TAADAS Legislative Breakfast

TAADAS’ Day on the Hill event for 2015 was held on March 11. The event started with our annual Legislative Breakfast at the Legislative Plaza Cafeteria. We hosted several hundred people for breakfast and distributed literature addressing issues such as prescription drug abuse, use of e-cigarettes, and information on the Tennessee RED-LINE. Our specific focus was to educate legislators and others on the treatment issues and needs of substance using pregnant women.

TAADAS had over half of our member agencies represented during the event who attended appointments with their local legislators. TAADAS legislative issues this session are described in detail on the next page. Barry Cooper, CEO of JACOA and Kristi Townes, Director of Prevention at JACOA met with Representative Jimmy Eldridge as well as Representative Johnny Shaw (pictured below). During the Day on the Hill, TAADAS members also met with a representative of the TN Medical Association to discuss legislation of mutual interest this session.
TAADAS is a large stakeholder in several bills introduced this legislative session. As we continue to grow our membership and partnerships around the state—we have taken a more active stance in working to influence public policy and to advocate for policies and legislation that supports a full continuum of treatment, recovery and prevention services.

There are four bills that have taken center stage and rallied heavy support or opposition on behalf of TAADAS. The first is the expansion of criminal penalties for pregnant drug addicted mothers, SB 586 BY Senator Reginald Tate and HB1340 by Representative Terry Lynn Weaver. TAADAS is in strong opposition to this bill due to the fear of prosecution that may reduce access to medical and addiction treatment due to women fearing prosecution. Additionally, stimulants, such as cocaine, methamphetamine, and other “uppers” do no cause NAS. Furthermore, jailing these disease afflicted women will not prevent NAS. Information concerning the impact of this bill in 2014 has yet to be tabulated. SB 586 was placed on Senate Judiciary Committee calendar for 4/7/2015 and HB has already been recommended in several committees and was referred to the Calendar and Rules Committee. TAADAS members are asked to continue calling their Legislators to ask them to please vote to defer SB 586 / HB 1340 to the 2016 legislative session when a full discussion of the merits of this statute can be held.

TAADAS supports the Addiction Treatment Act of 2015, SB 871 by Senator Steve Dickerson, HB 1036 by Representative Ryan Haynes. The Senate has approved this bill and it is awaiting House approval. The House Health Committee will hear the bill on 4/8/2015. This bill will provide “Good Samaritan” protections against prosecution for persons seeking help for someone experiencing or believed to be experiencing drug overdose or seeking help for themselves. Nationally Heroin overdoses have tripled since 2010 and in Tennessee drug overdose deaths of all kinds are rising substantially.

TAADAS helped craft the ‘Sharps Bill’ and we were very pleased that Senator Kerry Roberts and Representative David Hawk agreed to sponsor this Legislation. These bills, SB 959 and HB 969, seek to reduce accidental exposure to sharps and risk of disease by law enforcement officers. The legislation allows persons to self disclose any sharps (needles, glass pipes, etc.) on their person prior to being detained without prosecution. This new law was passed by both chambers of the Legislature and was transmitted to the Governor for action in late March.

The last bill TAADAS wishes to spotlight is the Repeal of Intractable Pain act, SB 157 by Senator Janice Bowling, HB 31 by Representative Ryan Williams. During the Senate session, Bowling told members of the Legislature’s upper chamber that while the original law was “well-intentioned,” it was based on bad information. Sen. Bowling argued the law has resulted in years of negative consequences related to prescription drug abuse. The bill has been approved in both chambers and was signed by the Governor on March 27th with an effective date of July 1, 2015. The repeal of this former legislation will limit access to opioids by persons who are addicted and may have illegitimate uses for these drugs, as well as ensure medical doctor’s opinion on pain treatment will be supported and not give patients an absolute right to pain medications.
National Council for Behavioral Health Updates

Michael Petruzzelli, Policy Associate

Senate Committee Approves Second Chance Reauthorization Act

The Second Chance Reauthorization Act (S.1690) achieved a milestone last week when it was voted out of Senate Judiciary Committee by a bipartisan, 13 to 5 vote. This legislation extends important federal initiatives for prisoner reintegration, substance use treatment, and diversion efforts for an additional five years. Activities funded through the Second Chance Act include: demonstration grants, mentoring, substance abuse and family-based programming.

First enacted in 2008, the Second Chance Act established grants for government agencies and nonprofits to provide services that reduce recidivism by improving outcomes for people returning from prisons, jails, and juvenile facilities. Since its implementation, states have used Second Chance Act funding to expand and improve community-based treatment and diversion programs. With approximately 700,000 individuals released from federal and state prisons each year, including nearly half with at least one mental health or substance use illness, the National Council supports the reauthorization of this successful program.

The bipartisan legislation was introduced by Senators Rob Portman (R-OH) and Patrick Leahy (D-VT) and has 21 cosponsors. Senate leadership will now decide whether or not to bring the bill to the floor for a full Senate vote. With midterm elections imminent it is difficult to predict the legislative agenda. However, should the Second Chance Reauthorization Act not pass before the end of the term, it must be reintroduced in the next Congress.

Veterans Mental Health Bill Introduced in the Senate

New veterans mental health legislation would expand access for veterans to receive mental health services. The bill – The Prioritizing Veterans Access to Mental Health Care Act of 2015 – would amend a veterans health law passed in August and remove barriers imposed by the law to care for veterans in need of mental health services.

The Veterans Access, Choice and Accountability Act of 2014 expanded veterans’ access to care by allowing them to receive treatment at non-Veterans Administration (VA) facilities should they live more than 40-miles from a VA facility or have to wait longer than 30 days for an appointment. The amending legislation, introduced by Senator Joni Ernst (R-IA) last week, would eliminate these barriers to increase veterans’ access to mental health treatment services. It would also prioritize incentives for hiring mental health professionals within the VA and allow for a veteran to receive instant authorization of non-VA care if the veteran provides a statement that they are not receiving adequate or timely mental health care at the VA.

The Veterans Administration has already announced plans to somewhat relax the 40-mile rule, changing the interpretation to measure distance by highway miles as opposed to straight line on a map. “Currently, the average wait time for a mental health appointment at the VA is 36 days,” said Senator Ernst. “We can – and must – do better for our veterans. This legislation provides an option for our veterans to receive mental health treatment with VA Choice Act providers, until they can receive comprehensive mental health care treatment at the VA.”

“A veteran at risk for suicide can’t afford any delay in treatment,” said Senator Chuck Grassley (R-IA). “He or she needs mental health treatment as soon as possible. As a matter of common sense, sometimes the first available facility is outside the VA system. This bill is a good idea to help veterans get the care they need when they need it.”

This legislation is cosponsored by Senators Thom Tillis (R-NC), Chuck Grassley (R-IA), and John Cornyn (R-TX).
TAADAS staff handed out free literature and promotional items to legislators and passersby throughout the event. Pictured right—Charlotte Hoppers, CEO of Grace House in Memphis and President of the TAADAS Executive Committee stopped by to talk to Maria Smith, TAADAS Training Director, and Leah Festa, Director of the Prevention Alliance of Tennessee (PAT). Prevention Coalitions who are members of PAT, joined our Day on the Hill efforts this year which made our outreach and education efforts even more successful. Thanks to all the PAT members who attended!!

Picture left—Rod Bragg, Asst. Commissioner for Substance Abuse at TDMHSAS (far left), attended the event along with Kurt Hippel, Angie McKinney Jones and Linda McCorkle (not pictured) of TDMHSAS staff. Boomer Brown, Director of House at CADDAS (middle) greeted Rod along with Nathan Ridley (immediate left), TAADAS’ legal counsel and lobbyist.

Picture right—Ivory Saulsbury, TAADAS Clearinghouse and Membership Coordinator (immediate right), April Ramsey, TAADAS Bookkeeper (middle) and Chad Johnson, Administrative Director of the Tennessee Certification Board (far right) all helped distribute literature. Chad joined the TN Certification Board in January 2015 and TCB is co-located with TAADAS. TAADAS staff who also helped out during the event included Laura Durham, Associate Director, Michelle Webster, Redline and Training Coordinator, and Anthony Pugh, Media Specialist.
**News from Capitol Hill**

April, 6 2015  
Nathan H. Ridley, Esq.

**In the battlefield of ideas, winning requires moving to the sounds of the guns. Newt Gingrich.**  
The 2015 session of the 109th General Assembly is hurrying towards a late April adjournment date. Governor Haslam’s “Insure Tennessee” program has now twice failed to gain legislative approval. Last but not least, we have another addicted pregnant women bill to combat. Here are the main points on SB 586 by Tate / HB 1340 by Weaver and others (*).

This bill amends Chapter 820 of the Public Acts of 2014. This statute by its own terms expires in 2016. Chapter 820 makes a pregnant woman subject to prosecution for assault for the illegal use of narcotics while pregnant if her child is born addicted.

Prosecuting and jailing pregnant women for delivering babies that have neonatal abstinence syndrome does not prevent neonatal abstinence syndrome.

Chapter 820 ignores medical evidence that the addicted person is a sick person. No other state uses this approach. To expand it to include any other substance, even methamphetamine, is short sighted and mean spirited and ignores the science of the effect of stimulants on newborn children.

It’s not just TAADAS members. The American Medical Association and the American College of Obstetrics and Gynecology have also made official statements against this type of legislation.

Please vote to defer SB 586 / HB 1340 to the 2016 legislative session when a full discussion of the merits of this statute can be held.

(* Each of these members has signed on as a cosponsor to HB 1340. Move to the sound of the guns. In the coming months we need to visit with each of them to convince them that an addicted person is a sick person, not a criminal: Kevin Brooks of Cleveland, Jeremy Durham of Franklin, Dan Howell of Georgetown, Kelly Keisling of Byrdstown, Sabi Kumar of Springfield, Steve McManus of Cordova, William Lamberth of Portland, Mary Littleton of Dickson, Ron Lollar of Bartlett, Jon Lundberg of Bristol, Dennis Powers of Jacksboro, Courtney Rogers of Hendersonville, Mark White of Memphis, and Tim Wirgau of Buchanan

**Legislative Session Dates of Note.** Both finance committees are actively considering the appropriations bill for the 2015-2016 fiscal year. Both speakers are still pushing for an adjournment in April, perhaps as early as April 24.

**Crystal Ball Gazing.** The Tennessee state revenue numbers are trickling in pretty well this year. That development will make the appropriations bill production easier than last year’s painful year when Governor Haslam had to pull back a promised teacher pay increase.

**Checklist for this month.**

1) Call your elected officials and congratulate them for surviving the 2015 session.
2) Make sure all you and all your employees are registered to vote.
3) Several cities are having local elections this year. If yours is one of them, get to know your candidates.

*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.*
TAADAS held its fifth Recovery Roundtable in Murfreesboro on January 30, 2015. Daryl Murray, DEO of Welcome Home Ministries and Treasurer of TAADAS (pictured left) welcomed everyone. Daryl’s commitment to taking these Roundtables statewide has increased awareness of services and of service gaps in many locations. But each event has brought together the community to address these issues.

Roundtable panelists and participants included Trey King, Rutherford County Recovery Court Coordinator (above, right) and Danny Spano, (above, left) from the Lifeline program based in Rutherford County. Both were panelists who described their programs and the continuum of care for addictions in their area. Bringing together the Recovery Court, local providers and the Veteran’ service system to address the continuum helped attendees learn how to link constituents to services.

Liz Ledbetter, (pictured left), from TDMHSAS reviewed the Recovery Court core functions for the audience.
Roundtable panelists pictured left (left to right) are: Kim Rush, Volunteer Behavioral Health, Stacey Moore, Rolling Hills, Richard Whitt, Bradford Health, Stephanie Fultz, Journey Pure, Monty Burks, TDMHSAS, and James Settles, Alpheis House.

Thanks to all our participants!

Pictured left:
Maria Smith, TAADAS Training Director, (far left) checks in the Roundtable participants. Rudolph “Rudy” Ragnauth, CPRS with the Department of Veteran’s Affairs, is standing to the right of Maria.

There were 82 participants at the Murfreesboro Roundtable - pictured below.
New Staff:

Tennessee Certification Board

The Tennessee Certification Board welcomed Chad Johnson as Administrative Director in January. Chad’s background includes nonprofit, federal government, corporate, higher education and advertising agency experience in areas of program management, marketing, communications, public relations and fundraising. He has a master’s in public administration and nonprofit management from Tennessee State University and a bachelor’s in graphic design from Lipscomb University.

TCB Adds New Directors to Board

Three new members were recently added to TCB’s board of directors: Bryan Owens, from the Shelby County Drug Court; Chief Dennis Young, from the City of Winchester Police Department; and Josh Greer—who was re-appointed to the board after stepping down to assume interim director responsibilities in 2014. The TCB is proud to start 2015 with a strong board of directors who contribute a broad range of experience and diverse perspectives as the TCB moves forward.

Board President: Camille Lashlee, Centerstone
Vice Chair: Diane Berty, Tennessee Independent Colleges and Universities Association (TICUA)
Treasurer: Patrick Martin, Community Prevention Coalition of Jackson County
Secretary: Bill Gibson, Power of Putnam
Jane Abraham, The Hart Center
Trent Coffey, Schools Together Allowing No Drugs (STAND)
Josh Greer, University of Tennessee at Martin
Lisa Kent, Professional Care Services of West Tennessee, Inc.
Bryan Owens, Shelby County Drug Court
Tim Perry, Frontier Health
Chief Dennis Young, City of Winchester Police Department

Are you interested in becoming certified, or wanting more information about maintaining your credential in Tennessee? TCB recently launched new email updates, as well as opportunities to connect socially—through new LinkedIn and Facebook pages—all to keep you better informed. Visit www.tncertification.org to connect.

TAADAS

Casey Parker has recently joined our team as a MSW intern and will be with us until May 2015, when she receives her Master’s in Social Work. Casey received her Bachelor’s in Social Work from Belmont University and is now completing her MSW at MTSU. Casey has had several years of experience working with Tennessee’s substance abusing population including a former position at Cumberland Heights. After she receives her degree she plans to pursue her LCSW licensure and LADAC training. Casey contributed to our TAADAS Legislative briefing sheets for our Day on the Hill. Casey has also worked hard at TAADAS by answering the RED-LINE, attending Clearinghouse events, and helping to create and distribute a database for ACA enrollment Navigators, Certified Application Counselors, and Volunteer assisters to support enrollment efforts.
The John P. Mulloy, Jr Community Service Award

The Middle Tennessee Association for Addiction Professionals (MTAADAC) presents an annual award to recognize exemplary contribution to the community of Middle Tennessee in the field of alcohol and drug services by a professional and/or volunteer. The community service award is named "The John P. Mulloy, Jr Community Service Award" in honor of Mulloy's long and dedicated service to our field. Mr. Mulloy retired in 1996 as Executive Vice President of the Alcohol and Drug Council after 24 years of service. This award was formerly presented by the A&D Council; MTAADAC accepted this responsibility in 2012 and presented the award to generous benefactors Barbara and Michael Barrett. Last year the 2013 award was presented to Phil Guinsburg, someone who has worked in our field since 1974.

This year on behalf of the Middle TN Association for Addiction Professionals, I am proud to tell you that the John P Mulloy, Jr Community Service Award went to ~ Tom Black. Tom Black has been a contributor to the Journey Together Conference since 1999. Tom has contributed over $15,000 during this period, thereby enabling more than 300 scholarship attendees to participate in a conference focused on education and counseling of addiction clients. The photo above shows Phil (left) making the award to Tom Black.

The Marilyn Rackard Education Chair Award 2014

This was a unique award initiated to honor Marilyn Rackard. Marilyn is a former recipient of the John P Mulloy, Jr. award, she also served as Chair of the MTAADAC Education Committee for 20 years.

The educational system of meetings and trainings TAADAC follows today was designed, created and orchestrated by Marilyn Rackard. It is only fair to acknowledge that Marilyn had help over the years; others suggested presenters, or presented at MTAADAC meetings themselves. In the end Marilyn was the one who took responsibility for every meeting. If speakers dropped out or fell through or became ill, or forgot, Marilyn stepped in to obtain or bribe another presenter—and fill the slot.

Thank you to Marilyn Rackard for knowing so many people, making our education your priority and making such a huge contribution to our field.

Photo Left: Marilyn Rackard on the left with Toby Abrams presenting her award.
FAILURE MODE EFFECTS ANALYSIS: A Tool for Planning
by Susan Nance, CPHQ, DCSW

Failure Mode Effects Analysis is a systematic method of identifying and preventing product and process problems before they occur. Though FMEA is often a requirement as part of the contract with insurance companies or accreditation, it is also quite a useful planning tool.

There are six steps in a FMEA:
- Define a topic or process to be studied.
- Convene an interdisciplinary team with process experts.
- Develop a flow diagram of how it would work in your facility.
- List all possible failure modes of each sub-process including severity and probability of the failure mode.
- Determine the action for each failure mode to eliminate, control, or accept.
- Identify corresponding outcome measure to test redesigned process.

DEFINE THE TOPIC
You pick the topic – it is supposed to be something that is NOT already a problem. This is a proactive approach, if you have already identified this as a problem area, you should be looking backwards, not planning ahead. Some agencies have used this tool to undertake big projects, to look at improving the flow of visitors in the waiting room; how long people have to be on the phone before it is answered, how long between the initial call and the initial appointment for a consumer; how long from check in to see the provider, etc.

CONVENE A TEAM
Gather folk who touch or are affected by the process. This cannot be a c-suite team (not just the corporate folks) – it must be those who intimately know the system inside and out and can tell you how the process may change depending on the weather.

DEVELOP A FLOW DIAGRAM
Develop a flow diagram of the bigger process then break it down step-by-step. Make the smaller steps as small as possible. For example, If the process you have chosen is Time from Client Arrival to Seeing Therapist, then consider the steps – clerk gets chart, clerk ensures info is current, clerk copies insurance card, clerk notifies provider that Client has arrived. Think about any delays that could occur here – that could impact the timeliness of seeing clients, client satisfaction, the number of clients a provider can see in a day, etc.

ANTICIPATE FAILURE
Identify each possible instance in which the process may fail – equipment issues, staff training, communication between staff; work environment, team collaboration.

PRIORITIZE FAILURE MODE AND DEVELOP ACTION PLANS
You may have identified 20 ways that the process may fail. How do you figure out which are the top few for you to address? There are many risk assessment scoring tools in the public domain. Some are really awesome for quality geeks like me, but is it truly helpful and collaborative if we use a tool that only the quality geeks understand? It is best to use a tool that all members of the team understand, and, as you teach them to be geeky, you can use cooler tools from that quality tool belt. This one on the following page is pretty simple:
Ask yourself if the potential failure occurred, how likely would it be to cause Long Term Illness disability? If the answer is “Very Unlikely”, then the action plan may not be worth executing and you may be better off fixing the items that are the easiest to fix and those that could cause the most harm. Pick a tool that contains the metrics you are trying to address and that works best for your facility and culture. It needs to be a tool that speaks to the most people on your team.

**ACTION PLANS**

Develop a plan to address the potential failed processes that you have identified as the easiest to fix, or the costliest in terms of money, harm, reputation etc to your facility. For example, if your scanner breaks down several times a day, develop a plan to share with another department or use a copier. Or you may want to make simple pictures to show any temporary workers how to operate the equipment. Do your best to break down the processes and develop a systematic plan to address potential failures. Implement the plans

**TEST RE-DESIGNED PROCESS**

Using the assessment tool you used in the “Prioritization” section, re-score your processes. If your plans were effective, you should have reduced your risk!

---

**COD Collaborative Honored**

TAMHO, as the convener of the COD collaborative, will receive recognition for this project by National Council for Behavioral Health. The National Council bestows the Inspiring Hope Awards, supported by Eli Lilly and Company, to honor the clinicians, advocates, and organizations that care for and support these individuals in their recovery, changing lives and building healthy communities.

"The Awards of Excellence honorees are our heroes, they have turned private pain into public passion, focused on people’s gifts and abilities, not their disabilities, and blended business sense and common sense into community-based solutions,” said Linda Rosenberg, National Council President and CEO.

TAMHO will receive the Inspiring Hope Award in the Public Education category. The award will be bestowed at the Awards Ceremony and Celebration Dinner at the National Council Conference in April.

Congratulations to TAMHO and all the COD partner Organizations!
TAADAS will be closed:

Good Friday  April 3
Memorial Day  May 25
Independence Day  July 3

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

April 9
May 14
June 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

Licensed Alcohol and Drug Abuse Counselor Board Meetings for 2015
665 Mainstream Drive, Poplar Room, MetroCenter, Nashville, TN

April 17, 2015, 9:00 a.m.
July 9, 2015, 9:00 a.m.
October 9, 2015, 9:00 a.m.

April 22!!

TAADAS Training

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<tr>
<td>ASI Training</td>
<td>April 10, 2015</td>
<td>Madison Co. Health Department, 804 N. Parkway, Jackson, TN</td>
<td>9:00 AM-4:00 PM CDT</td>
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<td>Understanding Opioid Dependence &amp; Medication Asst. Recovery</td>
<td>April 30, 2015</td>
<td>United Way of Greater Knoxville, 1301 Hannah Ave, Knoxville, TN</td>
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<td>Psychopharmacology</td>
<td>May 8, 2015</td>
<td>Goodwill Career Solution Center, 937 Herman Street, Nashville, TN</td>
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<td>ASI Training</td>
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<td>9:00 AM-4:00 PM CDT</td>
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<td>ASAM Training</td>
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<td>Goodwill Career Solution Center, 937 Herman Street, Nashville, TN</td>
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<td>ASAM Training</td>
<td>May 22, 2015</td>
<td>United Way of Greater Knoxville, 1301 Hannah Ave, Knoxville, TN</td>
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Strengthening individuals, families and communities with hope, access to services, and recovery.

Tennessee Co-Occurring Disorders Collaborative

42 Rutledge Street • Nashville, TN 37210-2043

(615) 244-2220, ext. 14
TOLL FREE IN TN. (800) 568-2642
FAX (615) 254-8331
The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS that is operational 24 hours a day - 7 days a week. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request. The REDLINE receives over 1,000 calls per month for assistance. Some of the issues that we can assist you with include, but are not limited to:

- Alcoholism
- Drug Dependence
- Gambling Addiction
- Eating Disorders
- Depression
- NAS
- PTSD
- Resources for Domestic Violence
- Smoking/Tobacco
- General Mental Health
- HIV/Aids
- Free Literature (shipped to your door)
- Federal Marketplace Assistance
- Shelters and Transitional Living

Call us toll free 24/7
SAVE THE DATE
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Plenary Speakers
Marc Fomby - Gangs
John J. Martens - Psychopharmacology
Frances Patterson - Ethics

Sponsors and Exhibitors
Available!

Events
Tuesday: “Open Mic Night”
Wednesday: TAADAS Reception

Conference Brochure and Registration Forms
Available June 2015

September 2015

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September 7, 8, 9, 10
Nashville Airport Marriott Hotel
600 Marriott Drive
Nashville, TN 37214
Hotel Reservations:
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Room Rate is a fabulous $109.00!

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APPROVED CEU’S

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

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 Programs and Services

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. Log on to the TAADAS website for an online Membership Application.

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.

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS that is operational 24 hours a day - 7 days a week. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request. The REDLINE receives over 1,000 calls per month for assistance.

Recovery Books & Things is the TAADAS Bookstore. Hundreds of self-help book titles are 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 at www.recoverygifts.org from the comfort of your home, or visit our store in person. Recovery Books & Things is located in the TAADAS office in Nashville. Store hours are Monday through Friday from 8 am - 5 pm CST. Phone the store toll free at 877.863.6914.

Problem Gambling Program provides outreach to the general public, persons at risk for gambling problems, and service providers to raise awareness of the risks of problem gambling. Problem Gambling specific information and referral services are provided through the TN REDLINE. The Clearinghouse also offers literature and videos related to problem gambling and addiction.

Training Program – Substance Abuse Services is a collection of activities and services. These consist of in person training events conducted regionally, The Relias Learning project - which offers agencies the affordable option of online training and specialized training for specific groups such as Regional TNPAC, Department of Children’s Services and regional health departments.

The Screening, Brief Intervention, Referral for Treatment – Tennessee program is a federally funded program to implement SBIRT services for individuals using substances at risky levels in primary and community health settings. TAADAS provides SBIRT-TN related training to health care providers as designated by the State. TAADAS also oversees the SBIRT Champions program. Champions are identified health care professionals implementing SBIRT in their practices. These Champions work together on white papers, SBIRT best practices, and recruiting of their peers to raise awareness of the benefits SBIRT.
We thank the following members for their support and involvement in our organization!

Organizational Members

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

Affiliate and Individual Members

Bradford Health                         Oxford House
Cumberland Heights                       TN Assoc. of Alcohol & Drug Abuse Counselors
Employee Benefit Specialists, Inc.      TN Professional Assistance Program, Nashville
New Life Lodge

Todd Albert                              Wayne McElhiney
James Beck                                Harold Montgomery
Richard Chirip                             Melody Morris
Cody Harris                                Judge Seth Norman
Leland Lusk                                Butch Odom
John McAndrew                              Nathan Ridley

Brad Schmitt                              Sheila Shelton
George Snodgrass                          Lawrence Wilson
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. The public needs to 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
- 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 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.

<table>
<thead>
<tr>
<th>Annual Dues*</th>
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<tbody>
<tr>
<td><strong>Organizational/Affiliate Member</strong> <strong>with Annual Revenue &lt; $100,000</strong></td>
<td>$200</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate Member with Annual Revenue = $100,000- $500,000</strong></td>
<td>$500</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate Member with Annual Revenue = $500,000- $1,000,000</strong></td>
<td>$1000</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate Member with Annual Revenue = $1,000,000- $2,000,000</strong></td>
<td>$1500</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate Member with Annual Revenue &gt; $2,000,000</strong></td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Individual Member</strong></td>
<td>$100</td>
</tr>
<tr>
<td><strong>Retiree or Student Member</strong></td>
<td>$50</td>
</tr>
</tbody>
</table>

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

Date: _____________ * Referring Member: (If Applicable) __________________________

Name: __________________________________________

Agency: _________________________________________

Address: _________________________________________

City: ___________________ State: _______ Zip Code: ____________

Phone: _______________ Toll Free: _______________

Fax: ___________________ Email: ___________________

Agency Website: __________________________________

Agency Representative: ____________________________

Representative Email: ____________________________

Please send your completed application to TAADAS at 615-780-5905 (fax) or taadas@taadas.org
Tennessee Teen Institute Encourages Healthy Choices!

The 2015 Tennessee Teen Institute will be held at Tennessee Tech University in Cookeville, Tennessee June 21st -26th, 2015. The Teen Institute is an exciting peer-led youth leadership and prevention camp hosted by JACOA (Jackson Area Council on Alcoholism and Drug Dependency). TTI provides education and training for teens ages thirteen to eighteen in areas of personal development, leadership and alcohol/drug abuse prevention. Participants can apply online or by contacting the representative listed below. The mission of the Tennessee Teen Institute is to challenge the youth of Tennessee to unlock their potential, lead by example and take a proactive role in making a positive impact in their own communities. Participants enjoy outstanding nationally known keynote presenters and interactive workshops on prevalent issues facing youth. During the week-long event youth are required to use their imaginations and creative abilities to develop strategies for addressing substance abuse, violence and other issues in their home communities.

If your organization is interested in sponsoring a team to attend this unique experience or if you would like more information, please contact Kristi Townes, Teen Institute Director, at kristit@jacoa.org or (731) 423-3653. or visit http://tnteeninstitute.net/tti2/ for more information.