

**EXCERPTED**

**2**

SBIRT: A background brief by Howard Shapiro, PhD, SAAS Executive Director

**INTERVENTION NEWS**

**3**

Program highlights, FASD annual run, Jackie Westhoven's EAP award and more

**OZ OF PREVENTION**

**3**

What's happening in Adams County Connections

**THE BUZZ**

**3**

New programs, awards, events, board members and staff anniversaries...

**RECOVERY**

**4**

Recovery Month culminated in the Recovery Rally at Civic Center Park

WINTER 2006 PEER ASSISTANCE SERVICES **UPDATES / OVERVIEWS / ANNOUNCEMENTS / REPRINTS / UPCOMING EVENTS**



# PEER REPORT

Start believing.

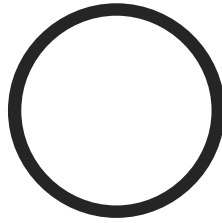
## **ANNOUNCEMENT**

Screening and brief intervention, referral and treatment: Colorado SBIRT

**OUR MISSION: PROVIDING  
QUALITY, ACCESSIBLE  
SUBSTANCE ABUSE  
PREVENTION AND  
INTERVENTION IN WORK-  
PLACES AND COMMUNITIES**

## WAYS

- **22** years in the business of drug and alcohol abuse prevention and intervention
- **30** students participating in Adams County Connections mentoring program
- **74** at-risk women reached in FASD
- **6,000** parolees served in the state-wide TASC program
- **10,000** people will be screened for drug and alcohol abuse in the first year of SBIRT



In September 15, Colorado was one of four states awarded a Screening and Brief Intervention, Referral and Treatment or SBIRT grant from the Center for Substance Abuse Treatment. The award, made to the Governor's office, is

\$2.8 million per year for five years. The Alcohol and Drug Abuse Division administers the funds and **PEER ASSISTANCE SERVICES** will provide program and staff management.

Current state partners include:

- Colorado Department of Public Health and Environment
- Colorado Association of Alcohol and Drug Service Providers
- Colorado Clinical Guidelines Collaborative
- Denver Health Medical Center
- OMNI Research and Training

### SBIRT FACTS

- A steering committee appointed by the Governor's office meets monthly for the first year.
- SBIRT project director is José Esquibel, director of interagency prevention systems, Colorado Department of Public Health and Environment.
- The goal is to develop and implement a SBIRT model program to set the stage for continuation and expansion statewide.
- The program will be in hospitals, community clinics and school-based clinics as a routine procedure.
- SBIRT will develop a comprehensive system for effectively identifying the substance use disorders; initiating treatment services as needed through universal screening; and providing continued support for those who need treatment.
- Emphasis will be placed on brief intervention and brief treatment approaches addressing the needs of those who are abusing substances, but have not yet developed a dependency.

### COLORADO SBIRT MODEL FEATURES

- SBIRT will be implemented in both urban and rural settings to determine the most effective method for screening and follow-up in diverse settings.

- The Colorado Clinical Guideline Collaborative will develop, distribute and encourage implementation of guidelines in private health care settings.
- A multi-disciplinary team will provide universal screening and report findings to the medical team for one of the following:
  - 1** Patients with low risk/no risk will be reinforced for their good judgment.
  - 2** Patients at moderate risk will receive a brief motivational intervention from trained staff discussing the potential harm of alcohol and drug use, as well as available resources.

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“...to set the stage for continuation and expansion statewide.”

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- 3** Patients at high risk will receive a brief treatment by trained staff and a referral to a substance abuse specialist for further assessment to determine need for treatment.
- The results of the screening and follow-up will be in patient records to reference during future visits.
  - For those referred for treatment, the follow-up will include verifying the patient has sought treatment or emphasizing the need for treatment. The ongoing tracking provides the ability to follow patient progress.



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Family Education Network  
Mentoring Children of Incarcerated Parents  
Youth in Transition in the Workplace  
Fetal Alcohol Spectrum Disorders  
HIV/Hep C/Substance Abuse Prevention  
in Minority Communities  
Adams County Connections  
Healthy Marriage Initiative  
Colorado Prescription Drug Abuse Prevention

**INTERVENTION PROGRAMS**

Healthcare Workers Peer EAP  
Workplace Prevention Services  
Colorado Drug-Free Workplace Alliance  
Coverdell Drug-Free Workplace Program  
Dentist Peer Health Assistance Program  
Colorado Pharmacist Recovery Network  
Treatment Accountability for Safer Communities  
Western • Northeast • Southeast • Mile High  
Colorado Screening, Brief  
Intervention, Referral and Treatment

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# EXCERPT

## SBIRT: A background brief

BY HOWARD B. SHAPIRO, PhD.

*The following excerpt is from "Screening, Brief Intervention and Referral to Treatment: A Background Brief" from the State Associations of Addiction Services, Executive Director, Howard B. Shapiro, PhD.*

Each year the use and misuse of drugs and alcohol affect millions of people across the United States, creating or exacerbating medical, societal, and emotional problems in families and communities. In 2001 the Robert Wood Johnson Foundation found that substance use and misuse is the nation's number one health problem. "Substance abuse—the problematic use of alcohol, tobacco and illicit drugs—also harms family life, the economy and public safety."

While specific costs vary, the RWJF study determined that the estimated cost to American society is over \$414 billion. This burden is borne across society by all citizens and includes productivity losses "caused by premature death and the inability to perform usual activities, as well as costs related to treatment, crime, destruction of property and other losses." Alcohol is the most costly, estimated at \$166.5 billion in 1995; the cost of illicit drug use was estimated to be \$109.9 billion.

According to the 2004 National Survey on Drug Use and Health, 19.1 million people (7.9 percent of the population) are considered current illicit drug users, while 121 million people or 50.3 percent are current drinkers. Using the Diagnostic and Statistical Manual of Mental Disorders of those reporting use of an illicit substance or consumption of an alcoholic beverage, 22.5 million people were classified with past year substance dependence or abuse (9.4 percent of the population).

Historically, the battle against drug use and addiction has relied largely on universal prevention strategies, typically targeted at youth, to curb use before it starts or specialty treatment programs, inpatient or outpatient, and self-help groups to effectively control addiction once it has been diagnosed. While according to the NSDUH, 22.5 million of the more than 120 million people reporting current use meet the statistical criteria for dependence, that leaves close to 100 million people, a majority, who do not meet the DSM criteria for dependence but who have reported recent use of illicit drugs or consumption of alcohol. Despite less severe patterns of substance use, those who engage in low to moderate risk use behaviors make up the majority

also supports its use in a variety of medical settings, including emergency departments, trauma centers, and primary health care clinics. Since 70 percent of people in the United States visit their physician at least once every two years, brief advice from physicians can have enormous implications for health care systems and a significant positive affect on alcohol use. Often a primary care physician during a routine check up will identify an individual whose alcohol consumption rates could be appropriate for a brief intervention. Others who could be considered candidates for a brief intervention are identified when an emergency room or trauma center admission is precipitated by an event related to their alcohol use.

Emergency departments and trauma centers have become a critical node in the delivery of SBI. According to the "Drug Abuse Warning Network, 2003: Interim National Estimates of Drug-Related Emergency Department Visits," of the 52 million emergency department visits in the third and fourth quarter of 2003, 627,923 of those were drug-related. In terms of alcohol-related ED visits, it is estimated that as many as 24 to 31 percent of all patients treated in an ED and as many as 50 percent of severely injured trauma patients have positive results when screened for alcohol problems.

**THE SBIRT COOPERATIVE AGREEMENTS** Recognizing the opportunity to substantially reduce the problems caused by substance use and misuse, in 2003 SAMHSA, obligated more than \$110 million to six states and one tribal council for five years to establish SBIRT services.

While specialty treatment programs target those with a diagnosed substance use disorder that meets the DSM IV criteria, the SBIRT initiative is designed to target those with nondependent use and to provide effective strategies for intervention prior to the need for more intensive treatment.

**SBIRT SCREENING PROCESS** The SBIRT projects integrate screening, brief intervention, brief treatment, and referral to treatment into existing settings. Successful implementation of the program requires flexibility, adaptability and innovation at all levels. Screening and patient care varies, dependent on site location and requirements. In some settings, existing medical staff provide care and screenings

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of people who use and thus account for the majority of the associated medical, societal, criminal, and other costs.

Despite this fact, the low to moderate risk use populations cannot access specialty treatment centers and are beyond the primary prevention stage but have typically not been considered potential candidates for intervention. It is this fact that makes Screening, Brief Intervention and Referral to Treatment, or SBIRT, so unique from past and current practices in the field of addiction treatment. Historical precedent has been that those persons without a DSM-IV diagnosis for dependence could not access the treatment system. Some in the field even contend that a belief exists that “nothing can be done with someone not clinically diagnosed with a substance abuse disorder.” Thus, those without a diagnosis, but who have exhibited high-risk use have not been treated and have fallen through the gaps in the system. These individuals may reemerge months or years later with severe addiction, and/or physical or other health complications related to substance use; some may have become involved in the criminal justice or welfare/child welfare system, consequences that may have been avoided had they received intervention in earlier stages of their use.

**FILLING THE GAP: SBIRT** For the last couple of decades, a growing body of compelling evidence has identified that screening, brief intervention, and brief treatment can fill the gap between primary, youth-focused prevention and treatment. This method does work and can reduce the harm associated with even low to moderate levels of substance use.

Brief interventions commonly target people whose levels or patterns of use are not diagnosable as alcohol abuse or dependence. These interventions usually are delivered by professionals who do not specialize in alcoholism treatment, and they include treatment elements designed to encourage people to alter their alcohol use without creating resistance. As those in the alcohol field recognize that problems associated with drinking begin at alcohol consumption levels much lower than those previously thought to warrant treatment, brief interventions have become an important tool in the intervention armamentarium.

A unique aspect of the SBIRT model is that it is not delivered in traditional treatment settings but is most often in primary care or community health clinics, and emergency rooms.

**SBIRT IN MEDICAL SETTINGS** The increasing body of knowledge that supports the efficacy of screening and brief interventions

and in others, SBIRT specific staff are responsible for screening and patient care. The methods and tools used for screening and intervention may vary but the core components remain.

**THE ROLE OF TREATMENT PROVIDERS** As indicated, research has demonstrated that the earlier problematic substance use is identified, the greater the likelihood for successful, long-term recovery. Because 10 to 36 percent of primary care or ED patients report high-risk substance use or dependency, identification of potential problems must begin in those settings.

So if this model occurs largely in medical settings, where do traditional treatment providers fit into the continuum?

Despite the variety of implementation, traditional treatment providers play a critical role, whether as a source of knowledgeable counselors to conduct assessments and provide referrals in the medical setting or as a referral resource for those clients needing more traditional, community-based treatment in an outpatient or residential setting.

Additionally, individuals from single state agencies implementing SBIRT, counselors or case managers involved in the SBIRT referral process, and provider association leadership have provided the following anecdotal evidence supporting the benefits:

**MONEY SAVING:** SBI identifies an individual with a previously undiagnosed addiction, and a referral to community-based treatment, minimizing an additional drain on the emergency health care system.

**PARTNERSHIPS:** SBIRT has helped create new partnerships between medical professionals and community-based treatment providers.

**MARKETING:** “Mainstreaming” treatment as healthcare in hospitals and medical settings is another step towards destigmatizing the disease of addiction.

**PROFESSIONALIZATION:** SBIRT is a research-based approach that meets the standard for medical care, and that perception carries over to those working with the model.

**WORK FORCE DEVELOPMENT:** Clinical staff see the role they play in helping people change, it allows them to engage with empathy and compassion.

**ARREST DEVELOPMENT OF SUBSTANCE USE DISORDERS:** SBIRT identifies potential clients in a setting where alcohol and drug use complicates health and the treatment of health-related issues. Research indicates that in just four or five sessions of brief treatment, significant change in behavior and usage patterns is possible.

## SWPRN 2006 Meeting

**S**OUTHWEST PHARMACIST RECOVERY NETWORK'S 19th annual meeting was held September 15–17, 2006 in Durango, Colorado. Ten hours of CE were provided. Nanci Stockewell, LCSW, Alexis Polles, MD and Darren Davis, RPh were featured speakers. • SWPRN serves pharmacists, pharmacy students, pharmacy technicians and state recovery network organizations across the southwest region. They offer a yearly educational program focusing on personal recovery and education about chemical dependency and the recovering practice.

Panelists for **COLORADO'S PHARMACIST PEER ASSISTANCE PROGRAM** discussion included:

- **DONNA LINDSEY**, Program Director, Colorado Pharmacist Recovery Network, PAS
- **GREG KLOB**, RPh, Chairman, Rehabilitation Evaluation Committee, Colorado State Board of Pharmacy
- **GREG HARDER**, RPh, Pharmacy Director, Parkview Medical Center
- **CATHY JARVIS**, PharmD, Associate Dean, University of Colorado Health Sciences Center, School of Pharmacy

Another panel discussion focused on **COLORADO'S MULTIDISCIPLINARY INTERVENTION TEAM**.

The panelists included:

- **DONNA LINDSEY**, Program Director, Colorado Pharmacist Recovery Network, PAS
- **BRETT KESSLER**, DDS, Chair, Concerned Colorado Dentists
- **MICHELLE SANDEL**, DVM, Co-Chair, Concerned Colorado Veterinarians
- **LISA SWANSON**, RPh, Rehabilitation Evaluation Committee, State Board of Pharmacy

Mark your calendar now for the 20th annual SWPRN meeting in Lake Tahoe, September 14-16, 2007.

## Northeast TASC

—KRISTEN PARKER, Director

**P**eer Assistance Services provides the Treatment Accountability for Safer Communities programs in each of the Department of Corrections parole regions. Community-based Colorado TASC programs began in 1988 to bring about communication between substance abuse treatment providers and the criminal justice system so a continuum of care exists for parolees returning home from prison.

The **NORTHEAST TASC** office has expanded to six case managers and one full-time UA technician. The Northeast TASC office provides services onsite in Westminster, Greeley, Longmont and Ft. Collins. Northeast TASC currently serves 658 parolees. Embracing the "whole-person" approach to reentry, Northeast TASC connects with community resources so they are able to offer various referrals to their clients for food, clothing, employment and education.

As part of the holistic approach, Northeast TASC offers free parenting and employment workshops and onsite AA meetings.

**FUNDING:** Office of Rehabilitation Services, Colorado Department of Corrections

**JENNIFER PLACE**, PAS EAP and workplace coordinator was elected vice president of the Colorado EAPA Chapter.

**ELIZABETH PACE** received the Recovery Advocate of the Year Award.

Welcome PAS board officers **COLLEEN CASPER** and **JEFF DOWNING** and new board members **LYNN COIT, COLLIS JOHNSON** and **RONALD LEE**. Thanks for working hard to help us achieve our mission!

**MELISSA IPPOLITO** was appointed Colorado TASC director overseeing the four TASC regions. She will retain her position as director of Western TASC.

### MARK YOUR 2007 CALENDAR

- **THURS., MAY 10** • 6:00 pm • PAS annual Awareness Event at the Tattered Cover LoDo, featuring William Cope Moyers speaking about his life, his book and his recovery. He will also be available to sign books.
- **SEPT. 9** • Annual FASD run/walk
- **SEPT. 14-16** • Annual SWPRN Meeting
- **SEPT. 15** • Rally for Recovery

**NEW PROGRAM** Healthy Marriage Initiative for clients of Mi Casa Resource Center, Denver Indian Family Resource Center, Family Tree, Head Start and WIC Clinics. It includes parent education, "Caring for My Family," the "P.I.C.K.A Partner" for individuals not in a relationship; and "Within Our Reach" for unmarried couples. The program strengthens current relationships and promotes marriage for couples, while preparing singles to make good choices about relationships. The program is offered in English and Spanish.

We **CELEBRATE** our staff for years of dedicated service!

**5 years** • **LOIS LIFTO** • **DAVID ROBINSON**

**10 years** • **JOANN ZEPP** • **BERT SINGLETON**

**15 years** • **JACKIE WESTHOVEN**

# Recognition for PAS director

udos to **JACKIE WESTHOVEN**, PAS employee assistance and workplace programs director. EAPA recognized her with the **2006 DAETWILER AWARD** for distinguished service in the EAP field. Jackie has a long history of service in Employee Assistance Programming and in the EAPA Colorado chapter leadership.

**K**In 1984, Jackie co-founded Peer Assistance Services, formerly N.U.R.S.E.S of Colorado. She has worked for over 22 years to advance peer EAP programming for nurses with substance abuse and mental health disorders. She served two terms as a Colorado EAPA Chapter officer; supported the Day at the Legislature; and chaired the Colorado Drug Free Workplace Alliance.

Jackie was instrumental in implementing the ADAD-funded Workplace Prevention Services program for small businesses and the development of an interface with Colorado EAPs. The **INTERNATIONAL NURSES SOCIETY ON ADDICTIONS** also recognized her for work in peer assistance for nurses.

## OZOPREVENTION

### Mentoring makes a difference!

—**NATALIE ORDOÑEZ-CAMPBELL**, Mentoring Program Coordinator

**A****DAMS COUNTY CONNECTIONS** is a mentoring program for Adams County District 50. ACC brings adult mentors and youth together, providing support and guidance, strengthening community bonding and improving academic achievement for the middle-school students. Adult volunteer mentors are friends and role models, spending two hours each week with their matched student, according to Meagan Brncick, mentoring program coordinator. The mentoring along with after-school tutoring at Hodgkins Middle School helped to improve the students' grades. That is success we see and celebrate!

Over thirty mentors have been matched with students and are participating in the program, with new matches in the application process. For the October group activity, ACC's mentors and students sampled everything Anderson Farms had to offer—picking pumpkins, sipping hot cider and enjoying the hayrides. Together, everyone then warmed around the fire pit. We look forward to sharing more good times...the mentor appreciation dinner, career life skills trainings and a trip to a Colorado Ballet performance at the Denver Center for the Performing Arts.

**FUNDING:** U. S. Department of Education

## In memory

Our friend and colleague **JODY GINGERY** died on November 29, 2006. Jody was the executive director of the Colorado Prescription Drug Abuse Task Force for over 22 years. Jody was a registered nurse with a Bachelor of Science in Nursing from the University of Colorado and a Masters in Education from Colorado State University. We worked together for many years and she will be missed.

—*Staff and board, Peer Assistance Services*

## FASD Run

—**BRIE REIMANN**, Prevention Programs Coordinator

**T**he FASD Run/Walk was hosted by the Fetal Alcohol and Drug Abuse Coalition and PAS on Saturday, September 9, 2006 at Denver's City Park. The annual event was held to increase awareness of Fetal Alcohol Spectrum Disorder in Colorado.

The FASD program implements strategies to prevent or stop drinking during pregnancy and encourages women to use birth control methods with the lowest failure rates.

**OUR THANKS** to the sponsors of the FASD Run:

- **FMI CORPORATION**
- **SAFeway**
- **THE BAGEL STOP, PARKER**
- **BRUEGGERS BAGELS, UNIVERSITY BLVD.**
- **WHOLE FOODS, TAMARAC**

# Save the date! THURSDAY, **MAY 10**

## THE ANNUAL AWARENESS EVENT

LOOK FOR DETAILS. YOU WILL NOT WANT TO MISS IT!

### PAS **BOARD** REPORT

## Awareness Event

**T**he 2007 Annual Awareness Event will be held at the Lodo Tattered Cover on May 10. William Cope Moyers, author of *Broken*, will be the evening's speaker and will be available to sign books. At this year's event, we are introducing some new traditions.

#### WHAT WILL BE DIFFERENT?

- New format and venue to maximize proceeds
- Proceeds will be devoted to the PAS Endowment Fund

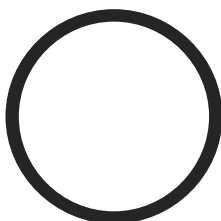
#### WHAT WILL REMAIN THE SAME?

- The focus and goal of the event
- Celebrating what PAS accomplishes each year
- Honoring those who have done so much to advance the PAS mission
- Raising funds to continue the work

#### WHAT IS ESSENTIAL?

- Your support and attendance
- Sponsorships and ticket sales will make it a success

## Annual meeting



October 4 was the date of the PAS annual board meeting held at the Daniels Fund Meeting Space.

Awards were presented to **JEFF DOWNING** and **JILL BEDNAREK** for their

leadership and service as president and secretary, respectively, 2002–2006. Congratulations to officers elected for the 2006–2008 term: Board President **COLLEEN CASPER** and Board Secretary **JEFF DOWNING**.

#### NEW BOARD MEMBERS

**LYNN COIT** Ms. Coit graduated from Mississippi State University with a Bachelor of Architecture in 1991. In 2001 she opened Box Studio, an architecture firm. She was board secretary for Colorado Real Estate Women and volunteered at Stepping Stone, Girls, Inc., Dress for Success, Child Haven, Catholic Charities and Core Net. Ms. Coit was the 2002 runner up for

the Women's Vision Foundation Woman of the Year. She is interested in fundraising and recovery programs.

**COLLIS JOHNSON, JR., DDS** Dr. Johnson attended Langston University and dental school at Meharry Medical College in Tennessee. He began his dental career in Minnesota and opened his practice, Family Dentistry, in Denver in 1977. Dr. Johnson has served on the Colorado State Board of Dental Examiners as a board member, board secretary and board examiner. His interests include health and social service programs.

**RONALD LEE** Hailing from Chicago, Mr. Lee attended Jefferson State Junior College. He served in the U.S. Air Force and is a Vietnam veteran. Currently a mortgage broker and a drug/alcohol counselor at Peer One, Mr. Lee's interests are the development of mentoring and drug prevention programs targeting at-risk youth.

# RECOVERY

## Observance and celebration

**T**he fifth annual Advocates for Recovery **RALLY FOR RECOVERY** was held on Saturday, October 1 at Denver's Civic Center Park. Speakers included Dr. Westley Clark, Director of the Center for Substance Abuse Treatment and Andrew Romanoff, Speaker of the Colorado House of Representatives.

**ELIZABETH PACE**, Peer Assistance Services' CEO, received the **2006 RECOVERY ADVOCATE OF THE YEAR** awarded by Advocates for Recovery. Howie Madigan, counselor at The Harmony Foundation in Estes Park also received the award.

### RECOVERY MONTH

September 2006 was the 17th Annual National Alcohol and Drug Addiction Recovery Month—referred to simply as "Recovery Month." Recovery Month is an annual observance during September sponsored by the Substance

Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment.

Recovery Month highlights the benefits of substance abuse treatment, applauds the contributions of treatment providers and promotes the message that recovery from substance abuse is possible. Recovery Month encourages citizens to help expand and improve the availability of effective substance abuse treatment.

Providing a platform to celebrate people in recovery, Recovery Month also celebrates providers who serve people in recovery. Each September, treatment programs around the country share their successes with neighbors, friends and colleagues, educating the public about treatment, how it works, for whom and why.

Recovery Month also educates the public on substance abuse as a national health crisis, that addiction is a treatable disease and that recovery is possible. Accurate

knowledge of the disease helps in understanding the importance of supporting treatment programs, those who work in treatment and those who need treatment.

Educating the public reduces the stigma associated with addiction and treatment. Recovery Month helps to do just that, highlighting the benefits of treatment for not only the affected individual, but for their family, friends, workplace and society as a whole.

### THE 2007 RALLY FOR RECOVERY

Mark **SATURDAY, SEPTEMBER 15, 2007** on your calendar for Rally for Recovery across the country.

For more information go to [facesandvoicesofrecovery.org](http://facesandvoicesofrecovery.org).



Peer Assistance Services



Peer Assistance Services

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# Start believing.