovery.

While heroin and opioid abuse are a key concern, we must move beyond simple responses to drug trends and emerging threats, and concentrate instead on improving addiction treatment and recovery nationwide.

The Comprehensive Addiction and Recovery Act of 2014 will:
  Expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of opioids and heroin and to promote treatment and recovery.
  Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.
  Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
  Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.
  Launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.
  Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

Only through a comprehensive approach that leverages evidence-based law enforcement and health care services, including treatment, can we stop and reverse current trends.

For more information, please contact Lara Quint at lara_quint@judiciary-dem.senate.gov or Megan Harrington at megan_harrington@portman.senate.gov
Journey Together Conference 2014

The overall goal of the conference each year is to bring together professionals working with addictions, substance use disorders, prevention and treatment. Participants explore a variety of topics related to the medical, psychological, and familial aspects of the disease of addiction and share knowledge, expertise, and resource networking.

TAADAC also uses the opportunity to award Tennessee professionals who have excelled in the field of alcohol and drug addiction treatment statewide recognition for their contributions. This year’s award recipients are pictured below.

“The Journey Together 2014 Conference Committee thanks TAADAS for providing a bounteous evening reception and a wonderful networking opportunity for addiction professionals in Tennessee.”
News from Capitol Hill

October 14 2014
Nathan H. Ridley, Esq.

November 4 Federal and State General Election. Tennessee has a federal election for all 9 US House Members and one Senator and a state election for Governor, all 99 State House Members and 17 State Senators and four Constitutional Amendments. All this electoral activity will occur on the same day and the same ballot. In addition about 80 communities will vote to determine whether wine may be sold in retail food stores beginning in 2016. Early voting begins in every county on Wednesday, October 15 and continues through Thursday, October 30. 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 engagement muscles are not regularly exercised, they tend to atrophy and fade away just as other muscles do. Here are some hot state legislative general election races with an asterisk denoting the incumbent:

Senate:
District 15 (Dem.) (Bledsoe, Cumberland, Jackson, Overton, Putnam and White counties) Paul Bailey (R) and Betty Vaudt (D); (Open seat formerly held by Charlotte Burks);

District 27 (Dem.) (Crockett, Dyer, Lake, Lauderdale, and Madison counties) Ed Jackson (R) and Randy Lamb (D) (open seat formerly held by Lowe Finney).

House:
District 13 (Dem.) (part of Knox County) Gloria Johnson* and Eddie Smith;
District 50 (Dem.) (part of Davidson County) Bo Mitchell* and Troy Brewer;
District 60 (Dem.) (part of Davidson County) Darren Jernigan* and Jim Gotto;
(2012 repeat race)
District 75 (Rep.) (Benton, Henry and Stewart counties) Tim Wirgau* and Randy Patton.

Constitutional Amendments:
Question 1. Overturns the 2000 Tennessee Supreme Court Planned Parenthood v. Sundquist decision with respect to any privacy rights concerning an abortion and states that nothing in the Tennessee Constitution protects the right to an abortion or requires the funding of an abortion.

Question 2. Gives the Governor the power to appoint appellate court judges subject to legislative confirmation and retention election. The Tennessee Constitution presently requires all judges to be elected. Three separate supreme court decisions have upheld our statutory process of gubernatorial appointment with a retention election. The General Assembly prefers this new proposal. Supporters of the amendment fear legislative adoption of partisan elections for appellate court judges. Opposition has not crystallized yet, but some like the idea of partisan elections and some seem uneasy with the added element of legislative confirmation.

Question 3. Prohibits the imposition of a state tax on payroll or earned personal income.
Question 4. Permits veterans groups to conduct a single annual gambling event such as a raffle subject to legislative authorization as is presently the case for charitable groups.

Crystal Ball-
Questions 1 and 2 are too close to call; Question 3 probably passes; and Question 4 probably fails.

New State House Members. Dan Howell of Bradley County has been sworn in to fill the remainder of the unexpired term of Eric Watson. Eric was successful in his August election for Sheriff of Bradley County. Representative Howell is retired, and he is unopposed in the regular November election for his seat in the 109th General Assembly.

Marc Gravitt of Hamilton County has been sworn in to fill the remainder of the unexpired term of Vince Dean. Vince was successful in his August election for Criminal Court Clerk of Hamilton County. Representative Gravitt is a member of the East Ridge City Council and works as a real estate broker and an auctioneer. He is also unopposed in the regular November election for his seat in the 109th General Assembly.

Calendar Notes: State offices will be closed Thursday and Friday November 27 and 28, for the Thanksgiving holidays, and Wednesday and Thursday, December 24 and 25 for the Christmas holidays. 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 nridley@babc.com.

The Breaking Addiction Act of 2014 (H.R. 5136) was introduced by Congresswoman Fudge and cosponsored by Congressman Ryan of Ohio. It establishes a five-year demonstration project to expand cost-effective, community-based treatment options to address the heroin/opiate epidemic.

The Breaking Addiction Act will enable participating states to receive federal reimbursement for Medicaid services provided to all eligible in-patients who receive treatment for chemical substance abuse at a community treatment facility. It partially waives what is known as the Institution for Mental Diseases (IMD) exclusion. The 1965 law that created Medicaid excludes states from receiving federal reimbursement for services provided in an IMD with more than 16 patient beds. However, Congress did not foresee nearly 50 years ago that this exclusion would impede communities’ ability to respond to the rapid escalation of heroin addiction and abuse of opiate-based prescription painkillers.

“As Democratic Co-Chair of the Addiction Treatment and Recovery Caucus, I understand the damage substance abuse inflicts upon the state of Ohio and our nation. It is estimated that substance abuse costs the United States in excess of $600 billion annually in health, crime and lost productivity costs – and this is nothing compared to the toll it takes on the families, friends, schools and communities affected. It imperative that we begin to stem this tide, and I am proud to stand with Congresswoman Fudge in support of the Breaking Addiction Act, which takes great strides to provide more individuals suffering from substance abuse with treatment options,” said Congressman Ryan.

“Fatal drug overdoses now exceed motor vehicle crashes as the leading cause of accidental death in Ohio. Heroin alone claims more lives in Cuyahoga County than homicides. This public health threat affects communities in all regions of the country – impacting urban, suburban and rural areas alike,” said Congresswoman Fudge. “By removing an outmoded barrier to funding for substance abuse treatment, we can go a long way toward reversing the heroin epidemic and saving lives. I am also confident that data collected from this demonstration project will show community treatment will lower the bill to taxpayers for overall health care and decrease law enforcement costs associated with opiate addiction.” (REPRINTED from http://timryan.house.gov)
What is your process? Cause and Effects
by Susan Nance, CPHQ, DCSW

In previous issues of this series, we have talked about affinity diagrams, brainstorming, flow charts, and cause and effect diagrams. We’ve collected a lot of ideas, grouped them together, made a flow chart of our process, and identified elements such as people, methods, materials, and institutional factors that affect our process.

At this point, we’re going to conduct a root cause analysis of something simple. Let’s consider the following situation: a visitor slips on some liquid, falls, and injures his back. The big question is WHY? What systemic factors led to this situation? What issues in our system (not individuals, but systemic issues) led to the liquid being on the floor?

One: Develop a team. We want people from the front line who were there that day, witnesses, and people who know the processes that we are supposed to implement to keep the floor dry.

Two: Interview witnesses and record their responses. What was the liquid? How did it get there? Ask open ended questions such as “Could you tell me what happened? What did you see or hear?” not “Who spilled the liquid”. This is not about blaming an individual, but about finding out the facts behind what happened.

Three: Develop a flow chart of what occurred. You may develop several flow charts in the event that witness stories vary.

Four: Develop a flow chart of what SHOULD have happened. Consider procedures, policies, or medical literature in your review. Think of the elements that we defined in the last article - people, methods, equipment, work environment, team factors, institutional context.

Five: What are the differences between what happened (actual flow chart from step three) and what should have happened (according to procedures and policies in step four)? How are the timelines different? And if you are really thoughtful, how does this fit in with your mission, vision, and values?

Six: Start asking WHY. WHY WHY WHY WHY WHY WHY?!
Why did the visitor fall? There was water on the floor.
Why was there water on the floor? It spilled from a cup.
Why did the water spill from the cup? There was no lid on the cup.
Why was there no lid? The lid container was empty.
Why was the lid container empty? The kitchen staff didn’t refill the lid container.
Why didn’t they refill the lid container? Because they ran out of lids.
Why did the run out of lids? Robert usually orders them and he is out on medical leave for 4 weeks.
Why didn’t Robert’s replacement order the lids? It wasn’t on the list of things to do, and everybody thought someone else would do it.
Isn’t that always the way? “Everybody thought someone else would do it”?
Seven: Write out a summary statement of everything you know about what happened and why. In this case, the process for re-ordering lids was not on the checklist order sheet. This is a really simple problem with easy answers for the purposes of this article. In our scenario, “order lids” was added to the check off list of routine orders.

But you are not done now!

Eight: Write out an action plan that has the dates by which the plan will be completed. Develop and implement measurable goals. Plans should decrease the probability that the event will recur.

Consider how you will implement and educate – what do staff need to know? How will they be told? Do you need to revise a policy? Change a form? Use cognitive aids?
In a few weeks, after the newness of the process is over, review the new systems to see how they are working, if they need to be tweaked or if they have been forgotten. Document your findings and report to your Quality Committee. If you are ever audited by an external reviewer, such as the insurance company or CMS, they will want to know if you evaluated and changed your processes, and what governing bodies were aware of or could contribute to the solution. Keep up the monitoring until the process is second nature and the risk has significantly decreased.

Sometimes people think that a focus on the system takes the focus off of personal accountability. I assure you, that is not the case. People who develop the systems need to think of the many things that could go wrong and reduce the risk to the system, but people who carry out these activities need to do their part as well. Evaluating and upholding accountability in individuals may involve education, re-assignment of responsibilities, or disciplinary action.

Developing a process to anticipate many of the things that could go wrong in a system is part of diminishing the risk that things will go wrong. Failure Mode Effects Analysis is one way of diminishing that risk, and will be the topic of the next article.

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. This four part series will review the basics to use to discuss defining problems, identifying solutions, and measuring progress using quality review tools.

One voice for Tennessee’s substance abuse prevention efforts

PAT’s mission is to inform and advocate for alcohol safety, substance abuse prevention, and public health policy concerns to Tennesseans and lawmakers.

www.TNCoalitions.org
TAADAS will be closed on:

- Columbus Day
  October 13
- Veteran’s Day
  November 11
- Thanksgiving Holiday
  November 27 & 28
- Christmas Holiday
  December 24-26

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:

- October 9
- November 13
- December 11

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 Training Calendar

- Recovery Roundtable-Memphis
  October 31, 2014
  Church Health Center
  1115 Union Avenue
  Memphis, TN 38104
  10:00 AM-3:00 PM CDT

- E-Cigarettes Update
  November-TBD

- SASSI-Jackson
  November-TBD

- Ethics-Nashville
  December 12, 2014
  TAADAS
  1321 Murfreesboro Pike
  Suite 140
  Nashville, TN 37217
  9:00 AM-4:00 PM CST

TN Board of Alcohol and Drug Abuse Counselors Meeting

October 24, 2014, 9 am, 665 Mainstream Drive, Poplar Room, Nashville, TN
TAADAS Staff Changes

**Ivory Saulsbury**
Ivory is the new Membership and Information Specialist. Ivory has been managing the Clearing-house, library and bookstore as well as manning the REDLINE. Ivory will be the new TAADAS contact for Holiday Inn or other hotel reservations and invoices. Ivory will also be managing the membership process and member database, so please submit membership forms, changes of address or contacts to her.

Ivory@taadas.org or 615-780-5901, X-10

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**April Ramsey**
April will now be working as an Administrative Assistant as well as the Bookkeeper. April will be able to access calendar and other administrative information on the behalf of the Executive Director.

April@taadas.org or 615-780-5901, x-16

PLEASE thank them for the great job they do for TAADAS!!

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Left—April Ramsey  
Right—Ivory Saulsbury
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.)
There is Help for Problem Gamblers in Tennessee

What is Problem Gambling

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

Is there Problem Gambling in Tennessee?

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

Are You a Compulsive or Problem Gambler?

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

Have you …

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

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

For confidential assistance, call the 24 hour, 7 days a week toll-free Tennessee REDLINE for help with gambling problems.

1-800-889-9789

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

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

The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu
We thank the following members for their support and involvement in our organization!

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<tr>
<th>Charlotte Hoppers, President</th>
<th>Laura Berlind, President Elect</th>
<th>Daryl Murray, Treasurer</th>
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<td><strong>Organizational Members</strong></td>
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<td>Agape, Knoxville</td>
<td>Here’s Hope, Counseling Ctr., Dyersburg</td>
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<td>Aspell Recovery Ctr., Jackson</td>
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<td>CADCOR, Murfreesboro</td>
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<td>Clay County Anti-Drug Coalition, Celina</td>
<td>Madison Treatment Center, Madison</td>
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<td>Cocaine &amp; Alcohol Awareness Program, Memphis</td>
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<td>Community Prevention Coalition of Jackson Co., Gainsboro</td>
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<td>Crossbridge, Inc. Nashville</td>
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<td>Families Free, Johnson City</td>
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<td>Grandpa’s Recovery House, Smyrna</td>
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<td>Hamblin County Drug Court, Morristown</td>
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<td>Harbor House of Memphis, Memphis</td>
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<td>Healing Arts Research Training Ctr., Memphis</td>
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<td>New Life Lodge</td>
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<td>Lawrence Wilson</td>
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<tr>
<td>Leland Lusk</td>
<td>Butch Odom</td>
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<tr>
<td>John McAndrew</td>
<td>Nathan Ridley</td>
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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.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Annual Dues</th>
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<tbody>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue &lt; $100,000</td>
<td>$200</td>
</tr>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $100,000- $500,000</td>
<td>$500</td>
</tr>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $500,000 - $1,000,000</td>
<td>$1000</td>
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<tr>
<td>Organizational/Affiliate Member with Annual Revenue = $1,000,000 - $2,000,000</td>
<td>$1500</td>
</tr>
<tr>
<td>Organizational/Affiliate Member with Annual Revenue &gt; $2,000,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Individual Member</td>
<td>$100</td>
</tr>
<tr>
<td>Retiree or Student Member</td>
<td>$50</td>
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</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
TAADAS Holiday Luncheon

TAADAS will be holding its December Board and Organizational Meetings at the Embassy Suites, Nashville Airport Hotel. At the conclusion of the Organizational Meeting we will host our annual Holiday Luncheon. We have several rooms available for the night of Wednesday the 10th. These rooms will be available on a first come first served basis.

When: Thursday December 11th 9am-1pm
Where: Embassy Suites Nashville Airport
10 Century Blvd. Nashville, 37214

Happy Holidays!

RSVP: Michelle Webster 615.780.5901 x14
or email Michelle@Taadas.org

- Board and Org Meetings will be in the Carolina Ballroom.
- Lunch will be served in the Virginia Ballroom.