Opportunities to Address Pregnancy, Drug Use and the Law

TAADAS released a White Paper addressing Chapter 820 of the Public Acts of 2014 due to concerns that the recent changes to the law did not adequately address access to care while criminalizing women who did not receive care. The focus of our recommendations is access to care for pregnant drug-using women and our emphasis is on enabling women to have healthy pregnancies and healthy babies while receiving addiction treatment. Any barriers to accessing treatment will reduce the potential for healthy outcomes for these babies. The data presented shows the ramifications for women seeking care after SB 1391 was passed as well as the shortage of addiction treatment options for this population.

Opioids are the primary substance of abuse in Tennessee. The Opioid Prescription Reporting Database operated by TN Department of Health (TDOH) significantly increased physician awareness of this issue. Still there were 25% more controlled substances dispensed in Tennessee in 2012 than in 2010. (Prescription for Success) It should be noted that offering treatment to women will not necessarily reduce the number of Neonatal Abstinence Syndrome (NAS) births. The evidence based practice recommended treatment for pregnant drug using women is Medication Assisted Treatment (MAT) which results in nearly the same or slightly reduced rate of NAS births. Increasing access to care is appropriate for these women, but the premise of this bill was to reduce NAS babies. MAT was found to maintain or even increase the number of NAS babies. As of October 31, 2015, just over 80% of the cases of NAS were attributed to opiate use taken under the supervision of a physician. The number of NAS cases appears to be leveling off, and the rate is no longer increasing to the same degree. But NAS will not be eliminated as long as the safest and most preferred treatment during pregnancy continues to be medication assisted therapy. Body functioning, thinking and automatic responses are all controlled by chemical reactions in the brain. Taking an opioid
Pregnancy, Drug Use and Law continued ...

alters those chemical reactions. Opiates, in particular, destroy the pleasure cells in the brain which leads to an increasing need for more substance to feel anything or to recreate the ‘high’ that first occurred. Because these cells are destroyed, the user will keep trying even though the original ‘high’ is never recreated. The person becomes dependent on the substance in an effort to feel better. Any degree of use can trigger this reaction – there is no predicting the length of use or amount of use that cause a person to become addicted. This is the disease of addiction – a brain disease.

There are many chronic diseases such as hypertension, asthma, diabetes and addiction that require long term management approaches. Treatment for these kinds of chronic diseases during pregnancy may require adaptations of patient treatment plans to keep the fetus from undergoing any harm. Many of these conditions pose a higher risk to a developing fetus than do opioids. Addiction is not illegal. Possession of certain drugs and drug paraphernalia as well as selling drugs are illegal. Criminalizing addiction in any manner would make reporting your condition and accessing the health care system risky.

TAADAS does not endorse additional criminal penalties for pregnant drug-using women because our data shows that criminal sanctions drive women away from care. Many studies have cited pregnancy and the need to care for children and families to be a primary motivation for women to enter addiction treatment. A study of drug-using women between 2000 and 2007 found that pregnant women were more than four times as likely as non-pregnant women to express greater motivation for treatment. Family care issues are also cited as one of the chief reasons that women leave treatment – often due to the problems with long term absence and need to provide direct care for their children and families.

The following issues were found to be barriers to care for pregnant drug-using women:

- Lack of treatment facilities that will admit pregnant women – including poor access to Methadone and Subutex providers;
- Lack of high-risk OB-GYNs who will affiliate with treatment providers and these women to provide care while they are in addiction treatment;
- Lack of treatment facilities that provide recovery support for women through their pregnancies and post-partum – especially ones that provide family residential care;
- Lack of childcare for women in treatment during pregnancy and post-partum;
- Lack of funding for treatment – access to care is further limited for those without insurance, state/ Federal funding for indigent care only treats a few hundred pregnant women each year;
- Lack of insurance parity enforcement keeps some women from accessing care even when they have insurance; and
- Lack of transportation for women to get to treatment - especially in rural areas

“I would move mountains for my kids. I don’t think I ever let ... that’s one thing I don’t think I ever did was let my addiction come in the middle of my parenting, ’cause I mean I think that’s the only thing that’s getting me through now is that I’m fighting for them.”
Another important tool is Chapter 398 of the Public Acts of 2013, sponsored by Senator Ken Yager (R-Harriman) and Representative Bill Dunn (R-Knoxville). This statute encourages pregnant women who misuse prescription opioids to access early prenatal care and drug rehabilitation. In exchange, they would be given a safe harbor from having their parental rights terminated through a petition filed by the Department of Children’s Services due to prenatal drug abuse. The safe harbor only applies if the mother meets certain requirements set out in the bill to protect the health of the fetus. “The Safe Harbor Act of 2013 provides a woman with a strong incentive to do the right thing for her baby,” said Sen. Yager.

TAADAS supports the goals of the Safe Harbor Act and the Prescription for Success Plan and would encourage prompt focus on the recommendations that have been identified to help prevent NAS and to provide access to treatment for pregnant drug-using women.

In particular, the following recommendations would successfully impact this issue:

- Allow Chapter 820 to sunset.
- Provide additional specialized treatment options for mothers with opioid addiction whose babies have been born with Neonatal Abstinence Syndrome or who are at risk of losing their children – including the potential for recovery support homes for after care and family residential care. Please consider creating two or more Family Residential Treatment pilots for the TennCare population so that this model of treatment (allowing women to bring children to care with them) can be tested and modeled. This will allow TDMHSAS to consider adding this level of care to the list of substance abuse treatment program licenses in TN. As illustrated by the Vermont model, Tennessee and most other states are changing from an acute care model of treatment to a more residential support model of treatment. This kind of model programming needs to be included in the system of care in Tennessee.
- Continue TennCare coverage for new mothers of babies born with opioids and other substances in their systems to cover the mother’s addiction treatment for at least 6 months postpartum to ensure that these mothers have adequate support to maintain recovery and keep their families intact.
- Develop additional Recovery Courts throughout the state to ensure all pregnant women in Tennessee have access to a recovery court program if charged under pre-existing criminal statutes. When charged, women need access to treatment and not jail. Recommend that Recovery court contracts and relationships with treatment providers include long-term residential support for women during pregnancy, post-partum and intermittent support when needed. Ensure that Recovery Courts are trained in protocols for pregnant drug-using women.
- Develop best practices for opioid detoxification of pregnant women.
- Provide specialized training to treatment providers on the new best practices for serving people with opioid addiction.
- Increase the availability of and refine training for time-limited substance abuse case management services – especially those targeted for women who are pregnant and those who are post-partum with a baby diagnosed with NAS. Support for recovery for pregnant or new mothers is crucial to their continued success in sobriety and to keep families intact.
- Ensure the state’s enforcement of parity regulations secure access for these women to addiction services within their health plans.

TAADAS’ recommendation overall is that increased access to health care is what is needed, not punishment for women unable to access health care. Addiction treatment for a pregnant woman is a complex issue which should be based on individual treatment needs determined by a treatment professional. Control of treatment should be in the hands of a health care provider, not managed by a criminal court.
Distracting Issues. The channel catfish is Tennessee’s official state commercial fish. SB 1108, would make the Holy Bible Tennessee’s official state book. SB 1108’s House companion bill passed on the House Floor 55-38-3 after generating the most spirited debate of the 2015 session. The Senate companion bill, SB 1108, is awaiting a hearing before the Senate Judiciary Committee in 2016. Tennessee now has more than 500,000 handgun permit holders. A bill that would allow the open carrying of a handgun without a permit, a so called constitutional carry bill, will also be discussed in 2016. Notwithstanding the United States Supreme Court decision in Obergefell v. Hodges that recognized same sex marriage as the law of the land, bills will be filed mentioning First Amendment Free Exercise Rights in 2016.

Big Issues. First is the State Budget. This is the only bill that the General Assembly has to pass of the 1500 bills that will be filed. Most of the state budget authorizes the expenditure of our state tax dollars for education and health care and public safety. Second is criminal justice reform. Governor Haslam is expected to file a bill dealing with Tennessee’s sentencing system. Third is transportation infrastructure funding. Tennessee’s fuel taxes have not been changed since 1989. Governor Haslam is still pondering whether to tackle this issue in 2016 or wait until 2017. Fourth is the extension of Tennessee’s fetal assault law. During the 2014 legislative session, the General Assembly with Public Chapter 820, enacted the fetal assault statute which makes a pregnant woman subject to criminal prosecution for assault if her child is born addicted to or harmed by a narcotic drug taken by the woman during her pregnancy. During the debate and the adoption of amendments that preceded final passage of the legislation, the new statute was set to expire on July 1, 2016. Many expect legislation to be introduced in January to remove the expiration date and make the statute permanent.

Legislative Process 101. We know that the legislature at work is the legislature in committee. The fetal assault legislation will be referred to the Senate Judiciary Committee and the House Criminal Justice Subcommittee and Committee. We also know that prevention works, treatment is effective, and people recover. It is not easy for pregnant women to find treatment in Tennessee. Most drug treatment centers in Tennessee do not treat pregnant women. Even if a pregnant woman can find a treatment program, she may not be able to afford to pay for the program, find childcare for her other children, or have transportation to get to and from the treatment program. Using the criminal law to punish addicted pregnant women drives away the very people we should encourage to receive prenatal care, to undergo drug treatment and to have honest communications with their health care providers. While the treatment community is not of one mind on the topic of medication assisted treatment generally, most if not all will agree that abruptly quitting a narcotic addiction can increase the risk of pregnancy complications. Making the temporary law from the 2014 session permanent would allow the Government to punish pregnant women for doing exactly what their health care providers would advise them to do.

As the World Turns. The State House has three new members due to career decisions of former members. Jason Zachary of Knox County replaces Ryan Haynes who has become the State Republican Party Chair. Gary Hicks of Hawkins County replaces Mike Harrison who has resigned to become
executive director of the Tennessee County Mayors Association. Jamison Jenkins of Fayette County replaces Leigh Wilburn who resigned from her seat in December. Representatives Zachary and Hicks are expected to seek full two year terms during the 2016 election cycle, while Representative Jenkins is not expected to seek a full term.

**Checklist for this month.**
Call your elected state officials and ask them not to support any bill criminalizing the chronic disease of addiction.
Make sure you and all your employees are registered to vote for our three elections in 2016, the March 1 Presidential Primary Election and the regular August and November Elections.
Put February 10, 2016 on your calendar to remind yourself to come to Nashville and participate in the TAA-DAS Day on the Hill activities.

**Calendar Notes:** State offices will be closed Monday, January 18, for the Martin Luther King Holiday and Monday, February 15, for the Presidents Day Holiday.
Thursday, January 21 is the deadline for filing general bills for consideration in the 2016 session of the 109th General Assembly. Most expect a mid-April adjournment date.

_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 “**New Hampshire Forum on Addiction and the Heroin Epidemic**”
was held on January 5th. The event provided New Hampshire policymakers and major presidential candidates with a venue to discuss addiction, including the heroin and prescription drug epidemic. Presidential candidates, Jeb Bush, Chris Christie, Carly Fiorina, and John Kasich each responded as to their approach to addiction issues. All the candidates present noted the need for criminal justice system reform for non-violent drug offenders.

New Hampshire, the first state in the nation that holds a primary election, has placed the problem at the forefront of the 2016 presidential campaign. Several of the candidates spoke about having been personally affected by the addiction of family or friends.

Forum videos and other material can be accessed at:
_http://www.addictionpolicy.org/#!new-hampshire-forum/a0omc_
BHT Awards TAADAS Advocacy Grant

TAADAS received the grant from The Baptist Healing Trust, which awarded funds totaling over $1.7 Million in its most recent grant cycle. “We are proud to help support 29 local non-profits working to create access to quality, compassionate health services for the community’s most vulnerable residents,” said President & CEO Dr. Cathy Self. The mission of the Baptist Healing Trust, a private grant making foundation, is the sacred work of fostering healing and wholeness for vulnerable populations through strategic investing, philanthropy, and advocacy.

The TAADAS grant was for $225,000 and will be used to advocate for access to addiction treatment, prevention and recovery support services in Tennessee. TAADAS will focus on building TAADAS member advocacy skills, promoting an advocacy plan and developing media strategies to promote advocacy initiatives.

Recipients of the contributions include non-profit organizations from 40 counties in Middle Tennessee that focus on advocacy, physical health, mental health, recovery from alcohol and drug abuse or healing from abuse, neglect, and violence. This year’s grants bring the collective grant making of the Baptist Healing Trust to over $72 million since 2002. The Trust, while created out of the sale of Baptist Hospital to Ascension Health/St. Thomas Health Services, is a private, independent foundation and is not affiliated with the St. Thomas Health Services or the St. Thomas Health Services Fund.

As of January 1, 2016, TAADAS will begin several initiatives aimed at enhancing our advocacy strategy and the advocacy knowledge of our members. TAADAS will employ an Advocacy Director and a medial specialist to assist with the development of advocacy strategies. Kathleen Kennedy, formerly the ACA Outreach Director, will assume the role of Advocacy Director. She will staff the Legislative Committee and will regularly attend TN Legislative sessions. Anthony Pugh is the owner of a Nashville sign company and he will bring his design skills and media expertise to his role as Media Specialist.

TAADAS will hold a series of provider open houses around the state to showcase our members and invite public officials to facilities in their communities. These events will highlight a valuable resource in each community and bringing awareness to public officials about the nature of addiction and the need to support each agency.

Board of Alcohol and Drug Abuse Counselors

Meeting Schedule

Unless otherwise noted, all meetings are at 665 Mainstream Drive, MetroCenter:

- January 29, 2016, 9 am, Poplar Room
- April 15, 2016, 9 am, Poplar Room
- July 15, 2016, 9 am, Poplar Room
- October 7, 2016, 9 am, Poplar Room
TAMHO White Paper: Substance Abuse Treatment Funding

RECOVERY IS REAL!
Substance Abuse/Addiction Treatment in Tennessee | Tennessee is in the midst of a serious substance abuse epidemic that has led to devastating outcomes to families, communities, and our great state. In Tennessee, more people than ever are dependent on or addicted to drugs. Governor Haslam and the General Assembly should be commended for their efforts to address the issue of prescription drug abuse with the passage of various legislative acts including the Prescription Safety Act of 2012 and the endorsement of “Prescription For Success”-- a strategic initiative developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and other state departments which outlines statewide strategies to address Tennessee’s prescription drug abuse epidemic. Both of these efforts are a fantastic first step, but they are not enough. A comprehensive approach that includes funding for addiction prevention and treatment must be a part of the solution to solving the drug abuse epidemic.

Economic Benefits of Investment in Treatment | Research shows that every dollar spent on substance abuse treatment saves $4 in healthcare costs and $7 in law enforcement and other criminal justice costs. On average, substance abuse treatment costs $1,583 per person and is associated with a cost offset of $11,487, representing a greater than 7:1 ratio of benefits to costs. Drug abuse and addiction can affect almost every system in (the) body. Drugs affects feelings and moods, judgment, decision making, learning, and memory. ... they can also cause or worsen other health problems—cancer; heart disease; lung disease; liver function; mental disorders; and infectious diseases such as HIV/AIDS, hepatitis, and tuberculosis. Some of these effects occur when drugs are used at high doses or after prolonged use, and some may occur after just one use.

So What Can We Do? | The legislative efforts to date must now be supported with recurring dollars to provide treatment services. We understand the political realities of the Tennessee budget. However, we firmly believe that we must begin to provide targeted treatment funding. We would encourage the administration and the General Assembly to appropriate $30 million of recurring state dollars into the Tennessee Department of Mental Health and Substance Abuse Services to significantly increase access to treatment for adults, and in future years, access for youth.

These actions will afford better access to treatment services statewide, as well as a reduction in the spending in other departments like Corrections (by reducing incarceration), Department of Children Services (by reducing number of minors who go into state custody because of parental drug abuse) and ultimately make our communities safer and healthier.

WATCH THE VIDEO, FIND YOUR LOCAL LEGISLATOR, OR DOWNLOAD THE WHITE PAPER AT WWW.TAMHO.ORG/RECOVERY
Davidson County Drug Court Leaders Honored

The Tennessee Association of Drug Court Professionals (TADCP) has honored Davidson County Criminal Court Judge Seth Norman with its “Making a Difference” award. The award recognizes Judge Norman’s significant contributions to Tennessee Recovery Courts. Judge Norman also serves as Presiding Judge for the Davidson County Residential Drug/Recovery Court and the Morgan County Regional Recovery Court.

Davidson County Drug Court Director Janet Hobson was honored with the Christy Vernon Spirit Award. The award recognizes Ms. Hobson’s dedication to the Drug Court model and the significant difference she has made in the lives of participants in her Drug Court. Judge Norman and Ms. Hobson were honored during the TADCP Annual Conference.

Judge Norman is responsible for building the impressive Davidson County Residential Drug/Recovery Court from the ground up, and is a sought-after speaker for inspiring audiences about the successes and promises of the Recovery Court model. He has been quite successful in securing funding for the Nashville Drug Court Support Foundation and in convincing government and private sector leaders of the enormous value Recovery Courts bring to society.

“The Tennessee Association of Drug Court Professionals counts heavily on Judge Norman for advice and direction when it comes to growing the programs, influencing community leaders, and making things happen for Recovery Courts,” says Kevin Batts, TADCP President. “Judge Seth Norman is a visionary who is never satisfied with maintaining the status quo. He developed Tennessee’s first regional Recovery Court for those with more serious addiction and legal issues. He has readily volunteered to preside over Recovery Courts in other jurisdictions when the need arises. Judge Norman has always been a valuable resource for this organization,” Batts adds.

Judge Norman is recognized on the state and national level as a leader in the Recovery Court model. He has been the most influential leader in the progress of Recovery Courts in Tennessee for the past 20 years.

As recipient of the Christy Vernon Spirit Award, TADCP recognized Janet Hobson with their highest award for dedication to the Drug Court profession. The award was named for the late Christy Vernon, who
inspired hundreds of Drug Court employees and volunteers with her untiring work in the development of Drug Courts in Tennessee.

Drug courts integrate chemical dependency treatment and community resources with the criminal justice system. Drug Court participants are involved in counseling sessions to help them recover from their drug and alcohol dependency. The goal is to give these non-violent offenders a new lease on life, with the skills to be productive, law-abiding citizens.

Drug Courts are a collaborative link between the courts, prosecutors, defense attorneys, law enforcement, probation officers, treatment providers, social service agencies, and community-based non-profit organizations.

Drug Courts have proven to be effective alternatives to expensive incarceration. The programs require strict accountability from participants through frequent in-person court hearings and intensive monitoring. Drug Courts require total abstinence from illicit and illegal drugs and alcohol.

National statistics indicate that 75% of Drug Court graduates remain arrest-free at least two years after graduation. On average, Drug Courts across the country save taxpayers between $4,000 and $12,000 per participant by reducing the cost of trials and incarceration.

ABOVE: Judge Seth Norman presents the Christy Vernon Spirit Award to Davidson County Drug Court Director Janet Hobson.
TN Co-Occurring Disorders Collaborative

Strategic Initiative Information

Tennessee Looks to Change Culture and Enhance Tennessee’s Co-Occurring Disorders System of Care

As the work of the Tennessee Co-Occurring Disorders Collaborative (TNCODC) continues and behavioral health service integration becomes of utmost importance, a 4-point strategic initiative has been created with an emphasis on the enhancement of Tennessee’s co-occurring disorders system of care.

The approach of the initiative is to create change within organizations to address barriers and instill a “welcoming, no wrong door” philosophy for co-occurring disorders (COD). Details and announcements will soon roll out from TDMHSAS, TNCODC, and its partner organizations.

The intent of this initiative is to develop a Learning Community/Collaborative that will complement the state’s current investment in treatment and recovery. The initiative is broken into two top-down and two-bottom up approaches for a comprehensive action plan for change within organizations. Among other things, the top-down initiatives include implementation of a state-wide learning collaborative to train and sustain a workforce fully prepared to successfully address COD. The bottom-up initiatives address the implementation at the provider level, including identifying key staff to participate in the learning collaborative and utilizing an assessment process to guide organizational changes to improve COD services.

Stay tuned for details and information on this exciting opportunity and to learn how your organization can participate in an upcoming Learning Community/Collaborative.

STRATEGIC INITIATIVE

Enhancing Tennessee’s Co-Occurring Disorders System of Care

To effect organizational change, in this case statewide forward movement, a top-down and bottom-up approach will provide the needed momentum for the change process. We recommend this two-prong approach to address barriers, insure sustained workforce development and compliment the state’s current investment in treatment and recovery for individuals with co-occurring disorders.

Top-Down Initiatives:

Introduce key concepts of the “Welcoming, No Wrong Door” philosophy into state-level language.
- Develop state level policy language to support “welcoming, no wrong door” philosophy.
- Contract language for all behavioral health providers to include assessment for co-occurring capability.
- Develop incentives for agencies to engage in quality improvement of co-occurring services
- Provide consultation, via the Tennessee Co-Occurring Disorders Collaborative (TNCODC), to agencies to assist with co-occurring capable organizational improvements.

Develop and implement a state-wide learning collaborative approach to support universal co-occurring capability for programs and staff
- Develop a core learning collaborative leadership team comprised of state and agency level representatives.
- Utilize the efforts of the Tennessee Co-Occurring Disorders Collaborative (TNCODC) in the development and leadership around the learning collaborative approach.
- Identify methods, opportunities for training and technical assistance, and obtain buy-in from agency leadership.
- Provide a system by which each agency identifies senior leaders, clinical supervisors and clinical staff who will become the agency’s co-occurring capability change team.
- Develop systems in which senior leaders and clinical supervisors can sustain agency change and workforce development over time.
- Train the trainer and change agent model
- Monthly accountability calls with learning collaborative leadership
- Regular supervision and training of trainers, supervisors, and change agents.
- Develop metrics by which program and practice improvement strategies can be measured, and change within systems can be measured.

**Bottom-Up Initiatives:**
Identify key providers to participate in the co-occurring capability learning collaborative.
- Agencies are invited to organize a formal change team to participate in the co-occurring capability collaborative.
- Agencies work with Tennessee Co-Occurring Disorders Collaborative (TNCODC) leadership to be successful in making progress in the co-occurring capable collaborative process.
- Develop technical assistance processes that utilize measures of accountability to COD capability standards and improvement in staff competency in integrated treatment.
Utilize the co-occurring capability assessment process to make organizational changes that improve COD services.
- Formal quality improvement plans with measurable objectives.
- Include COD competencies and best practices as part of review process with clinical staff.
- Track accountability regarding use of program practice metrics to learning collaborative.
- Review policies and procedures to insure progress toward COD capability.
- Maintain an annual review process to reduce drift and insure movement forward.

**TAMHO Welcomes TNCODC Learning Collaborative Project Manager**

TAMHO is proud to announce the recent addition of Patrick Slay, M.A., NCC, PMP, who will be serving as the TNCODC Grant Project Manager. Patrick is both an engineer and a counselor with a unique background in project management and career counseling. He worked in career services at Vanderbilt University and Trevecca Nazarene University as well as in private practice. Much of his work included training and education and he developed and delivered a career counseling course for Trevecca’s graduate counseling program. He has recent IT project management experience with Vanderbilt University Medical Center and HCA. Previously, he worked in the corporate world for three Global 500 manufacturing companies, in many roles and functional areas including quality, process improvement, and project management.

Patrick has a Bachelor of Industrial Engineering from Auburn University and a Master of Arts in Counseling from Trevecca Nazarene University. He is a National Certified Counselor (NCC) and a Project Management Professional (PMP).
**TAADAS will be closed:**

- MLK Day of Service  
  January 18
- President’s Day  
  February 15
- Good Friday  
  March 25

**TAADAS Training**

**Wrap II Facilitator’s Training - Nashville**
Kelly Hammond, MA, CTS; Ken Barton, BA, CPRS  
January 11, 13, 14, 15, 2016  
Goodwill Career Solutions Center  
937 Herman Street  
Nashville, TN 37208  
January 12, 2016  
Metro Lentz Public Health Department  
2500 Charlotte Ave  
Nashville, TN 37209  
9:00 AM - 4:00 PM CST

**Secondary Trauma - Nashville**
Leigh Ann Veale, LMFT  
January 22, 2016  
Goodwill Career Solutions Center  
937 Herman Street  
Nashville, TN 37208  
9:00 AM - 12:00 PM CST

**The Disease of Addiction: A Closer Look at Heroin**
Lisa Black, M.Ed., NCAC II, CCS  
January 29, 2016  
Hope Church  
8500 Walnut Grove Rd  
Memphis, TN 38018  
8:30 AM - 12:30 PM CST

**TAADAS typically meets in Suite 130 at 1321 Murfreesboro Pike at 10 am on the second Thursday of each month and will meet this quarter on:**

- January 14
- February 10, Day on the Hill
- February 11
- March 10

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

**TAADAS Training Annual Needs Assessment**

In an effort to continually improve the trainings that we coordinate for you and/or your staff we’d like to offer you the opportunity to participate in the future planning of these events by soliciting your feedback and applying what we learn to future trainings. Anyone who has taken one of our trainings, past or present, or may in the future is invited to provide feedback on their experience. Please chose a link below and send us your feedback.

**2015/2016 Treatment & Recovery Support**
https://www.surveymonkey.com/r/XX7B6HB

**2015/2016 Prevention Needs Assessment**
https://www.surveymonkey.com/r/Y29JTK3

**MTAADAC January 15th Education Workshop - 2 CEUs**
Randal Lea, MA, LADAC, QCS
“Trauma Triage for Addictions Counselors”
10:30 am to 12:00 pm MTAADAC Business Meeting  
12:00 pm to 2:00 pm Education Session  
Cost: $5 for NAADAC members; $10 non-members  
Midtown Hills Police Precinct Community Room  
1443 12th Avenue South, Nashville, Tennessee 37203  
PLEASE RSVP by 1/13/16 to ramie.siler@thenextdoor.org  
Note: If you are planning to have lunch you must RSVP by 1/13/16.
Hope
As long as there is life, there is hope.

ACCESS
Staying informed will be helpful when services are necessary.

RECOVERY
is real!

- Keep up with current co-occurring disorder events/trends
- Access the latest perspectives related to the impact of co-occurring disorders on: 1) families, 2) communities; 3) local and state level policy and legislative matters, 4) judicial and criminal justice systems; and, 5) business and workforce
- Order educational and awareness materials
- Sign up with TNCODC to stay current on co-occurring disorder updates
- Request educational presentations
- Download a TNCODC link banner to place on your agency or organization website and so much more!

This project is funded under an agreement with the State of Tennessee. The Tennessee Association of Mental Health Organizations (TAMHO) serves as the grant administrator for this project.
Help us to bring recovery support services to more Tennesseans

Designate TAADAS as the recipient for your Kroger Plus and Amazon Smile rewards purchases. It's easy to do and helps us to do more for the recovery community in Tennessee!

Amazon Smiles is as easy as 1-2-3!

1. Sign in to www.smile.amazon.com on your desktop or scan the Amazon QR code below with your phone.
2. From your desktop, go to Your Account from the navigation at the top of any page, and then select the option to Change your Charity.
3. Or, from your mobile browser, select change your charity from the options at the bottom of the page. Select TAADAS as your new charitable organization to support.

Scan Here for Amazon

Kroger Community Rewards: How to Register

Use your existing Kroger Plus Card or get a new one from the customer service desk.

Visit www.krogercommunityrewards.com (scan the QR code below if you have a smartphone).

Sign up for an online account using the "new customer" box unless you already have an online account.

Once signed up, retrieve the confirmation email and confirm your new account.

Now visit your new account and select to edit Kroger Community Rewards - Input your Kroger plus Card Number.

Now enter the NPO 32184 and select confirm.

Your recipient organization's name should now appear on the right side of the information page.

If you use your phone number at the register Call 1.800.676.4377 and select option 4 to get your Card Number.

You must swipe your card or use your phone number to get credit for any purchase.

Scan Here for Kroger

Two Great Programs
One Awesome Cause!
Finding resources for children in Tennessee has never been easier.

With the Kid Central app, you’ll get mobile access to state services, receive useful notifications and have important contact info on the go.

Visit [http://kidcentraltn.com/](http://kidcentraltn.com/) for more information and to download the app for android or iphone.
Tennessee REDLINE

Your One Stop Shop for Addiction and Mental Health Referrals

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

1.800.889.9789

Call us toll free 24/7

This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services.
We thank the following members for their support and involvement in our organization!

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

Organizational Members

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

Affiliate and Individual Members

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

Todd Albert  Melody Morris  Richard Whitt
James Beck  Judge Seth Norman  Ron Bailey
Richard Chirip  Butch Odom
Cody Harris  Nathan Ridley
Leland Lusk  Brad Schmitt
John McAndrew  Sheila Shelton
Wayne McElhinney  George Snodgrass
Harold Montgomery  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.

**Annual Dues**

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

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

**Date:** ____________ *  **Referring Member: (If Applicable) ________________________________________________

**Name:** ____________________________________________

**Agency:** __________________________________________

**Address:** __________________________________________

**City:** _____________________________  **State:** ________  **Zip Code:** _____________________________

**Phone:** _____________________________  **Toll Free:** _____________________________

**Fax:** _____________________________  **Email:** ___________________________________________

**Non-Profit:**                   Yes       No  **Government contracted:** Yes       No

**Agency Website:** ___________________________________________

**Agency Representative:** ___________________________________________

**Representative Email:** ___________________________________________

Please send your completed application to TAADAS at 615-780-5905 (fax) or taadas@taadas.org
The Tennessee Association of Alcohol Drug and other Addiction Services cordially invites you to attend our Annual Legislative Breakfast.

Breakfast will be held on  
February 10, 2016 from 7:30 - 8:15 a.m.  
in the Legislative Plaza Cafeteria  
located at 301 6th Avenue North

The entire membership of the 108th General Assembly has been invited to this event and a copy of this invitation has been timely delivered to the Tennessee Ethics Commission pursuant to T.C.A.3-6-305(b)(8).