Fetal Assault Bill Sunsets

Legislation to extend the Fetal Assault Bill beyond the sunset date of July 1, 2016 has been defeated. HB 1660, which would have made this law permanent, was presented to the House Criminal Justice Subcommittee several times during the course of this legislative session. It was widely debated and discussed. On March 22, 2016 the Subcommittee voted on the bill and it was not approved to move forward. By a 3-3 vote, the bill was rejected. It is now up to us, the leaders in the addiction field, to illustrate and advocate a more proactive, positive, treatment focused approach to these issues.

During the course of the discussion, it was evident that many people are still confused about the nature of addiction. As advocates, we have much work to do during the next year and next session to educate Tennesseans about the disease of addiction. Promoting such information will be helpful to many of our coming initiatives – whatever they might be. But it is clear that there continues to be frustration and a lack of information about why anyone – especially a pregnant woman – cannot just stop using. Several times during the course of the discussion, participants expressed how inconceivable it was that a woman would use narcotics up to the day of the birth of their baby. The dangers of withdrawal and the nature of addiction were not widely understood.

Clearly, we have our work cut out for us. However, we have many collaborative partners in this effort. Our partners who joined us in defeating the fetal assault bill include PAT - and their prevention coalition members, TAMHO, Healthy and Free TN, March of Dimes, TN Children’s Hospital Alliance, TN Coalition for MH and Substance Abuse Services, and many others. The full list of partners in this effort is on page 7. We can enlist these partners in our continuing education efforts and TAADAS will be encouraging our members to reach out to local and state members of these organizations to continue and nurture our relationships and goals.

Additionally, TAADAS will be working to illustrate the lack of treatment resources available in our state. This is true for pregnant women in particular, but all Tennesseans need timely and adequate access to treatment. As the budget amendment process unfolds this session, TAADAS will be coordinating efforts to support a budget amendment for treatment funding.
TAADAS Day on the Hill

TAADAS had 43 member agency staff attend our Day on the Hill in February. Our event included a Legislative Breakfast at the Legislative Plaza cafeteria. We displayed and distributed materials from the TAADAS Clearinghouse that Legislators and their staff could access as they came for breakfast (see photo below). We were very visible this year wearing our “Grateful Person Supporting Recovery” pins with our new logo. Representative Patsy Hazlewood of Signal Mountain, graciously met with TAADAS members in the Senate Library to discuss legislative priorities. We appreciated her time and the insightful information she shared. TAADAS focused on two advocacy goals during our Day on the Hill. Our first goal was a budget amendment for $30 million to provide funding for addiction treatment and our second was to sunset the Fetal Assault Law.

TAMHO and TAADAS along with the Coalition for MH and Substance Abuse Services are all advocating for a $30 million budget amendment (#157) to support addiction services. This proposed amendment has been highlighted at each of our respective Day on the Hill events. TAMHO’s flyer to support the amendment is on page 10 of this edition. TAADAS is supporting the amendment by emphasizing programmatic needs for residential treatment, programs for drug using pregnant women, prevention programs and recovery housing.

TAADAS’ worked along with many partners to defeat the continuation of the Fetal Assault Bill. Our partners in this effort are listed on page 7. During our Hill Day, no hearings had been scheduled on this bill as yet but the bill was calendared for the House Criminal Justice Subcommittee soon afterward. TAADAS had already demonstrated many issues with the Fetal Assault Law in literature disseminated at our Hill Day. Meetings with legislators on these issues proved to be impactful. TAADAS and many of our partners, including Brittany Hudson from Renaissance, Vanderbilt, and others testified about the ramifications of this bill. These advocates illustrated the issues with penalizing women for not finding treatment, when treatment is not readily available.

Additionally, other issues were highlighted such as waiting list length, the negligible impact of medication assisted treatment in impacting rates of Neonatal Abstinence Syndrome, and the reduction in the number of pregnant women seeking addiction treatment in state funded programs. Our efforts were rewarded when the vote was taken and the bill did not move out of the Subcommittee. Thanks

TAADAS Staff attending the Day on the Hill included (from left to right): Chelsea Brasher, intern, April Ramsey, Bookkeeper, and Michelle Webster, Clearinghouse Coordinator.
to all the TAADAS members who called, wrote and cajoled their representatives regarding this bill. Thanks to our “Country Lawyer” and lobbyist, Nathan Ridley, who coordinated these efforts and harnessed all our energy and concerns.

TAADAS initiated many new initiatives this year to move our advocacy agenda. These efforts included a calling tree, for example, used to engage membership and promote our messages about issues so that TAADAS members could contact legislators armed with concise, clear and appropriate information. These new advocacy tools are part of our new advocacy plan goals, implemented as part of this new grant. TAADAS is cultivating a stronger advocacy role and our efforts are being recognized.

Starting at the Front End

National Rx Drug Abuse & Heroin Summit—Kathleen Kennedy, Advocacy Director

The National Rx Drug Abuse & Heroin Summit convened in Atlanta March 28-31, 2016. The annual summit was launched by Congressman Hal Rogers (R, KY) five years ago and is organized by Operation UNITE. It consists of the recovery community, law enforcement, medical professionals, addiction treatment specialists, and politicians who gather yearly to tackle America’s Rx drug abuse and heroine epidemic. The summit was divided into tracks for advocacy, clinical services, federal policy, heroin, law enforcement, pharmacy, Prescription Drug Monitoring Programs (PDMP), prevention, and third-party payers. Presentation materials are available at: http://nationalrxdrugabusesummit.org/2016-presentations/

The highlight of this year’s summit was the attendance of President Obama, who came to announce additional public and private initiatives to fight opioid and heroin addiction. The President stated his $1.1 billion funding proposal will potentially help every American with an opioid-use disorder who seeks addiction services. Initiatives include additional access to addiction treatment, additional prevention services for death by overdose and other prevention strategies.

The Administration is focusing on “medication-assisted treatment,” expanding the use of medications that block opioids’ effects on the brain, such as buprenorphine. The Department of Health and Human Services (HHS) is proposing a new rule to double the patient limit for qualified physicians who prescribe buprenorphine to treat opioid-use disorders from 100 to 200 patients, potentially expanding treatment to tens of thousands. HHS released $94 million in new funding to 271 Community Health Centers to increase substance-use disorder treatment. The focus is to expand medication-assisted treatment to underserved, isolated communities with an expectation to serve nearly 124,000 new patients with addiction treatment services.

(Continued on Next page)
SAMHSA is releasing $11 million to fund up to 11 states with medication-assisted treatment and is distributing 10,000 pocket guides to clinicians that include a checklist for prescribing medication for opioid-use disorder treatment and integrating non-pharmacological therapies into treatment services. SAMHSA will also coordinate trainings to increase the number of doctors qualified to prescribe buprenorphine, targeting the states with the greatest need.

Federal announcements included an agreement with more than 60 medical schools to require their medical students to take some form of prescriber education that is complementary with the newly released Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain in order to graduate. This agreement is to begin in the fall of 2016. Summit speakers, advocates, and attendees continually reflected throughout the summit that our country incorrectly addresses drug abuse by focusing on arresting addicts when we should address addiction as a health care issue and offer resources to assist with not only recovery but stabilization.

The President said he would like to see drug addiction addressed like any other public health crises, using the examples of traffic deaths and tobacco use. In these incidences experts used data and science to develop a plan of action to address traffic and tobacco issues that included public education campaigns, reducing death rates on both fronts. "Without the government, without us as a society making this commitment, what we will repeatedly end up with is being penny wise and pound foolish," Obama said. "It’s just smarter for us to do the right thing on the front end."

BELOW:
Michael Botticelli, Director of National Drug Control Policy, presented information on Drug Overdose deaths at the Summit.
Alcohol Awareness Month. April 2016 marks the 30th annual observation of Alcohol Awareness Month by the National Council on Alcoholism and Drug Dependence (NCADD). This year’s theme is “Talk Early, Talk Often: Parents Can Make a Difference in Teen Alcohol Use. Adolescence is a time of heightened risk taking and as alcohol and drugs enter the picture, parents are faced with a unique set of challenges. As we know from our public policy efforts, hope is not a strategy. Parents should take an active role in learning about alcohol and drugs and helping their children do the same. According to Andrew Pucher, the NCADD President and CEO, alcohol and drug use is a very risky business for young people, and parents can make a difference. The longer a child delays alcohol and drug use, the less likely the child is to develop a problem associated with later use. Along those lines and probably not by coincidence, Tennessee’s Commissioner of Mental Health and Substance Abuse Services Doug Varney and Commissioner of Health John Dreyzehner penned a nice opinion piece on the state’s website about addiction treatment services. The article’s lead paragraph begins, “It is time to change the conversation in Tennessee. It is time to recognized addiction for what it is; a chronic disease, not a moral failing.”

NAS Month. None of the information is new, but HJR 519 by Kent Calfee of Roane County designates October as Neonatal Abstinence Syndrome Awareness Month. The resolution notes the familiar facts that over 87% of NAS babies in 2014 were born to mothers on TennCare; the average cost to deliver a drug-dependent baby is over $40,000, compared to $7,400 for a healthy child; and the State’s Neonatal Abstinence Syndrome Subcabinet Working Group is committed to raising awareness of the growing NAS problem in TN, educating physicians and members of the public, and developing lasting and meaningful solutions. We look forward to working with the Subcabinet working group whose members include:

- John J. Dreyzehner, Commissioner of Health
- Raquel Hatter, Commissioner of Human Services
- Wendy Long, Health Care Finance and Administration Chief Medical Officer
- Kathryn R. O’Day, Commissioner of Children’s Services, and
- E. Douglas Varney, Commissioner of Mental Health and Substance Abuse Services

Legislative Process and Debt of Gratitude. We know that the legislature at work is the legislature in committee. The 2016 fetal assault legislation was referred to the Senate Judiciary Committee and the House Criminal Justice Subcommittee and Committee in January. Representative Weaver of Smith County decided to run her House Bill 1660 first, and hearings were held in the House Criminal Justice Subcommittee where the bill failed on March 23, 2016 on a 3-3 vote. We are grateful to Representative Raumesh Akbari of Memphis, Representative Mike Stewart of Nashville, and Subcommittee Chair Andrew Farmer of Sevierville who all opposed HB 1660 which would have made the 2014 fetal assault statute permanent. We are grateful to them for recognizing that 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.

Checklist for this month.
Call your elected state officials when the legislative session is over and thank them for their service during the session. Make sure you and all your employees and clients are registered to vote for our two remaining elections in 2016, the regular August and November Elections.

Calendar Notes: State offices will be closed Monday, May 30 for the Memorial Day Holiday. April 7, 2016, is the qualifying deadline for candidates to run for the General Assembly in the 2016 elections. All 99 state house districts will be up, and the 16 even numbered senate districts will be up. The 2016 legislative session is beginning to wind down. Be sensitive to the usual weekly schedules being different in the coming weeks if you try to contact legislators. Adjournment is expected by April 21.
Congratulations to TAADAS on their 40th year in existence! TAADAS has had a long history of providing education, resources, and advocacy to residents in the State of Tennessee. Serving individuals, family members, and the community affected by substance use is an important in helping Tennessean’s live a wholesome and productive life. It is a great opportunity to celebrate!

Celebration is an important aspect to recovery. As difficult as the journey in recovery can be, it is important to take time to honor successes that a client has made. Too often we focus solely on the problem and forget the times when the individual “falls and picks him/her up” to move forward. Moments like going home for a weekend visit and not using, insights an individual has after struggling with a concept, living one day at a time – these are all reasons to celebrate. The song Celebrate Good Times, Come On popularized by Kool and the Gang many years ago, has a message of hope. Celebrating good times and successes often have a positive impact on the person and encourages her/him to continue on their journey of recovery, even when it is tough. Too often our profession has focused much of treatment on confrontation without taking the time to honor the person's positive journey. I challenge all of us to take a few seconds to congratulate and honor a person as they turn challenges into victories.

We’re gonna celebrate and have a good time!

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Board of Alcohol and Drug Abuse Counselors
Meeting Schedule

Unless otherwise noted, all meetings are at 665 Mainstream Drive, MetroCenter:
- April 15, 2016, 9 am, Poplar Room
- July 15, 2016, 9 am, Poplar Room
- October 7, 2016, 9 am, Poplar Room
Thank you to our partners!

**Tennessee Organizations Opposing House Bill 1660 and Supporting the Sunset of the Tennessee Fetal Assault Law**

American Civil Liberties Union of Tennessee (ACLU-TN)
American Council of Obstetricians and Gynecologists (ACOG) – Tennessee
Advocates for Women’s And Kids’ Equality (AWAKE) – Tennessee
Association of Women’s Health, Obstetric and Neonatal Nurses (AWONN) -Tennessee
Children’s Hospital Alliance
Chattanooga Organized for Action
Counseling Solutions of Chatsworth
The First Year Foundation Incorporated
Healthy and Free TN
Just City
Knox County Prescription Drug Task Force
Law Students for Reproductive Justice - Vanderbilt
March of Dimes
Mercy Junction Justice and Peace Center
Metro Drug Coalition
Multidisciplinary Intensive Support Treatment (MIST)
Nashville Feminist Collective
National Advocates for Pregnant Women (NAPW)
National Alliance for Medication Assisted (NAMA) Recovery of Tennessee
National Asian Pacific American Women’s Forum – Nashville chapter
National Council of Jewish Women (NCJW) – Tennessee section
Prevention Alliance of TN
Renaissance Recovery
SisterReach
Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS)
Tennessee Nursing Association
Women’s Fund of Greater Chattanooga
Women’s Foundation for a Greater Memphis

**National Medical and Public Health Associations Oppose Laws that Utilize Coercion or Criminalization to Push Treatment**

American Academy of Addiction Psychiatry
American Council of Obstetricians and Gynecologists
American Nurses Association
Association of Maternal and Child Health Programs
National Council on Alcoholism and Drug Dependence

American Medical Association
National Perinatal Association
American Public Health Association
American Psychological Association
American Psychiatric Association
Advocacy Essentials
By Kathleen Kennedy, Advocacy Director

TAADAS’ Baptist Healing Trust (BHT) Advocacy Grant began January 1, 2016 and our advocacy work is off to a great start. Grant eligibility requirements include being inclusive of advocating for affordable and accessible health care services for vulnerable populations in Tennessee with a majority of the receiving agency’s programs to be focused on health services that produce measurable, positive outcomes or enact policy or program changes/improvements that affect health outcomes by either increasing access to care or preventing childhood trauma. TAADAS staff will be writing a regular report in this column addressing advocacy issues and potential areas of growth for our field.

One piece of proposed legislation TAADAS addressed during this General Session, HB1660, introduced by Representative Terri Lynn Weaver (R, District 40), encompassed all of the above goals. As introduced, the bill would have deleted the July 1, 2016 sunset on the 2014 Fetal Assault Law – which allowed women to be charged with misdemeanor assault if their newborn was born drug exposed with Neonatal Abstinence Syndrome (NAS). This law was intended to reduce the rate of NAS. Many pregnant women seeking addiction treatment faced service barriers and did not have available addiction treatment. This led some mothers to attempt self-detox while others delayed prenatal care, which created health risks for mother and child. The rate of NAS in Tennessee was not reduced during the time this law was in effect.

After much debate, HB1660 failed to pass in the Criminal Justice Subcommittee with a 3 to 3 vote and the fetal assault bill will sunset July 1, 2016. TAADAS appreciates Representative Weaver’s sincere desire to help address NAS and the conditions of birth for babies whose mothers’ are struggling with drug use. This bit of common ground can form a foundation to find new answers to these issues. TAADAS is continuing to seek new solutions and discovered a initiative in another state facing the same health care crisis.

U.S. Representative Evan Jenkins (R, W.Va.) is a good example of a leader using an innovative approach to address NAS. He is one of the founders of Lily’s Place in Huntingdon, West Virginia, a pediatric recovery center for drug-addicted newborns and their families. (http://www.lilysplace.org/) Lily’s Place uses proven therapeutic methods and medical technology to safely wean newborns off drugs. Volunteers are in place to give these newborns extra needed care and the center offers classes and recovery referrals to parents.

Representative Jenkins’ work with Lily’s Place led him to introduce the Cradle Act in October of 2015. This bill was introduced to offset bureaucratic obstacles that potentially prevent the model of Lily’s Place to be replicated across the country. It establishes residential pediatric care center guidelines to treat babies with NAS and opioid exposure during gestation. This legislation directs the Centers for Medicare and Medicaid Services to establish certification guidelines for the centers (such as certification guidelines for hospitals, nursing homes, and rehabilitation facilities) and includes an emphasis on residential pediatric recovery centers that offer counseling to mothers and families, reinforcing bonding from birth.

The Cradle Act has bipartisan support in the House and Senate. In the House, 32 members co-sponsored it with Representative Katherine Clark (D, Mass.) as the lead co-sponsor. Representative Clark introduced the Protecting Our Infants Act to develop best practice for the care of NAS babies. The House and Senate passed the Protecting Our Infants Act and it was signed into law.
Senators Shelley Moore Capito (R, W. VA) and Angus King (I, Maine) introduced the Senate companion bill to Representative Jenkins’ Cradle Act. “Going through withdrawal from heroin and other opioids is a horrific way to start one’s life, but that’s the reality for many newborns in West Virginia and across the country. Lily’s Place in Huntington is making a difference in the lives of babies with Neonatal Abstinence Syndrome and their families, and we should encourage more centers to open nationwide to treat these newborns. I want to thank Senators Capito and King for their leadership in the Senate on this issue – by working together and across the aisle, we can fight the drug crisis and ensure healthy lives for children across the country,” Representative Jenkins said.

Let us take the lead offered to us by Representative Jenkins. Let us listen to one another, determine a best practice approach, find financial resources, and remember our state is defined by how we treat our most vulnerable.

Lily’s Place is pleased to announce the release of our first book, "How To Create a Neonatal Withdrawal Center," written as a how-to guide to re-create Lily's Place.

The book is available for $9.95 via Amazon.com and on Kindle format. A limited supply is also available at Lily's Place.

All proceeds go to help offset the cost of caring for our patients.

Purchase your copy by clicking on the link below:

http://www.amazon.com/How-create-Neonatal- Withdrawal-Center/dp/1511864257/ref=sr_1_1?ie=UTF8&qid=1439917896&sr=8-1&keywords=how+to+create+a+neonatal+withdrawal+center
TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS (TAMHO)
CONTACT  Ellen Willard, Executive Director
ADDRESS  42 Rutledge Street, Nashville, TN 37210
PHONE  615-244-2220 | TOLL-FREE IN TN  800-598-2842 | FAX  615-254-8331 | INTERNET  http://www.tamho.org

SUBSTANCE ABUSE / ADDICTION TREATMENT IN TENNESSEE

A comprehensive approach that includes funding for addiction prevention and treatment must be part of the solution to solving the drug abuse epidemic.

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 that outlines statewide strategies to address Tennessee’s prescription drug abuse epidemic. Both of these efforts are fantastic first steps, 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. Historically the lack of a comprehensive approach to funding alcohol and drug abuse in the state of Tennessee has resulted in an over reliance on federal funds and thus federal priorities, rather than Tennessee specific needs. Our state is woefully behind other states in addressing this problem.

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.

TAMHO SUPPORTS budget appropriation amendment #157 for $30 million dollars to increase access for substance abuse treatment.

This funding would pay for a typical substance use treatment regime for 10,000 individuals.

Treatment Works | Recovery is Real
www.tamho.org/recovery
The 2016 Tennessee Teen Institute will be held at University of TN at Martin in Martin, Tennessee June 19th-24th, 2016. The Teen Institute is an exciting peer-led youth leadership and prevention camp hosted by JACOA (Jackson Area Council on Alcoholism and Drug Dependency). TTI provides education and training for teens ages thirteen to eighteen in areas of personal development, leadership and alcohol/drug abuse prevention. The mission of the Tennessee Teen Institute is to challenge the youth of Tennessee to unlock their potential, lead by example and take a proactive role in making a positive impact in their own communities. Participants enjoy outstanding nationally known keynote presenters and interactive workshops on prevalent issues facing youth. During the week-long event youth are required to use their imaginations and creative abilities to develop strategies for addressing substance abuse, violence and other issues in their home communities. If your organization is interested in sponsoring a team to attend this unique experience or if you would like more information, please contact Kristi Townes, Teen Institute Director, at kristit@jacoa.org or (731) 423-3653. 

www.tnteeninstitute.net

TTI Says Drug Free is Cool!!

TAADAS has a new logo—

We rolled it out in March—the month of our 40th Anniversary. We have new hats, pins, T-shirts and other swag for TAADAS members. We consumed all the cake (pictured right) to start off a series of commemorative events. In September, we will premiere a TAADAS anniversary video at our Recovery Banquet and Awards Dinner. In October we will host a Carnival highlighting our member agencies, recovery and wellness in a fun filled atmosphere. The event will initiate funding for a new scholarship for addiction treatment in Tennessee.
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:

- April 14
- May 12
- June 9

For information please contact:

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

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**TAADAS Training**

**Recovery Roundtable-Johnson City**  
Mary Linden Salter, LCSW and Panelists  
April 7, 2016  
Boones Creek Christian Church  
305 Christian Church Road  
Johnson City, TN 37615  
10:00 AM-3:00 PM EDT

**Drowning in the Sea of Pills: Taming the Tsunami**  
Karen Pershing, MPH  
April 14, 2016  
United Way of Greater Knoxville  
1301 Hannah Ave, Knoxville, TN 37921  
9:00 AM-4:00 PM EDT

**DSM-5 Training-Memphis**  
Dr. Lucy Cannon, Ed. D., LCSW, CCDP-D  
April 22, 2016  
Innovative Counseling and Consulting  
1455 Poplar Ave  
Memphis, TN 38104  
8:30 AM-3:30 PM CDT

**Recovery Roundtable-Carthage**  
Mary Linden Salter, LCSW and Panelists  
May 13, 2016  
Smith Co Ag Center, Hwy 53  
Carthage, TN  
10:00 AM-3:00 PM CDT

**Domestic Violence and Addiction-Nashville**  
Heather Herrmann and Bethanie Poe< LMSW  
May 20, 2016  
Goodwill Career Solution Center  
937 Herman Street  
Nashville, TN 37208  
9:00 AM-4:00 PM CDT

**Seeking Safety Training-Memphis**  
William Saulsberry, LADAC, CAC  
May 27, 2016  
Memphis Recovery Center Inc.  
219 N. Montgomery St.  
Memphis, TN 38104  
8:00 AM-4:30 PM CDT

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**TAADAS Training Annual Needs Assessment Completed**

Thanks for any input you provided. The Needs Assessment will be released again in the Fall. We appreciate any input from the field. Training ideas and providers can be submitted at any time to Maria Smith at TAADAS as Maria@taadas.org.

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**Is April 22!!**
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 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 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 a 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 edit Kroger Community Rewards - Input your Kroger plus Card Number.

Now enter the NPO 32184 and click 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.

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

12th Judicial District Drug Court  JACOA, Jackson
Aspell Recovery Ctr., Jackson  Knox County Recovery Court, Knoxville
Buffalo Valley, Hohenwald  Madison Treatment Center, Madison
CAAP, Memphis  Memphis Recovery Center, Memphis
CADAS, Chattanooga  Mending Hearts, Nashville
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
Community Coalition of Jackson Co, Gainesboro  Prevention Alliance of Tennessee (PAT)
Comprehensive Community Services, Johnson City  Recovery Services of TN, Lebanon
Crossbridge, Inc. Nashville  Renaissance Recovery, Knoxville
E.M. Jellinek Center, Knoxville  Renewal House, Nashville
First Step Recovery Center, Memphis  Samaritan Recovery Community, Inc., Nashville
Freeman Recovery Center, Dickson  Serenity Centers of TN, Knoxville
Friend of Bill’s Recovery Houses, Lebanon  Serenity Recovery Center, Memphis
General Session Treatment Court, Nashville  Smith County Drug Prevention
Grace House, Memphis  STARS Nashville
Grandpa’s Recovery House, Smyrna  Susannah’s House
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
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

Affiliate and Individual Members

Addiction Campuses  Cumberland Heights, Nashville
Ammon Analytical Labs  New Life Lodge
Bradford Health  TN Assoc. of Alcohol & Drug Abuse Counselors

Todd Albert  Wayne McElhinney  Brad Schmitt
James Beck  Harold Montgomery  Sheila Shelton
Richard Chirip  Melody Morris  George Snodgrass
Jeanace Harper  Judge Seth Norman  Lawrence Wilson
Leland Lusk  Butch Odom  Richard Whitt
John McAndrew  Nathan Ridley  Ron Bailey
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
- 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>Category</th>
<th>Annual Revenue</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$&lt;100,000</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$100,000 - $500,000</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$500,000 - $1,000,000</td>
<td>$1000</td>
</tr>
<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$1,000,000 - $2,000,000</td>
<td>$1500</td>
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<tr>
<td><strong>Organizational/Affiliate</strong></td>
<td>$&gt;2,000,000</td>
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<tr>
<td><strong>Individual</strong></td>
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<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

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This project is funded by

[Department of Mental Health & Substance Abuse Services]

[Find us on Facebook]
SAVE THE DATE

Recovery Month Banquet & Awards

September 8, 2016 from 5:00 pm - 9:00 pm

Premiering the TAADAS 40th Anniversary Video