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Tennessee Budget Increases FY’18 and Beyond

TDMHSAS was awarded several budget increases that will begin as of July 1, 2017. TAADAS and TAMHO worked hard this past session to promote a budget allocation to fund addiction services. A $6 million recurring increase was passed in the budget along with several other improvements for TDMHSAS. Increased access to treatment services has been a long standing goal of TAADAS and we are very appreciative that the state Legislature and the Governor agreed that funding was needed. There were five adolescent treatment programs at CADAS, CCS, Memphis Recovery, Youth Town and Helen Ross McNabb that are also funded to serve the uninsured. More details of specific allocations to providers will be announced in the coming months.

The Sycamore Institute estimates the revised recommended FY 2017-2018 budget would spend about $17.8 billion from state revenues. This is approximately $74 million less than the original recommendation. The budget acknowledges a nearly $1 billion surplus in recurring revenues and more than $1 billion in one-time revenue.
The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) begins a new era of leadership in the Division of Substance Abuse Services. Dr. Stephen Loyd has been appointed as Assistant Commissioner and Taryn Harrison Sloss will now serve as Deputy Assistant Commissioner for the Division.

“We are very fortunate to have this dynamic duo leading our outstanding team in the Division of Substance Abuse Services,” said TDMHSAS Commissioner Marie Williams. “This dedicated team of individuals is focused on improving outcomes, being innovative, resolving challenges and collaborating with our statewide network of providers to impact the lives of so many Tennesseans struggling with substance use issues.”

Dr. Stephen Loyd is a well-respected physician with an outstanding professional career coupled with his own personal story of triumph over opioid addiction. He most recently served TDMHSAS as the Medical Director of Substance Abuse Services. Prior to joining the Department, Dr. Loyd was an Associate Professor at the James H. Quillen College of Medicine East Tennessee State University in Johnson City, Tennessee and served as the Chief of Medicine at the Mountain Home VA Medical Center.

“I am humbled at the opportunity to serve as Assistant Commissioner for Substance Abuse Services,” said Dr. Loyd. “I would like to thank Commissioner Williams and Deputy Commissioner West for their support as we work with our providers on expanding our prevention, education and treatment services across the state. With the recently announced federal funding of $13.8 Million, Tennessee has a monumental opportunity to impact the lives of so many and I am honored to be part of the equation.”

Prior to being appointed as Assistant Deputy Commissioner, Taryn Harrison Sloss served the State of Tennessee in various positions for over 20 years including her most recent role as Program Development Director in the Division of Substance Abuse Services for TDMHSAS since 2008.

“Taryn’s experience, vision and passion for serving those with substance abuse issues, made her an obvious choice to serve as Deputy Assistant Commissioner for the Division of Substance Abuse Services,” said Commissioner Williams.

“I am truly honored and excited to be given this opportunity to serve as Deputy Assistant Commissioner,” said Sloss. “I look forward to working side by side with Dr. Loyd and the fantastic team members we have within the Division of Substance Abuse Services as we work towards improving the lives of Tennesseans struggling with substance abuse.”
HHS Secretary Price Visits Tennessee

The head of the federal Department of Health and Human Services, Secretary Dr. Tom Price, visited CADAS in Chattanooga on Thursday, July 6. The stop is a part of Price's listening tour, as he hopes to learn from places like Tennessee that are on the front lines of the battling opioid epidemic. U.S. Rep. Chuck Fleischmann, R-Tenn., and White House adviser Kellyanne Conway also attended among others. Paul Fuchcar of CADAS, Debbie Hillin of Buffalo Valley, Allen Richardson of CAAP and Judge Duane Slone with the Fourth Judicial District Recovery Court, met with the Secretary and each of their programs were highlighted as the Secretary and Governor Bill Haslam highlighted the impact of opioid abuse. Secy. Price stated the opioid crisis in America "is a scourge that knows no bounds" and will require more money and attention to reverse.

After touring CADAS’ North Shore Clinic, Dr. Tom Price said money alone won’t solve the epidemic that claimed more than 52,000 Americans in 2015, including nearly 1,500 lives in Tennessee, in 2015, the most recent year for which figures are available. "We’re facing a non-partisan issue that is in desperate need of a bi-partisan solutions," Ms. Conway said. "In Washington, we believe those who are closes to the situation know best how to deal with a problem and allocate resources."

"The conversation that is going on right now in the United States Senate as it relates to health reform and moving in a better direction is to provide more resources for the opioid crisis," said Price. "Resources are absolutely imperative for solving this issue, but they are not the only thing. We want to make sure that the monies we provide are used in a way that makes sure that the greatest number of individuals realize recovery and move into an addiction recovery."

The Affordable Care Act and expanded Medicaid program includes substance use disorder as one of the services that must be provided to individuals. The Congressional Budget office estimates Obamacare helped an estimated 26 million people get health care coverage through the marketplaces or Medicaid that includes substance use disorder (SUD) treatment and prevention. Additional people enrolled in new individual market or small group market plans outside the marketplace also have such drug treatment covered because most individual and small employer insurance plans can no longer exclude SUD treatment.

Pictured Right:
From left to right Kellyanne Conway, Counselor to the President, Judge Duane Slone, Secy. Dr. Tom Price, and Tennessee Governor Bill Haslam at CADAS in Chattanooga.
Why taking drugs to treat addiction doesn’t mean you’re ‘still addicted’
By Sarah E. Wakeman and Maia Szalavitz, STAT, First Opinion, May 18, 2017
Reprinted with permission

A patient came to see me after his most recent near-fatal opioid overdose. Once again, he had stopped his prescribed medication, even though we had agreed together that the safest course of action was to continue. Once again, he had relapsed — and had to be revived with naloxone. It wasn’t that he didn’t find the medication helpful or that he had side effects — on the contrary, it had nearly eliminated his cravings and stabilized his mood.

But his family and friends kept telling him he wasn’t “truly sober” or “really in recovery.” And inside, he, too, believed that taking one of only two FDA-approved medications that have been shown to cut opioid addiction death rates by 50 percent or more meant that he was “still addicted.”

My patient was lucky: He didn’t die because of a widely held, and completely inaccurate, definition of addiction — one that was recently supported by remarks from Health and Human Services Secretary Tom Price, who disparaged medication use as merely “substituting one opioid for another.” But until politicians, the media, and the public catch up with addiction science, we will not be able to stop the epidemic of overdose deaths. As the medical director of Massachusetts General Hospital Substance Use Disorder Initiative, I treat patients with addiction; my coauthor, Maia Szalavitz, is a journalist who herself experienced opioid addiction during her 20s. We, and many of our colleagues, are greatly concerned by how common misunderstandings about addiction like this undermine evidence-based care. While semantic issues are often dismissed as trivial, in this case, they are having devastating results.

Here’s what has gone wrong. In 1987, the authors of the Diagnostic and Statistical Manual — the “bible” that lists official psychiatric diagnoses and their attributes — designated two acceptable substance-related diagnoses. They were “substance abuse” for short-term but potentially dangerous problems (think: college binge drinking), and “substance dependence” for the chronic, relapsing condition we typically call addiction.

Unfortunately, both of these terms turned out to be inaccurate and actively harmful: This is why, in 2013, they were dropped from DSM-5 and replaced with a spectrum category called “substance use disorder,” which runs from mild to severe. In the case of opioids, the diagnosis is labeled “opioid use disorder,” and when it is “severe,” this corresponds with what most people call addiction. But the media and the public don’t seem to have gotten the memo.

Instead, dependence is frequently used as a synonym for addiction, which causes numerous problems. Most importantly, depending on a drug to function without withdrawal symptoms is not itself pathological: This is a normal, physiological result of taking certain medications long-term. If “drug dependence” was the best way to define addiction, then people with diabetes would have “insulin addiction,” people with high blood pressure would have “antihypertensive addiction,” and everyone would have “food, water, and air addiction.”
In contrast, addiction, as defined by the DSM and the National Institute on Drug Abuse, isn’t simply needing a substance. It is compulsive drug use that continues despite harm. This definition accurately includes cocaine as addictive — even though it doesn’t involve significant physical illness during withdrawal — while accurately excluding appropriate use of medication in chronic disease. It also means that people stabilized on medications like methadone are not addicted — they don’t engage in compulsive use despite consequences — but merely dependent. (When opioids are taken in a steady, regular dose appropriate for a particular patient, that person will not be impaired and can safely drive, work, and parent.)

The phrase “drug abuse” also misleads. It derives from a term meaning “willful misconduct,” which basically labels addiction as a sinful choice. “Abuse” is also associated with harms to children and sexual assault: It’s not a word that belongs in our medical lexicon. These may sound like academic distinctions, but they can have deadly implications. Labels affect even highly trained clinicians. One study, for example, found that doctoral and masters level therapists were significantly more likely to recommend punitive measures such as sending a court-ordered patient to jail for relapse when that person was labeled as a “substance abuser,” rather than as a “person with substance use disorder.” And research shows that harsh methods actually backfire in treating addiction.

Moreover, confusing “dependence” and “addiction” spurs bias against the most effective known treatment for opioid addiction: long-term use of methadone or buprenorphine (Suboxone). Decades of research show that these medications dramatically reduce the risk of death, HIV infection, and recurrence of drug use. (A recent review of the scientific literature involving more than 100,000 patients found that death rates were two to three times lower for people in methadone or buprenorphine treatment, compared to people not taking medication). No other method — including abstinence-only residential rehab — has such strong support.

Yet the common myth is that people taking these medications are “still addicted” and that residential treatment is a better option. Failure to understand that addiction is not dependence leads many — including family members and people with addiction themselves — to avoid lifesaving care. Mistaking dependence for addiction can also harm patients with chronic pain. Those who benefit from opioid therapy can be mislabeled as addicted, when, in fact, they are physically dependent. This can lead to cessation of an effective treatment — and sometimes even suicide.

If, as a society, we really believe that addiction is a disease, we can’t exempt it from the standards we use to discuss other illnesses. That means dropping inaccurate medical terms from the past. It also means that addiction physicians must do a much better job of educating the public and even other doctors — especially non-specialists like Tom Price — about how our understanding of addiction has changed and why using medication to treat it is not just continuing the problem.

The language that we use about addiction helps determine what we do about it and how we treat people who are affected. People with addiction won’t get appropriate, evidence-based care until both addiction physicians and the media explain in up-to-date and unbiased terms what that really means and why it matters.

Sarah Wakeman, MD, is assistant professor of medicine at Harvard Medical School and medical director of the Massachusetts General Hospital Substance Use Disorder Initiative. Maia Szalavitz is the author of “Unbroken Brain: A Revolutionary New Way of Understanding Addiction” and a freelance journalist specializing in neuroscience and addiction.
All Done for this Year. With the adoption of SJR 464, the General Assembly finished its work for 2017 and will stand in recess until noon on January 9, 2018. Governor Bill Haslam proved himself to be more of a workhorse instead of a show pony as four of the top five initiatives listed below are his.

Top Five Legislative Enactments of 2017

State Budget. Chapter 460 of the Public Acts of 2017s sponsored by Mark Norris and Charles Sargent on behalf of the Haslam Administration is the only bill of the 1500 or so filed each year that had to pass for the state government to keep the doors open and the computers humming. Chapter 460 authorizes the expenditure of $37 billion, and recurring revenues are matched with recurring expenditures. State employees and teachers will receive raises in the range of 3% to 4%. Our state reserves or savings account will rise to $800 million for the general fund and $219 million for the TennCare program. The largest component of the $37 billion is almost $18 billion in state tax revenues, but includes $13.5 billion in federal revenues.

IMPROVE (Improving Manufacturing, Public Roads and Opportunities for a Vibrant Economy (IMPROVE) Act" or the "2017 Tax Cut Act."). Chapter 181 sponsored by Mark Norris and Barry Doss is also known as fuel tax legislation. This Haslam Administration initiative increases the gasoline tax 6 cents over three years and the diesel fuel tax ten cents over three years, both beginning July 1, 2017. After the total increase is implemented the state fuel tax on gas will be 27.4 cents a gallon up from 21.4 cents, and the tax on diesel fuel will be 28.4 cents a gallon up from 18.4 cents. This is the first increase in the fuel tax since 1989. The state vehicle registration fee will increase $5.00, and a new fee of $100 will be assessed on each electric vehicle. While the dedicated transportation fund was struggling, general fund revenues riding the Nashville area’s incredible growth were doing just fine. This led our legislative friends to making cuts in the sales tax on grocery food from 5% to 4% and the Hall income tax from 5% to 4% and phasing out the Hall Income tax by 2021.

Rural Broadband. Chapter 228 sponsored by Mark Norris and David Hawk is the Haslam Administration initiative that addresses Tennessee’s digital divide. In years past municipal electric systems have sought to expand their service area to provide broadband services to unserved areas. Our friends at AT&T and Comcast and all the cable companies were not inclined to serve those underserved areas, but they did not want others to do so. Governor Haslam nudged AT&T into partnership with our 19 electric membership cooperatives. In summary, Chapter 228 authorizes electric cooperatives to provide broadband services, creates a $30 million incentive fund to be administered by ECD, and funds digital literacy training through local libraries in the amount of about $150,000 per year for three years.

Autonomous Vehicles. Chapter 474 sponsored by Jon Lundberg and William Lamberth deals with Automated Driving Systems (ADS) and was supported strongly by General Motors as well as Volkswagen, and to a lesser extent Nissan. Chapter 474 puts Tennessee at the forefront of the technology for driverless cars. ADS means technology installed on a motor vehicle that has the capability to drive the vehicle on which the technology is installed without any supervision by a human operator. Before you go order one, the insurance limit is $5 million dollars.

Tennessee Reconnect. Chapter 448 sponsored by Mark Norris and David Hawk expands Governor Haslam’s Tennessee Promise program. One of the best indicators of economic success and even voting is educational attainment. Tennessee doesn’t do very well in national rankings in this regard. Governor Haslam has set an aspirational goal of 55% of Tennesseans having some sort of degree by
2025; presently the number is 38.8%. Chapter 448 extends the recent Tennessee promise scholarship program for adults to attend community college tuition free. We have 900,000 adults who have some college but no degree and are considered prospective adult learners. We need 871,000 degrees to reach 55% by 2025, and we will only have 645,000 high school graduates between 2014 and 2022.

As the World Turns. Tennessee has no regularly scheduled elections in 2017, so the jockeying for position has already commenced for 2018.

House. Speaker Beth Harwell is expected to announce her gubernatorial bid in July. Harry Brooks and Roger Kane both of Knox County and Joe Pitts of Montgomery County have announced their intentions not to see reelection. Craig Fitzhugh of Lauderdale County is still pondering a gubernatorial bid. On the flip side, the newest member of the House is Kevin Vaughan, an engineer and real estate developer from Shelby County who won the June special election to fill the vacancy created by the resignation of Mark Lovell.

Senate. Mark Green of Montgomery County is still smarting from withdrawing his name from consideration as Secretary of the Army, but he is still pondering an electoral run for a federal office or perhaps another appointed federal position. Mae Beavers of Wilson County has begun her gubernatorial campaign. Bill Ketron of Rutherford County is pondering a run for County Mayor in 2018, and that race has a May primary before the August general election. Mark Norris of Shelby County is still pondering a gubernatorial campaign, but may be more likely to become a federal district court judge.

Stay tuned. The official qualifying deadline is noon, February 15, 2018, for local offices with a May primary, and noon, Thursday April 5, 2018 for state and federal offices in the regular August and November election cycle.

Member Checklist.
- Write a thank you note to each member of your state legislative delegation thanking them for the new funding allocation for addiction treatment resources in the 2017-2018 appropriations act. In that same note, volunteer to be a resource to them for any questions that they may receive on the difficult issues raised by the treatment of the disease of addiction.
- July 26 is Dr. Stephen Loyd’s one year service anniversary with the Department of Mental Health and Substance Abuse Services. Call or write him thank him for his service. He does us all proud.
- Be sure everyone in your shop is registered to vote and that the registration has a current address.

Calendar Notes: State & TAADAS offices will be closed Monday, September 4 for the Labor Day holiday.
Recovery Roundtable Nashville

PICTURED RIGHT:
Participants in the Re-Entry Service Panel: Debbie, Hillin, Buffalo Valley; Ramie Siler, The Next Door; Jeanice Shearon, DSCO-Transition Team; James Settles, Alphesis House; and Larry Craig, Project Return

PICTURED LEFT:
Mental Health Court and Veteran’s Court Judge, Melissa Blackburn, and Daryl Murray, Welcome Home Ministries participated in the Roundtable discussions. Judge Blackburn and her Court administrator, Mark Winslow, discussed the differences in the various kinds of recovery court programs.

PICTURED BELOW:
Treatment Provide Panelists from left to right: Jan Brackett, Alkermes, Jerome Viltz, Centerstone, Pamela Sessions, Renewal House, Zachary T. Simmons, Elam Center. Judge Lynda Jones, General Sessions Judge, is seated to their right along with her court staff. Judge Jones described how her court uses outreach and intervention to access treatment services. Standing is Kim Burchett, DC4 Recovery Court, describing their program.

PICTURED ABOVE:
Alexis Lacey, TDMHSAS Office of Criminal Justice, describing the structure and Core Functions of Recovery courts for the Roundtable Participants. Thanks to all the participants!
There were 86 registered attendees for the Nashville Recovery Roundtable held on June 2 at the Mount Zion Baptist Church in North Nashville. The congregation had recently been named a Recovery Congregation by the Department of Mental Health and Substance Abuse Services. Monty Burks, Director of Faith Based programs at the Department presented at the Roundtable and took the opportunity to present the Elder Patrick Starnes (pictured below) with their designation certificate. The Church’s hospitality in hosting the event is much appreciated.

The structure of this was a little different than total of five panels that usual. There were a presented on recovery courts, treatment, re-entry, recovery housing, and peer support. The number of panels reflects the larger number of types of recovery services available in the Nashville area. However, these providers often serve people from all over the state. The types of peer recovery support services that can be provided in various settings was a particular topic of discussion. We appreciated that Judge Melissa Blackburn and Judge Lynda Jones took the time to attend.

Future Roundtables will be held in Roane County and in Robertson County in the Springfield area in the Fall. Please look for future announcements. Sign up for Roundtable notices through our mailing list at TAADAS.org.
West TAADAC

West TAADAC’s May meeting was held on the 18th in Memphis and Mary Linden Salter, TAADAS Executive Director, was able to attend and address the group concerning some recent policy developments and changes in Tennessee statutes. Attendees included several TAADAS members pictured above (from left to right) Myron Edwards, CAAP; Charlotte Hoppers, Grace House; Mary Linden Salter; Jon Jackson, Harbor House; and Norman Miller, Innovative Counseling, Inc.

Michelle Squires, Clinical Director for Grace House of Memphis and President of the West TAADAC Board, presided over the meeting. There were over 20 people attending—many of which were in training to be LADAC’s. Michelle talked about the growth in the number of LADACs since the changes in licensure rules in 2016. Michelle also helped announce several new trainings for West Tennessee that are under development including one on group counseling. There will also be series of trainings across Tennessee to be given by Merrill Norton. Dr. Norton will be presenting on Marijuana vs Medical Cannabinoids on July 11, 2017 at Jackson State Community College in Jackson, TN.

Awards

2017 Salute to Excellence Finalists
Congratulations to our Members & Community Partners!

Bank of America: CEO of the Year Finalist:
• Tom Starling, Mental Health America of Middle Tennessee

The Healing Trust: Catalyst for Change Finalists:
• Mental Health America of Middle Tennessee
• Tennessee Health Care Campaign
• Tennessee Justice Center

The Healing Trust: Compassionate Care Finalists:
• Disability Rights Tennessee
• Hope Clinic for Women
• The Next Door

Erie Chapman Foundation: Servant’s Heart Finalists:
• Josh Butler, Preston Taylor Ministries
• James (Jim) Johnson, Nashville CARES
• Linda Joseph, Nourish Food Bank

SunTrust Bank: CFO of the Year:
• Annabelle Cruz-Orengo, Family & Children's Service
• Casey Fahrney, Cheekwood
• Cynthia Whetstone, STARS Nashville
Grace House of Memphis held an Open House at their newest residence for women on May 18th. The community was invited to celebrate along with the board, staff, residents and former residents. Tours of the new facility showcased an elegant environment with recovery messages intertwined throughout the furnishings as well as all the services on hand. Grace House Board members brought in homemade refreshments for everyone.

This new facility is quite a success already. On May 2, 2017, Madonna Circle presented a check for $40,534.65 which they raised to support a new site for Grace House of Memphis’ Residence for Recovering Women. A member later contributed another $1,465.35 making an overall $42,000 contribution to the project. This donation along with other private contributions has enable Grace House to retire the debt for the project prior to the first residents moving in on June 1, 2017. Madonna Circle, organized in 1936, is an active Catholic women’s organization which provides assistance to the community via its fundraising and volunteer efforts. The service organizations in which we volunteer are: St. Peter Manor, St. John Catholic School, St. Vincent de Paul Soup Kitchen, Catholic Charities, and Ave Maria Home. Madonna Circle has historically helped many local charities and non-profits in the Memphis area. From small events to the prestigious Memphis Antiques Garden and Gourmet Show, members have freely given of their time to help others. Our fundraising efforts have provided millions of dollars to our community. 2017 marked the 2nd Annual Sweepstake fundraiser with all proceeds from the event benefitting Grace House of Memphis.

PICTURED ABOVE (Left to Right):
Grace House Board Members Teri Lewis, Carol Larocca, Sherry Gardner, Executive Director, Charlotte Hoppers, Julie Patterson, and Frank Saitta

RIGHT:
Front row left to right: Madonna Circle 2017 Chair, Nancy Williams, GH Board Member, Julie Patterson, GH Clinical Director, Michele Squires, and GH Board Member Belinda Mandrell. Second row left to right: Board Members Frank Saitta and Henry Nelson, Grace House Executive Director, Charlotte Hoppers, and GH Board Chair, Sherry Gardner.

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

- **July 13**
- **August 10**
- **September 14**, Annual Banquet

For information please contact:

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

### TAADAS Training

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<tr>
<th>Topic</th>
<th>Date</th>
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<th>Contact Information</th>
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<tbody>
<tr>
<td>Marijuana vs Medical Cannabinoids</td>
<td>July 11, 2017</td>
<td>Merrill Norton, Pharm. D., D.Ph., ICCDP-D</td>
<td>TAADAS Conference Room, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217, 8:30 AM-12:00 PM CDT</td>
</tr>
<tr>
<td>The Science of Medical Marijuana and Its Impact on the Young Brain-Nashville</td>
<td>July 12, 2017</td>
<td>Merrill Norton, Pharm. D., D.Ph., ICCDP-D</td>
<td>TAADAS Conference Room, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217, 8:30 AM-12:00 PM CDT</td>
</tr>
<tr>
<td>Marijuana, Alcohol and Rx Drugs-Psychopharmacology for Behavioral Health Professionals-Chattanooga</td>
<td>July 13, 2017</td>
<td>Merrill Norton, Pharm. D., D.Ph., ICCDP-D</td>
<td>AIM Center, 472 W MLK Blvd, Chattanooga, TN 37402, 8:30 AM-4:00 PM EDT</td>
</tr>
<tr>
<td>Ethics 101 and 42 CFR Pt II Training-Knoxville</td>
<td>August 4, 2017</td>
<td>Lori McCarter, LADAC II, QCS, NCAC I</td>
<td>United Way of Greater Knoxville, 1301 Hannah Ave, Knoxville, TN 37921, 8:30 AM-4:00 PM EDT</td>
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<tr>
<td>Facilitating Therapeutic Group Session-Memphis</td>
<td>August 10-11, 2017</td>
<td>Jessica Holton, LMSW, LCSW, LCAS</td>
<td>The Hart Center, 1384 Madison Ave, Memphis, TN 38104, 8:30 AM-4:00 PM CDT</td>
</tr>
<tr>
<td>Clinical Supervision Training-Knoxville</td>
<td>August 17-18, 2017</td>
<td>Ed Johnson and Karen Garrett</td>
<td>The Department of Children Services, 2600 Western Ave, Knoxville, TN 37921, 8:30 AM-4:00 PM EDT</td>
</tr>
<tr>
<td>Facilitating Therapeutic Group Session-Chattanooga</td>
<td>August 24-25, 2017</td>
<td>Jessica Holton, LMSW, LCSW, LCAS</td>
<td>CADAS, 207 Spears Ave, Chattanooga, TN 37405, 8:30 AM-4:00 PM EDT</td>
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SAVE THE DATE!
Journey Together Conference 2017

Plenary Speakers
Tuesday:
  Kathryn Benson, Francis Patterson — Ethics
Wednesday:
  Allan Barger — Marijuana: Another Dance
  with Mary Jane
Thursday:
  George Comeaux — Sexual Addiction 101

August 2017

August 28th, 29th, 30th, and 31st
Franklin Marriott Cool Springs
700 Cool Springs Blvd
Franklin, TN 37067
Hotel Reservations:
800.228.9290
Hotel Phone:
615.261.6100
Room Rate is a fabulous $120.00!

25 Credits Available
APPROVED CEU’S

Please visit our site @ www.mtaadac.org for registration information

Board of Alcohol and Drug Abuse Counselors
Meeting Schedule:

- July 14, 9 am, Poplar Room
- October 20, 9 am, Poplar Room

Meetings are held at:
665 Mainstream Drive, MetroCenter
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.
Internationally recognized IC&RC credentials that set the industry standard:

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

www.tncertification.org
Our Mission
To educate, support and engage our members and public, influence policy and advocate for prevention, treatment and recovery services.

24/7 Support
Do you need help with addiction? Call the Tennessee REDLINE for 24 hour assistance 1.800.889.9789

Order Free Addiction and Recovery Literature
We offer free addiction and recovery literature shipped right to your door anywhere within the state of Tennessee. Just type in a few key words and add the literature you want to your cart, it’s free! https://www.taadas.org/free-literature

Support Recovery in Tennessee
Become a Member
Join us in bringing awareness of addiction and mental health issues to the community and creating change through legislative efforts. There are several levels of membership available, join now.
https://www.taadas.org/membership-info/membership-application

Get Your Training With Us
TAADAS offers professional trainings statewide, the current offerings can be viewed on nearly every page of our website on the left hand side of the screen.
https://www.taadas.org/training

Sign Up for Our Emails
We stay on top of current trends related to addiction and recovery services in Tennessee. If you’re interested in regional trainings, legislative reports, advocacy efforts or general addiction and recovery information then sign up!
https://www.taadas.org/contact-us/sign-up-for-our-emails

Borrow Our Conference Room
We have a conference room that seats upward of 50 people, you can reserve the room online.
https://www.taadas.org/the-conference-room
We thank the following members for their support and involvement in our organization!

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

Organizational Members

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

Affiliate and Individual Members

Addiction Campuses Mirror Lake Recovery Center
Ammon Analytical Labs TN Assoc. of Alcohol & Drug Abuse Counselors
Bradford Health TN Education Lottery
Cumberland Heights, Nashville TN Professional Assistance Program

Todd Albert Leland Lusk Nathan Ridley
Ron Bailey John McAndrew Brad Schmitt
James Beck Wayne McElhiney Sheila Shelton
Natalie Broadway Harold Montgomery George Snodgrass
Richard Chirip Melody Morris Lawrence Wilson
Craig Elliott Judge Seth Norman Richard Whitt
Nita Gamache Butch Odom
The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions. TAADAS programs are funded in part by grants from the Tennessee Department of Mental Health and Substance Abuse Services, Division of Alcohol and Drug Abuse Services. As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life — social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. TAADAS is committed to helping the public understand that addiction is a treatable illness and that millions of people achieve recovery.

**TAADAS’s purpose is to:**
- Promote common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- Work with and facilitate cooperation with all agencies interested in the health and welfare of the community;
- Impact legislation regarding alcohol and drug abuse and other addictions;
- Educate the community regarding alcohol and drug abuse and other addiction issues;
- Encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- Enhance the quality of services provided by Association members;
- To serve as a resource for Association members; and
- To further fellowship among those members.

**TAADAS Membership**
Through its association membership and by networking with public policy makers, TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today. Membership benefits include:

- Expand knowledge – TAADAS has a statewide Clearinghouse of extensive resources and statewide training opportunities
- Impact public policy
- Networking opportunities that promote advocacy and best practices. TAADAS Committees address data and outcomes measurement, legislative advocacy and consumer support
- Publish in the TAADAS Times Newsletter
- Discounts at Recovery Books & Things
- Discounted hotel rates
- Credit union membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention, or recovery support services and subject to payment of membership dues. **Organizational Member** - Any non profit or governmental organization or entity that is state contracted to provide addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

**Affiliate Member**—Any organization or business that is affiliated with or wishes to support the efforts of the A&D provider and recovery community.

**Individual Member** - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee.

**Student or Retiree Member**—Individual membership open to anyone with an interest in addiction, co-occurring or recovery support services in Tennessee who is retired, unemployed or enrolled in a higher education program or is working towards a LADAC.

**Annual Dues**

<table>
<thead>
<tr>
<th>Type</th>
<th>Dues</th>
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</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: _________________________________

Non-Profit: Yes No Government contracted: Yes No

Agency Website: _____________________________________________________

Agency Representative: _______________________________________________

Representative Email: _______________________________________________

Please send your completed application to TAADAS at 615-780-5905 (fax) or taadas@taadas.org
SAVE THE DATE!
Thursday September 14, 2017
Join us for TAADAS' Annual Recovery Month Dinner

JOIN THE VOICES FOR RECOVERY
STRENGTHEN FAMILIES AND COMMUNITIES

TAADAS
National Recovery Month
Prevention Works - Treatment is Effective - People Recover
SEPTEMBER 2017