TAADAS Legislative Breakfast

The 2013 annual TAADAS Breakfast at Legislative Plaza started outside the Legislative Cafeteria with TAADAS member representatives welcoming everyone to Breakfast tables filled with clearinghouse materials, information concerning TAADAS programs and our Legislative Briefing sheets. More information on TAADAS Legislative agenda is inside this issue. TAADAS welcomed over 60 member representatives this year as we ‘papered’ the plaza with our messages concerning prevention, treatment and recovery services statewide.

Senator Rusty Crowe, Senator Jim Tracy and Rep. Jason Powell discussed advocacy and legislative issues related to Alcohol and Drug treatment, prevention and recovery. Each of the Legislators stressed the value of Alcohol and Drug services in their communities. TAADAS reached out through our breakfast conversations, personal appointments, and visits to committees during the day to reach an additional 75 legislators with our materials. Our thanks to Nathan Ridley, the TAADAS lobbyist, for making this such a successful event.

BELOW: Representative Jason Powell, District 53, discussed current legislative initiatives with TAADAS members during our Legislative Breakfast.
Representative Jimmy Eldridge met with two JACOA staff, CEO Barry Cooper and Treatment Director, Carol Copley. JACOA is located in Jackson, TN, part of the district Rep. Eldridge serves. Rep. Eldridge is the Chair of the House Consumer & Human Resources Committee and Member, Local Government Committee, House Calendar & Rules Committee and House Consumer and Human Resources Subcommittee.

Nathan Ridley, TAADAS Lobbyist, addressing the membership in preparation for their Legislative appointments and outreach.
Legislative Breakfast Activities and Appointments

RIGHT:

Kyle Duvall, Development Director of Welcome Home Ministries in Nashville, TN met with Murfreesboro Senator Bill Ketron. Sen. Ketron is a member of the Senate Finance, Ways and Means Committee, Senate Ethics Committee, Republican Caucus Chairman as well as a Member of the Joint Fiscal Review Committee.

LEFT:

Barry Cooper, CEO of JACOA in Jackson, also met with Senator Lowe Finney. Sen. Finney represents the 5 county area around and including Jackson. He is a Member, Senate Finance, Ways and Means Committee, Senate Health and Welfare Committee and Senate Judiciary Committee.

RIGHT:

TAADAS members watched a Senate session chaired by Lt. Governor, Ron Ramsey (holding the gavel to the right). The refurbishing of the Capitol building was completed in time for the opening of the 108th General Assembly. Several original design features from the 1850s were uncovered during the restoration that visitors are now able to see and appreciate.
JACOA Judiciary Day—March 20, 2013

Barry Cooper, Jackson Area Council on Alcoholism and Drug Dependency’s Executive Director, hosted this event attended by nine West Tennessee Judges.

Judges, police chiefs, police officers, probation officers and parole officers from throughout West Tennessee attended JACOA’S first Judiciary Day event to learn about the services JACOA offers and to get a tour of the facility, located on East Chester Street in Jackson. The main facility has a cafeteria, men’s hall, women’s hall, a well-visited coffee stand, social detox rooms for men and women, and an outside basketball and recreation area. During the event, Madison County Sheriff, David Woolfork, said he served on JACOA’s board previously and then donated $5,000 to the organization. The money came from the sheriff’s office’s drug control fund.

Cooper said that the facility sees a lot of people suffering from both alcohol and drug abuse, not just one or the other. “We’re seeing a lot of prescription drug use,” he said. “Prescription drug use has overtaken alcohol as the No. 1 abused substance in our state.”

JACOA is a non-profit agency that offers a complete continuum of care for people suffering from substance-use disorders or co-occurring disorders in an environment that preserves and promotes the dignity of the person. JACOA also is involved with several other groups, including the Tennessee Teen Institute, which will hold a teen camp at Tennessee Tech University in Cookeville from June 23 to June 28. The camp provides education and training to youth to promote leadership and prevention through workshop seminars and activities.

More information on the camp can be found at www.tnteeninstitute.net, and more information on JACOA can be found at www.jacoa.org.

Photos and article content are courtesy of The Jackson Sun and their photographer, Katie Cooper.
S.T.O.P.
Ridgeview Behavioral Health Centers Telehealth Program
Scott/Morgan Targeted Outreach Program (STOP)

The Scott/Morgan Targeted Outreach Program (S.T.O.P) is a pilot program of Ridgeview and the Tennessee Department of Mental Health & Substance Abuse Services designed to address a significant alcohol and drug treatment void in Scott and Morgan Counties by implementing individualized/enhanced, non residential Alcohol and Drug treatment services via Tele-treatment— the use of interactive electronic telecommunication technologies. The use of tele-treatment to provide A&D treatment services in these rural areas was initially proposed by Rod Bragg, Assistant Commissioner, said Brian Buuck, COO at Ridgeview. One of the biggest advantages that we have found in using telehealth to do groups is that it allows a few people from one site to participate in the larger group. Richard Chirip, Director of Community Based Services, spoke of how this keeps the group size up in these remote areas despite the natural ebb and flow of the program census. Without this technology it would be very costly & difficult to provide this level of care.

Scott and Morgan Counties, which are rural and isolated, are tied together by the S.T.O.P telehealth groups, which is just one component of the program. One of the weekly groups is facilitated by a Reggie Butler, LPC who offers traditional A&D group therapy which focuses on recovery and includes areas such as conflict resolution, relapse prevention and anger management. The other weekly group is facilitated by the program coordinator, Melody Morris LADAC, and/or the CM Recovery Specialists who utilize the SAMHSA Evidence Based Practice Matrix model. Approximately 75 miles apart, the two counties are interactively joined and electronically connected. Clients do not have to drive to Oak Ridge or Knoxville for treatment which reduces the drop-out rate due to financial issues, lack of transportation or logistical barriers. Again, the S.T.O.P telehealth work allows a group to consistently operate and have a higher number of group members participating at all times. Medication management services via telehealth are also available to clients in the program. Clinical oversight/supervision is provided weekly by a Ridgeview psychiatrist and Melody. In addition, the S.T.O.P program provides case management and links clients to supported Ridgeview’s supportive employment and permanent housing services.

No insurance, No problem. Individuals without insurance are eligible for the program. The program has opened up access for substance abuse and co-occurring treatment services for indigent clients in Scott and Morgan County who otherwise would not have an option for treatment. The S.T.O.P program is continuously interested in program client feedback and in a recent satisfaction survey clients were asked questions which ranged from comfortable receiving services via tele-treatment, quality of services, program confidentiality, environment of telehealth equipment, sound & picture quality and the rating of recovery applicability. Overall, clients responses indicated that they were very satisfied, which was reflected in the mean score of 92.5/100.
Coalition Corner

Coalitions Corral

US Senators

-Becky Bolen, Memphis Area Prevention Coalition

On February 6, 2013 drug abuse coalitions from across the state of Tennessee met with Senators Bob Corker and Lamar Alexander to shed light on the work that we do. Each Tuesday the senators meet with their constituents for breakfast as part of “Tennessee Tuesday”. However, this particular week we met on “Tennessee Wednesday”. Prior to the meeting, we elected a representative to speak on behalf of all Tennessee coalitions. Katie Brown (Sumner County) informed the senators that not only do we provide a great public service but prevention work saves money. Recent numbers show that for every dollar invested in a community coalition in Tennessee, $1.26 of in kind community support was generated. This is accomplished by the fact that an investment in prevention can stop substance use disorders before they start, which decreases the social and treatment costs associated with substance use and addiction. Katie went on to further expound on the efforts of our coalitions and the very nature of our work. We prepared reports in advance that were given to each of the senators. Inside there was a map of Tennessee which highlighted all of the counties that had coalitions, detailed information about each coalition and general information about the effectiveness of prevention efforts. Alexander and Corker listened attentively and seemed impressed by the information we shared. Additionally, they took note of the large size of our group and the dedication we demonstrated. We stood as a unified front to show Senators Alexander and Corker our commitment to the cause, and the message was well received.

Below:
TN Senator Corker and Senator Alexander welcome the Tennessee Coalitions to the US Capitol
Mom’s are the best prevention!!
This is a real advertisement from a newspaper in northern Wyoming. We don’t know if the truck sold—but the message is clear.
Go Mom!

Are you, or someone you know, in need of Alcohol and Drug Treatment Services?

CCC CAN HELP!

What CCS provides:
- Screening and Assessments
- 24-Hour Clinical Detoxification
- Co-Occurring Disorders
- Residential
- Intensive Outpatient (IOP)
- Outpatient (OP)
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- Payments
- (TainCare / Grants / Self-Pay)
- Safe Social Setting

Contact Info: www.cocstreatment.com / 423-349-0070 / ccs.admissions@vol.com
Locations: Johnson City, Kingsport, Bristol, and Greeneville
Insider Baseball Notes: Fifty and Seventeen. With fifty votes in the House and seventeen in the Senate, the General Assembly would be able to enact a bill into law selling the Capitol. That of course, assumes that you also have a majority of the votes in each of the committees where the bill would have to travel. Governor Bill Haslam announced to a joint session of the General Assembly on the morning of March 27, 2013, that, his budget amendment would not include language to accept the federal funds for expansion of the state’s Medicaid program. With the announcement came a tacit admission that he and his vote counters could not count to fifty and seventeen. The base of support and the numbers would have been the small lost tribe of Democrats along with at least 22 Republicans in the House, and 10 Republicans in the Senate. The consequence of the announced decision is that as many as 180,000 poor Tennesseans will not have health insurance on January 1, 2014. David Manning and Manny Martins, the original architects of the state’s TennCare program, who made an art form out of drawing down federal dollars to pay for Tennessee’s health care services for the poor, are scratching their heads in amazement.

This health care issue has not been able to push wine in the grocery stores out of the newspaper headlines about legislative activity, but it is the single most important public policy decision of the 2013 legislative session. Governor Haslam assured the legislative audience during his 12 minute speech that he would come back to them for approval before he takes any further action. Unfortunately, his reasoning sounded similar to his decision to decline to participate in a state health insurance exchange. The federal government would not give the state sufficient flexibility to manage the exchange as the Governor would have liked. In that case, however, Tennesseans will still have access to an exchange and its services. They will just have to call a federal official rather than a state official to access the services. With the decision to decline to expand the Medicaid eligible population, poor working Tennesseans will go without insurance coverage they would have otherwise received.

Glimmer of hope: The United States Supreme Court ruled that the Medicaid expansion portion of the Affordable Care Act or Obamacare was optional for the states rather than mandatory. The decision for a state to expand its eligible population has no deadline. Conceivably, Tennessee may wait until next year to revisit the issue for the 2014-2015 fiscal year. 2014, however, has those pesky elections, and counting to fifty and seventeen may be even more difficult then, at least until the election qualifying deadline of April 3, 2014 passes by quietly.

“Yesterday’s home runs do not win today’s ballgame,” –Babe Ruth. When the Babe used those words, he probably gave no thought to their application to political engagement. Our legislative friends are on the verge of adjourning the 2013 session of 108th General Assembly. Please put on your spring and summer to do list reaching out to the membership of the 108th General Assembly. Congratulate them on surviving their first year of public service in the State Capitol and promise to be a resource for any substance abuse treatment issue that may develop. Remind the members about your facility with data such as the number of employees and the number of clients treated to drive the conversation to the importance of your agency to your community. As our Recovery Month materials remind us: Prevention Works, Treatment is Effective, and People Recover. For the newer members especially, the learning curve is still steep, but they cannot make good public policy decisions if they do not know your public policy positions. With your advocacy opportunities with public officials, be like the Babe in explaining his approach to hitting, “All I can tell them is pick a good one, and sock it.”

Calendar Notes: State offices will be closed Monday, May 27, 2013, in observation of the Memorial Day Holiday.
TENNESSEE CO-OCCURRING DISORDERS COLLABORATIVE

STRENGTHENING INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGH EDUCATION & AWARENESS

42 Rutledge Street, Nashville, TN 37210-2043 | (615) 244-2220 | (800) 588-2642 toll free in TN | Fax: (615) 254-8331

What do we mean by co-occurring disorders?

In the Substance Abuse Mental Health Services Administration 2002 Report to Congress, co-occurring disorders were defined as . . .

"... individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other."

Simply put, a co-occurring disorder typically refers to an individual having one, or more, diagnosed mental illness coupled with one, or more, diagnosed addictive disorder.

Strengthening individuals, families, and communities through education and awareness of co-occurring disorders by creating a common understanding of the impact and treatment of co-occurring disorders in Tennessee’s communities and sharing knowledge about the conditions and available resources, reducing stigma, and accurately directing people to timely and effective prevention, treatment, and support.

Become a leader in promoting education and awareness of co-occurring disorders.

Contact the Collaborative to learn more about presentations and information that you or your organization can use statewide or within local communities to expand education and awareness.

STEERING COMMITTEE CHAIRMAN

Randy Isaac, Ph.D., Senior Vice President Specialty Services, Frontier Health, Gray

GRANT ADMINISTRATOR

Tennessee Association of Mental Health Organizations (TAMHO)

NAMI TENNESSEE

CO-FOUNDERING ORGANIZATION OF THE TENNESSEE CO-OCCURRING DISORDERS COLLABORATIVE

TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS (TAMHO)

CO-FOUNDERING ORGANIZATION OF THE TENNESSEE CO-OCCURRING DISORDERS COLLABORATIVE

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (TDMHAS)

TENNESSEE ASSOCIATION OF ALCOHOL, DRUG & OTHER ADDICTION SERVICES (TADAS)

TN VOICES FOR CHILDREN (TVC)

TENNESSEE COALITION FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

TENNESSEE ASSOCIATION OF ALCOHOL AND DRUG ABUSE COUNSELORS (TADAC)

MENTAL HEALTH AMERICA OF MIDUSE TENNESSEE

(Formerly Mental Health Association of Middle TN)

The Tennessee Co-Ocurring Disorders Collaborative is managed by TAMHO under a grant from the Tennessee Department of Mental Health and Substance Abuse Services.
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Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities

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Oak Ridge, Tennessee

Founded in 1976 as a non-profit organization

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- No insurance required
- Intensive Outpatient available—accepts TennCare
- Co-Occurring Disorders Addressed
- Priority services given to clients who are pregnant, IV drug users, or HIV positive

865-482-4826 office 865-481-0503 fax
www.hopeofet.org

Partially funded by the Tennessee Department of Mental Health and Developmental Disabilities and United Way
Tennessee REDLINE

Facts:

Substance abuse costs our Nation over $600 billion annually and treatment can help reduce these costs. In the 2004 Survey of Inmates in State & Federal Corrections Facilities, 32% of state prisoners & 26% of federal prisoners said they committed their current offense under the influence of drugs. Addiction treatment reduces associated health & social costs by far more than the cost of the treatment itself. Treatment is much less expensive than its alternatives, such as incarceration. For example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment is approximately $24,000 per person.

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

Services:

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

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

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

Call: 1-800-889-9789

24 hours a day, 7 days a week
Plenary Speakers
Rokelle Lerner
Chip Dodd
Frances Patterson- Ethics, 3 hours

Sponsors and Exhibitors
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Workshop Proposals
Submit by March 1, 2013

Conference Brochure and Registration Forms
Available Spring 2013

September 2013

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

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615.885.2200

September 22, 23, 24, 25

Changing Lives, Saving Lives
JACOA
Serving West Tennessee Since 1964
(731) 423-3653 • jacoa.org
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.
**TAADAS** meets in the second floor conference room at 1321 Murfreesboro Pike at **1 pm** on the second Thursday of each month meeting this quarter on:

- April 11
- May 9
- June 13

For information, please contact:
Mary Linden Salter, Executive Director
615-780-5901, x-18
marylinden@taadas.org

**TAADAS** will be closed for the following events:

- Memorial Day
  - May 27
- TAADAS Inventory Day June 28

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**Get Involved in SAMHSA’s National Prevention Week**

**May 12–18**

The second annual National Prevention Week brings communities together through local events that focus on the prevention of substance abuse and the promotion of mental health. National Prevention Week 2013 will be held **May 12–18, 2013**. This year’s theme—**Your voice. Your choice. Make a difference.**—recognizes that everyone’s choices matter, especially when it comes to the health and well-being of individuals and communities. The choice to stay substance free and promote mental health starts with each one of us. Get involved now!

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**Training Calendar**

**April:**
10—Working with the Resistant Client—$60
   Delbert Boone
   Chattanooga State Community College

24—Working with the Resistant Client—$60
   Delbert Boone
   Hope Presbyterian Church, Memphis

**May:**
Date TBD—ASAM; Society of American Addiction Medicine

16-17—Cycle of Treatment: Intake to Recovery Conference—$75 (See page opposite)

**June:**
6-7—Introduction to the DSM 5
   Trevecca Nazarene, Boone Convocation Center
   Dr. K. Dayle Jones, Former ACA DSM-5 Task Force Chair (See page opposite)

14—Lobbying/Advocacy—$40
   Nathan Ridley, Esq.
   Nashville

*These trainings are funded under an agreement with the state of Tennessee.*

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**Register now at:**
http://taadas.org/ and click on the training calendar on the left side bar on our home page
May 16-17, 2013
Embassy Suites Murfreesboro
$75 fee
NAADAC and NASW Approved for Continuing Education

Terry Gorski
- Treating Co-Occurring Disorders - A Symptom Management Model
- Stress and Trauma Management - Implications for Addiction Recovery and Relapse
- Relapse Prevention Counseling
- Cognitive Restructuring for Addiction - A Science Based Approach

Delbert Boone
- Working with the Resistant
- Managing the Addicted Client
- The Psychology of Addiction
- Addiction in Criminal Behavior

Fern Richie, DSN, APRN-BC:
Client Clinical Supervision

Clifton Mitchell, Ph. D.
- Effective Techniques for Dealing with Highly Resistant Clients - TN Certification Board Approved - Audience Management
- The Legal and Ethical Game Show Challenge - TN Certification Board Approved - Ethics
- Priming: Using the Hidden Power of Language for Superior Client Outcomes and Self-Improvement

Glen Farr, Ph.D.
- Prescription and OTC Drug Abuse: The Problem and the Treatment
- More than just Prescription and OTC Drugs are Abused: Further Details on Drug & Substance Abuse

Will Beyer, LSPE-HSP, LPC-MHP
Born to Be Wild: ADHD, Alcoholism and Addiction

Introduction to the
DSM-5

Objectives Include:
- Knowledge of the DSM-5 development process
- Understand the new DSM-5 organizational structure
- Knowledge of major diagnostic changes
- Awareness of the impact of DSM-5 revisions

Brought to you by:

[Images of logos for TLPCA, Trenvecka Nazarene University, TAMHO, TAADAS, and Dr. K. Dayle Jones]

June 6-7, 2013
Trevecca Nazarene University
Boone Convocation Center
333 Murfreesboro Road
Nashville, TN 37210

Dr. K. Dayle Jones
Former ACA DSM-5 Task Force Chair
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.
We thank the following members for their support and involvement in our organization!

Debbie Hillin, President  Charlotte Hoppers, President Elect  Daryl Murray, Treasurer

Organizational Members

Agape, Knoxville  Hope of East Tennessee, Oak Ridge
Aspell Recovery Ctr., Jackson  Innovative Counseling, Memphis
Buffalo Valley, Hohenwald  Jack Gean Shelter, Savannah
CADAS, Chattanooga  JACOA, Jackson
CADCOR, Murfreesboro  Madison Treatment Center, Madison
Cocaine & Alcohol Awareness Program, Memphis  Memphis Recovery Centers, Memphis
Community Prevention Coalition of Jackson Co., Gainsboro  Mending Hearts, Nashville
Comprehensive Community Services, Johnson City  Metro Health Department, Nashville
Crossbridge, Inc., Nashville  Park Center, Nashville
E.M. Jellinek Center, Knoxville  Place of Hope, Columbia
Families Free, Johnson City  Renewal House, Nashville
First Step Recovery Center, Memphis  Samaritan Recovery Community, Inc., Nashville
Franklin Co. Prevention Coalition, Winchester  Serenity Recovery Center, Memphis
Friend of Bill’s Recovery Houses, Lebanon  STARS, Nashville
Grace House, Memphis  Synergy Treatment Ctr., Memphis
Harbor House of Memphis, Memphis  The Next Door, Nashville
Healing Arts Research Training Ctr., Memphis  The Shipley House, Nashville
HealthConnect America, Nashville  Turning Point Recovery Residences, Nashville
Henry County Prevention Coalition, Paris  Welcome Home Ministries, Nashville
Here’s Hope, Counseling Ctr., Dyersburg  YANA, Nashville

Affiliate and Individual Members

DigiPoint Solutions  Nashville Drug Court
Employee Benefit Specialists, Inc.  TN Assoc. of Alcohol & Drug Abuse Counselors
Hamblin County Recovery Court, Morristown  TN Certification Board
Knox County Drug Court  TN Professional Assistance Program, Nashville

Kathryn Benson  Cody Harris  Judge Seth Norman
Susan Binns  Charlie Hiatt  Joe Osterfeld
Bruce Emory  Patrick Kendall  Nathan Ridley
Jenny Evans  Joe Kpena-Quamoh  Julie Sears
Josh Greer  Leland Lusk  George Snodgrass
David Guenther, CPA  Wayne McElhinney  Jeri H. Thomas
Carrie Hawk  John McAndrew  
Joyce Hardy  Harold Montgomery  

Debbie Hillin, President      Charlotte Hoppers, President Elect      Daryl Murray, Treasurer
**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.

**TAADAS’s purpose is to:**

- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- 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.

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.

**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 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. TAADAS membership is not automatic board membership as the board consists only of the board of directors.

**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 their LADAC.

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Annual Dues*</th>
</tr>
</thead>
<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>
</tr>
<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>
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</tr>
<tr>
<td>Individual Member</td>
<td>$100</td>
</tr>
<tr>
<td>Retiree or Student Member</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 fax your completed application to TAADAS at 615-780-5905
Good News! Tennessee Meth Lab Incidents have been reduced!

Team TAADAS will be walking like MADD!!
Nashville, TN on May 4, 2013
Sign up at: madd.org