2015 Recovery Month Banquet and Awards

The food and company at the Banquet and Awards this year was amazing! We had a great turnout to honor the awardees this year and to honor the spirit of recovery—we were visible, vocal and valuable! Assistant Commissioner of TDMHSAS, Rod Bragg, gave a warm welcome from the Department and highlighted many accomplishments for the year.

Awardees this year are pictured above. Starting from the left - Sarah Adair, Chief of Staff for Senator Richard Briggs who accepted the Voice of Recovery Award on his behalf, Senator Jeff Yarbro, Voice of Recovery, Linda Leathers, The Next Door, CEO of the Year Award, Hal McCarter, Here’s Hope Counseling, Lifetime Achievement Award, Mary Linden Salter, Executive Director TAADAS, Charlie Hiatt, TAADAC, Volunteer of the Year Award, and Nathan Ridley, of Bradley, Boul, Arrant and Cummings who is TAADAS Legal representative and lobbyist. Not pictured—Estelle Garner of Samaritan Recovery who was honored with a Lifetime Achievement Award.

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Recovery Banquet and Awards—continued ...

We had over 210 attendees at the Banquet this year and we are already planning next year’s 40th Anniversary Banquet to accommodate an even bigger crowd. Thanks to everyone who supported TAADAS this year—especially Crossbridge who supplied the venue and catering.

Pictured Right:
State Senator Jeff Yarbro accepted the Voice of Recovery Award from Samaritan CEO, John York. Senator Yarbro from Nashville and Senator Richard Briggs from Knoxville were each given the award in recognition of their work to pass Insure TN.

Pictured Left:
Vickie Neal of Mending Hearts presented the Life Time Achievement Award to Estelle Garner of Samaritan Recovery in Nashville. Unfortunately Estelle was not able to join us for the event but we wish her well in her retirement.
Pictured Left:
Lifetime Achievement Award winner, Hal McCarter, from Here’s Hope Counseling Center in Dyersburg. Hal was accompanied by his wife, Terri McCarter. (also pictured) and Judge Jimmy Smith from Obion County. Hal recently sold the Center—but is still working there every day.

Pictured Below:
Mary Linden Salter, TAADAS Executive Director, Presented a chip commemorating 29 years of sobriety to Jeff Allen. Jeff presented the entertainment for the evening—a comedy set full of recovery stories and the impact on his relationships. He made us laugh at ourselves in the process!!

Pictured Below:
The TDMHSAS Lifeline Staff were well represented at the Banquet. They stopped and posed for a photo with Rod Bragg, TDMHSAS Assistant Commissioner. Thanks to Jane Abraham of The Healing Arts Research Training Center for sponsoring a table for the LifeLine staff. From left to right: Linda Loftis, Jason Abernathy, Ashley Davis Webb, Rod Bragg, Dave Hodges, and Steve Shates.
UNITE to Face Addiction

By Rod Bragg, Assistant Commissioner
Tennessee Department of Mental Health & Substance Abuse Services
Division of Substance Abuse Services

On Sunday, October 4, 2015, a remarkable event was held on the National Mall in Washington, DC. Under the shadows of the Washington Monument, the inaugural UNITE to Face Addiction rally occurred. This is the first organized rally of its kind that boldly spoke about recovery. Many voices of people in recovery were heard loud and clear on that day with a cry to encourage individuals to tell their recovery stories.

I believe this is vital. Stories are powerful. People in recovery, families, and communities often heal through stories of despair that has turned into stories of triumph and recovery. I personally know individuals who have sought out a life of recovery after someone told them their story. Stories offer hope; they offer strength; and they offer a vision for a new tomorrow.

People like Steven Tyler, Joe Walsh, and others told their stories of recovery through words and song at the rally. Dr. Vivek Murthy, the US Surgeon General, announced that there will be Surgeon General’s Report on Addictions next year.

What I have to say is, Let the People be Heard!

Pictured right from left to right:
Rod Bragg, TDMHSAS Assistance Commissioner, Commissioner John Dreyzehner, TN Department of Health
Mary Linden Salter, TAADAS Executive Director at the Unite Rally listening to Joe Walsh. The line up also included Steven Tyler, The Fray, the Goo, Goo Dolls, Jason Isbell and Sheryl Crowe as well as the Surgeon General, Michael Botticelli, Recovery Czar, and SAMHSA officials.
NEWS FROM CAPITOL HILL
October, 2015
Nathan Ridley, Esq.

Legislative Process 101. With 17 votes in the Senate and 50 votes in the House, one may sell the Capitol. 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. With 17 votes in the Senate and 50 votes in the House, that may happen.

Legislative Process 102. The Legislature at work is the Legislature in Committee. During the 2014 session, the bill that became Chapter 820 was introduced in January and had committee hearings in March. During the 2014 session, the bill was referred to the Senate Judiciary Committee and the House Criminal Justice Subcommittee and Committee. 2016 should see a similar legislative path. During the 2015 session, a bill expanding the 2014 law to include methamphetamine passed in the House Criminal Justice Committee on a 5-4 vote, but failed in the Senate Judiciary Committee by a vote of 3-5-1. The margins are razor thin.

Legislative Process 2016. Eternal vigilance is the price of liberty. We 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 Chapter 820 permanent would allow the Government to punish pregnant women for doing exactly what their health care providers would advise them to do.

Conclusion. Health Care not Handcuffs for Tennessee’s Pregnant Women.

As the World Turns. State Representative Mike Harrison (57) (Republican of Rogersville) will resign from the General Assembly in December to become executive director of the Tennessee Association of County Mayors. Harrison has represented the ninth district composed of Hancock and Hawkins counties since 2002. He serves as chair of the House Finance Subcommittee, sometimes referred to as the Black Hole where bills not favored by the leadership go to die. The Hawkins County Commission will appoint a successor to serve until the 2016 elections. After Representative Harrison’s announcement, House Speaker Beth Harwell announced that Representative Curtis Johnson of Clarksville will serve as interim chair of the Finance Subcommittee. Interestingly, Representative Johnson will also continue in his role as House Speaker Pro Tem.

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 all you and all your employees are registered to vote. Include your state and local elected officials on your 2016 holiday card list.

Calendar Notes: State offices will be closed Wednesday, November 11, for the Veterans Day Holiday and Thursday and Friday, November 26 and 27 for the Thanksgiving Holidays. The 109th General Assembly will convene the 2016 legislative session at noon on Tuesday, January 12, 2016. 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.
This week, October 5-6, the National Council partnered with ten national advocacy organizations to host the largest National Council Hill Day yet! NARR and NADAC as well as many other associations scheduled meetings and conferences to coincide with this event and bring their members to Washington at the same time. Over 600 advocates met with more than 300 Members of Congress, sharing with them the important messages of funding and supporting mental health and substance use treatment services. The National Council thanks our partner organizations and ALL of our advocates for their tremendous work.

On Monday, Hill Day attendees attended the Public Policy Institute featuring a crash course in federal behavioral health policy. Engaging panels, celebrity keynotes, and educational breakout sessions prepared advocates for their day on Capitol Hill. Chuck Todd from NBC News spoke about the atmosphere in congress and working with reporters to advocate for legislation. Attendees participated in sessions on federal appropriations, deep dives into complex legislation, and a lively discussion on comprehensive mental health and addiction reform.

Mary Linden Salter, Executive Director of TAADAS, met with staff and elected officials in the offices of Senator Bob Corker, Senator Lamar Alexander, Rep. John Cooper, and Rep. Marsha Blackburn as well as attending a Congressional briefing on Opioid Crisis. The briefing included several members of congress including Senator Joe Manchin of West Virginia (pictured right). The briefing was hosted by Mary Bono, former Congresswoman from California. And also included Michael Botticelli, Director of National Drug Control Policy at the White House and staff from The Hazleton Betty Ford Center.

The National Council’s Public Policy and Addiction Committees also met on October 7th and reviewed upcoming policy issues and priorities. Most Addiction committee members were impressed with the level of support for addiction treatment issues on the Hill and in particular the support for CARA— the Comprehensive Addiction and Recovery Act, A bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use. Senator Alexander of Tennessee is also sponsoring S 1893, the Mental Health and Awareness and Improvement Act. This legislation reauthorizes suicide prevention programs, mental illness awareness and de-escalation trainings such as Mental Health First Aid as well as programs to treat opioid disorders. Sen Alexander’s bill was passed by Health, Education, Labor, and Pensions Committee on October 1 and should be presented to the full Senate soon.
In February 2015, Senators Rob Portman (R-OH) and Sheldon Whitehouse (D-RI), along with Representatives Jim Sensenbrenner (R-WI) and Tim Ryan (D-OH) reintroduced the Comprehensive Addiction and Recovery Act (S. 524, H.R. 953). This legislation would adjust existing authorizations and programs to provide desperately needed funds to support community-based addiction treatment. Additionally, the bill expands prevention and educational efforts—particularly aimed at teens, aging populations and parents and other caretakers—to prevent the abuse of heroin and other opioids and to promote treatment and recovery.

The National Council and Hill Day partners strongly support the passage of this legislation.

WHY DO WE NEED THE COMPREHENSIVE ADDICTION AND RECOVERY ACT?

WE MUST DO MORE TO CURB THE OPIOID AND HEROIN EPIDEMIC.

Fatal drug overdoses are a leading cause of accidental death. Approximately 38,000 people die each year from drug overdose. That’s more than 100 per day, with 40 deaths per day from opioid drugs alone. Opioid and heroin addiction is destroying lives, disrupting families and destabilizing communities.

THE BILL SUPPORTS EVIDENCE-BASED METHODS TO TREAT ADDICTION.

The Comprehensive Addiction and Recovery Act builds on proven methods developed at the community level to enable law enforcement to respond to the heroin epidemic and supports long-term recovery by connecting prevention and education efforts with treatment programs, including medication-assisted treatment.

ONE REMEDY WILL NOT CURB THE PUBLIC HEALTH CRISIS: A COMPREHENSIVE APPROACH IS NEEDED.

The legislation expands prevention and education efforts to prevent the abuse of opioids and heroin and to promote treatment and recovery. It expands the availability of naloxone to prevent overdoses and supports evidence-based opioid and heroin treatment and interventions.

THE BILL PROVIDES FUNDING TO THE BROAD ARRAY OF ENTITIES FIGHTING ADDICTION.

Non-profit organizations, states, law enforcement agencies and others would receive grants for prevention, treatment and recovery activities—including public education campaigns, programs offering treatment alternatives to incarceration, evidence-based treatment and intervention for substance use disorders, a national initiative for youth recovery and support services—along with grants to support state-level initiatives for comprehensive opioid abuse response and programming to expand state addiction and treatment services for women, families and veterans.
The October 1st Conference was attended by over 250 people from across Tennessee. It was sponsored by Healthy and Free Tennessee, the Tennessee Association of Alcohol, Drug and other Addiction Services, the ACLU of Tennessee, and SisterReach, with major support from National Advocates for Pregnant Women.

The conference was designed response to the 2014 passage of an amendment to Tennessee’s criminal assault laws. (TCA Section 39-13-107) One part of this law allows a woman to be charged with aggravated assault for the use of narcotics while pregnant if her child is born “addicted” to or harmed by the drug. This charge carries a maximum penalty of 15 years in prison. Assault is a Class A misdemeanor punishable by up to one year in jail. The amended law’s proponents stated their intent was to address the increasing number of Tennessee babies born with a diagnosis of Neonatal Abstinence Syndrome (NAS).

The part of the law focusing on pregnant women and narcotic drug use created what is called an affirmative defense to the prosecution. It says if the woman actively enrolled in a an “addiction recovery program” before the child is born, remains in the program after delivery, and successfully completes the program, regardless of whether the child is born “addicted” to, dependent upon, or harmed by the narcotic drug then she can potentially avoid a conviction and incarceration. Unfortunately, an affirmative defense will not protect a woman from being arrested in the first place even if she is actively and fully engaged in treatment.

The 2014 revisions, however, were not limited to narcotic drug use. The 2014 law added language stating that “Nothing in subsection (a) [which allows for assault charges to be brought against persons who assault a fetus] shall apply to any lawful act or lawful omission by a pregnant woman with respect to an embryo or fetus with which she is pregnant.” In other words, the law give the government power to punish women if they intentionally, knowingly, or recklessly (no intent needed) risk or cause bodily injury to fertilized eggs, embryos, or fetuses as a result of an "unlawful act" or an "unlawful omission." These crimes carry penalties ranging from 1-15 years.

Under this law, women have been arrested for giving birth to babies who test positive for a non-narcotic drug and to babies who test positive for a drug but who were neither “addicted” to nor harmed by the exposure. One woman was arrested for risking harm to a fetus by driving while pregnant without a seatbelt and for fleeing from the police while pregnant. Although the law directed to pregnant women who use narcotic drugs suggests that they would only be charged with a misdemeanor assault charge that carries a maximum one-year penalty, in fact women arrested under this law are being charged with both misdemeanor and felony charges that have penalties of up to 15 years in prison.

The law makes the assumptions that every pregnant person who uses a narcotic drug needs treatment and that sufficient and affordable treatment programs are available. In fact, many pregnant women are prescribed narcotics by their physicians, and fewer than 20 of the 177 Tennessee’s addiction treatment facilities provide any addiction care for pregnant women and of those only a few provide prenatal care on site or allow older children to stay with their mothers. The requirement that a program be “completed” also rules out many successful and medically recommended forms of treatment for narcotic addiction (Medication Assisted Treatment—MAT) that use ongoing medications.

The law is scheduled to sunset in 2016 unless revised or renewed.
Why Some Tennessee Women Are Afraid To Give Birth At The Hospital

Melissa Jeltsen, Senior reporter, The Huffington Post  10-2-15  (Reprinted in part with Permission)

A year ago, when Tennessee passed a bill allowing women to be charged with assault if they use narcotics while pregnant, health advocates warned that the law would deter women from seeking vital medical care out of fear of being prosecuted. Their concerns are now coming true. “We are getting lots of anecdotal information about women not seeking critical prenatal care, and avoiding going to the hospital to give birth, because they are scared of being arrested and having their baby taken away,” said Allison Glass, state director of Healthy and Free Tennessee. “Not only does the current law do nothing to help those who may, in fact, need treatment, but it’s actually having a negative public health impact.”

The controversial law, which went into effect in July 2014 despite vocal opposition from leading medical groups, was passed in response to Tennessee’s growing opioid epidemic. Over the past 10 years, the state has seen a nearly tenfold rise in the incidence of babies born with "neonatal abstinence syndrome" (NAS), a group of symptoms that can occur when babies are in withdrawal from exposure to narcotics.

Babies with NAS may be irritable, have trouble feeding and sleeping or suffer from vomiting and diarrhea, but medical professionals stress that the condition is treatable and hasn’t been associated with any long-term negative consequences.

Critics of the Tennessee law contend that incarcerating mothers and separating them from their babies leads to far more severe health outcomes than NAS, and that it flies in the face of medical consensus. Lynn Pal-trow, executive director of National Advocates for Pregnant Women, a nonprofit civil rights group, hopes that bringing experts to Tennessee’s doorstep will encourage legislators to engage with the overwhelming medical evidence showing that punitive measures run counterproductive to the welfare of moms and their babies. "We either respond to this as a public health issue... or we decide as a society that, yes indeed, we want to put police officers and prosecutors in the delivery room," she said. Since the Tennessee law was enacted, at least 30 women have been arrested for drug use during pregnancy, Glass said, although she suspects the number could be much higher.

While women can theoretically avoid serving time by completing a state treatment program, many women face financial and logistical barriers to accessing addiction services. “Some women have to drive hundreds of miles to access a treatment facility,” Glass said. “For low-income women without support systems in place, that option is pretty inaccessible.” Only two of the state’s 177 licensed residential treatment facilities provide prenatal care on site and allow older children to stay with their mothers. Mary Linden Salter, executive director of the Tennessee Association of Alcohol, Drug & Addiction Services, said it’s common for there to be waiting lists at every facility in the state. “We don’t have a lot of treatment capacity, and yet we are penalizing women for not being able to get access to treatment,” she said. In fact, since the law was enacted, Salter said, fewer pregnant women are actually seeking treatment from state-funded treatment facilities. “I think word of mouth, stories about some of the arrests started to make headlines,” she said. "There was definitely a drop-off after that point.”

Dr. Jessica Young, an obstetrician at Vanderbilt University Medical Center in Nashville who has a clinic for opiate-dependent pregnant women, said she’s had patients tell her they are now planning on delivering out of state. Others simply drop off the radar. “We often don’t know why, but we would not be surprised if the law was part of that reason,” she said. One of the best way to treat babies with NAS, said Young, is to keep them with their mothers. “What these babies need is a quiet, dark environment, and they need to be held and rocked and soothed,” she said, adding that babies who breastfeed are likely to improve faster. “Moms, really in general, are the best at soothing their babies.”
SAMHSA’s National Survey of Substance Abuse Treatment Services is an annual census of facilities that provide specialty substance use treatment services.

Two key trends of note from this survey: both the number of facilities offering care and the number of people receiving services have seen significant increases in the past few years. The national data is reflected in the charts below.

The number of people receiving treatment is increasing at a rate nearly three times the growth rate of facilities offering these services.

Source: National Survey of Substance Abuse Treatment Services (N-SSATS): 2013
11th Annual Recovery Drug Court Conference

Collaboration
Working Together to Make a Difference

December 2-4, 2015
Embassy Suites and Conference Center
Murfreesboro, Tennessee

Registration opens September 1, 2015
Registration website: http://tadcpconference11.ezregister.com

CEUs and CLE available For more information and updates go to www.tadctn.org

This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services.
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:

- **October 8**
- **November 12**
- **December 10, Holiday Lunch**

For information please contact:

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

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**TAADAS Training**

- **Complementary Care**
  - Rev. Dr. Jane Abraham, LCSW, LADAC
  - October 14, 2015
  - 1384 Madison Avenue
  - Memphis, TN 38104
  - 8:30 AM-11:30 AM CDT

- **Suicide and Addiction- Memphis**
  - Lamar Frizzell
  - October 14, 2015
  - 1384 Madison Avenue
  - Memphis, TN 38104
  - 12:30 PM-4:00 PM CDT

- **Cultural Competency and Diversity Outreach Training**
  - Lisa Black, M. Ed., NCAC II, CCS
  - Panelist-Pam Sheffer, Claudia Avila-Lopez, Landra Orr and Jeff Hill
  - October 29, 2015
  - 1101 Kermit Street Room 104
  - Nashville, TN 37217
  - 9:00 AM-4:00 PM

- **Recovery Roundtable–Lebanon**
  - Mary Linden Salter, LCSW & Panel
  - November 6, 2015
  - Immanuel Baptist Church
  - 214 Castle Heights
  - Lebanon, TN 38087
  - 10:00 AM-2:30 PM CST

- **Psychopharmacology-Jackson**
  - Dr. Merrill Norton, Pharm.D.,D.Ph.,ICCDP-D
  - November 6, 2015
  - Lowell Thomas State Office Building

- **Psychopharmacology-Nashville**
  - Dr. Merrill Norton,
  - Pharm.D.,D.Ph.,ICCDP-D
  - November 9, 2015
  - United Way of Greater Knoxville
  - 1301 Hannah Avenue
  - Nashville, TN 37212
  - 9:00 AM-4:00 PM CST

- **Trauma Informed Treatment of Addiction-Nashville**
  - Fern Richie, DSN, APRN-BC
  - November 13, 2015
  - Goodwill Career Solutions Center
  - 937 Herman Street
  - Nashville, TN 37208
  - 9:00 AM-4:00 PM CST

- **ASAM 2015 Training-Nashville**
  - Dr. Thomas Coyne, Ed.D., LCSW
  - November 19, 2015
  - Department of Children Services
  - 2600 Western Avenue
  - Knoxville, TN 37921
  - 9:00 AM-4:00 PM EST

- **ASI 2015 Training-Nashville**
  - Dr. Thomas Coyne, Ed.D., LCSW
  - November 20, 2015
  - Goodwill Career Solutions Center
  - 937 Herman Street
  - Nashville, TN 37208
  - 9:00 AM-4:00 PM CST
May we count on you to help carry the message into your community?

Your voice of experience and expertise with co-occurring disorders can bring awareness to their impact on individuals, families, and communities. TNCODC has created brief, intermediate, and advanced level presentations for use in local communities.

Volunteering to spread the word is simple:

1. Consider the needs within your communities and develop a list of local outreach opportunities.
2. Visit http://www.trcods.com/resources/education-and-presentations or contact TNCODC.
3. Submit your request for a SPEAKERS TOOLKIT that contains a slide deck, speaker guide, handouts, and evaluation materials.
4. Make arrangements and promote your event.
5. Conduct the event.
6. Provide your evaluation and feedback to TNCODC.
7. Celebrate your success in partnering with TNCODC and bringing about education and awareness.
Help us to bring recovery support services to more Tennesseans

Designate TAADAS as the recipient for your Kroger Plus and Amazon Smiles 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](http://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.

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](http://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 enter on edit Kroger Community Rewards - Input your Kroger plus Card Number

Now enter the NPO 32184 and enter 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 one purchase

Two Great Programs One Awesome Cause!
Board of Alcohol and Drug Abuse Counselors - Meeting Schedule

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

- October 9, 2015 9 a.m. Poplar Room
- January 8, 2016, 9 am Poplar Room
- April 15, 2016, 9 am Poplar Room

**One voice for Tennessee’s substance abuse prevention efforts**

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

www.TNCoalitions.org

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 Referrals
1-800-889-9789

- Alcoholism
- Substance Abuse
- Mental Health
- Smoking
- Gambling Addictions
- Eating Disorders
- Callers are given local resources to address Domestic Violence and AIDS/HIV.
- Federal Marketplace Assistance

The Tennessee Association of Alcohol, Drug and other Addiction Services is a statewide, consumer-oriented association consisting of over 50 agencies that focus on addiction, recovery, prevention, treatment, and advocacy. We represent thousands of consumers in recovery, their families, community leaders, healthcare professionals and providers. TAADAS’ mission is to educate, support and engage our members and the public, influence policy, and advocate for prevention, treatment and recovery services.

Recovery Books & Things is the TAADAS Bookstore. You will find hundreds of self-help book titles in stock and a unique collection of gifts designed to inspire and celebrate the recovery journey. Recovery Books & Things is located in the TAADAS office, Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 155, Nashville, TN. Store hours are Monday-Friday 8 am - 5 pm CST.

TAADAS Clearinghouse has a mission to provide comprehensive information on addiction, mental health, and related issues. It offers free materials including pamphlets, fact sheets, booklets, and posters on topics ranging from general knowledge to current research and trends.

Marketplace Assistance is available to REDLINE callers. As of January 1, 2014 many Tennesseans became eligible for tax credits and cost sharing through the Federal Marketplace. If you or someone you know is uninsured, underinsured, cannot afford existing coverage, or has questions, please call the REDLINE. We offer limited in-office enrollment assistance and have collaborative partners to assist with your Marketplace needs.
We thank the following members for their support and involvement in our organization!

Laura Berlind, President      Barry Cooper, 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
Families Free, Johnson City Serenity Centers of TN, Knoxville
First Step Recovery Center, Memphis Serenity Recovery Center, Memphis
Friend of Bill’s Recovery Houses, Lebanon Smith County Drug Prevention
Generations Mental Health, McMinnville STARS Nashville
Grace House, Memphis       Synergy Treatment Ctr., Memphis
Grandpa’s Recovery House, Smyrna TN Certification Board
Hamblin County Drug Court, Morristown TN Mental Health Consumer’s Association
Harbor House of Memphis, Memphis The Next Door, Nashville
Healing Arts Research Training Ctr., Memphis Turning Point Recovery Residences, Nashville
HealthConnect America, Nashville Vista Recovery Systems, Johnson City
Here’s Hope, Counseling Ctr., Dyersburg Welcome Home Ministries, Nashville
Hope of East Tennessee, Oak Ridge

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 McElhiney      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.

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

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

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

Name: ________________________________________________________________________

Agency: _____________________________________________________________________

Address: ____________________________________________________________________

City: __________________________ State: _________ Zip Code: _______________________

Phone: ________________________ Toll Free: ________________________________

Fax: __________________________ Email: ________________________________

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
TAADAS

Holiday Meeting & Luncheon

When: Thursday December 10th
Executive Committee meeting from 9-10
Organizational meeting from 10-12
Lunch from 12-1

Where: Embassy Suites Nashville Airport
10 Century Blvd. Nashville, 37214

RSVP: Ivory Saulsbury 615.780.5901 x10
or email Ivory@Taadas.org