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Start believing.

SBIRT COLORADO

Policy Summit

—BY BRIE REIMANN, SBIRT COLORADO PROGRAM DIRECTOR

In September 2006, the Colorado Office of the Governor received a grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to implement Screening, Brief Intervention, Referral to Treatment (SBIRT) Services in healthcare settings statewide. Known as SBIRT Colorado, its mission is to implement SBIRT as a standard, routine part of healthcare delivery for people living in Colorado. SBIRT is a public health approach aimed at reducing health-related consequences of substance abuse by intervening early on the continuum and providing people the tools they need to make positive decisions related to their health. SBIRT represents a significant paradigm shift in addressing substance abuse as a healthcare issue, rather than a legal issue.

On August 20, 2009, in collaboration with the Colorado Providers Association SBIRT Colorado hosted the first annual Colorado Substance Abuse and Healthcare Policy Summit at The Cable Center in Denver. The purpose of the summit was to bring together key policy makers representing behavioral health and healthcare at the national, state and local levels to discuss policy initiatives needed to support substance abuse preventive services.

The theme for the summit was 'Bridging the Gap' between behavioral health and healthcare to improve the provision of substance abuse preventive services. Opening remarks were made by John Bender, MD, physician and director at Miramont Family Medicine in Fort Collins, Colorado. Dr. Bender continues to be a champion for SBIRT Colorado. Three panel presentations followed: Prevention and Early Intervention; Service and System Integration; and Financing Preventive Services.

The panel presentations consisted of three to five people representing federal, state and local perspectives. Each panel presentation was followed by breakout sessions among the 120 participants randomly assigned to tables to encourage dialogue. Each table had a captain responsible for recording three key action items and three key themes related to each panel discussion. Table captains reported on themes and action items to the larger group. These key action items and themes will drive the agenda for the SBIRT Colorado Policy Steering Committee to further support the mission of bridging the gap between behavioral health and healthcare.

To synopsise the three panel presentations:

PANEL 1**PREVENTION AND EARLY INTERVENTION OF SUBSTANCE ABUSE IN GENERAL HEALTHCARE SETTINGS**

MODERATOR Stan Paprocki, director of prevention services, Division of Behavioral Health.

PANELISTS Kerry Broderick, MD, emergency department attending physician, Denver Health Medical Center; José Esquibel, director Interagency Prevention Services, Colorado Department of Public Health and Environment; State Representative Tom Massey Jr.; Sandeep Wadhwa, MD, director of Medicaid, Colorado Department of Healthcare Policy and Financing; and Allen Ward, lead public health advisor, Division of State Programs, Center for Substance Abuse Prevention.

QUESTIONS

1. Why should the early identification of substance use and misuse be integrated into general medical practice?
2. What will it take to make prevention and early intervention a top policy priority in the State of Colorado?
3. How do we emphasize the importance of prevention and early intervention of substance abuse in healthcare and in other settings such as public health agencies, community-based organizations and Employee Assistance Programs?

KEY THEMES AND ACTION ITEMS

Key action items from all panels fell within five main categories: systems change; policy; funding; training/education; marketing/public awareness. Participants felt the following action items are needed to improve substance abuse prevention and early intervention services:

- address the stigma related to substance abuse
- break down the barriers preventing providers from sharing information across sectors
- increase the funding available to support prevention and intervention strategies
- provide additional training and cross-training to providers in evidence-based prevention and intervention strategies
- create the demand among the consumer population for better substance use prevention and early intervention services

continued on page 2

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Peer Assistance Services

Policy Summit

—BY BRIE REIMANN, SBIRT PROGRAM DIRECTOR

continued from page 1

PANEL 2

SERVICE AND SYSTEM INTEGRATION: DISCUSSION ON THE GAP THAT EXISTS BETWEEN THE TWO SYSTEMS

MODERATOR Janet Wood, MBA, MEd, director, Division of Behavioral Health

PANELISTS Karen Beyé, executive director, Colorado Department of Human Services; State Senator Betty Boyd; Westley Clark, MD, JD, MPH, CAS, FASAM, director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration; Wayne Maxwell, PhD, executive director, North Range Behavioral Health; Paul Samuels, director and president, Legal Action Center; and Karen Wyatt, MD, medical director, Summit Community Care Clinic.

QUESTIONS

1. What policies are needed to support integrating substance use prevention and early intervention into healthcare as a routine part of general medical practice?
2. Describe the gap that exists between healthcare and substance abuse services in Colorado and ideas for bridging the gap between the two disciplines.
3. How do you define integrated care; what steps would you propose to promote integrated care in Colorado?
4. How can we promote preventive services as a key component to healthcare reform?

KEY THEMES AND ACTION ITEMS

Participants acknowledged the following were needed to ensure service and system integration:

- address ownership issue between behavioral health and healthcare
- improved system of sharing of electronic medical records and other health information between healthcare and behavioral health
- reimbursement to encourage routine delivery of substance abuse preventive services in healthcare
- early workforce training and cross-training among behavioral health and healthcare professionals
- curricula and fidelity measures to ensure evidence-based services are in place
- follow-up between behavioral health and healthcare settings to assist in closing the loop
- tailor services to specific community needs
- additional services needed for youth
- increased exposure of public health message among consumers

PANEL 3

PRIVATE AND PUBLIC FINANCING OF PREVENTIVE SERVICES

MODERATOR Janet Wood, MBA, MEd, director Division of Behavioral Health

PANELISTS Lorez Meinhold, senior policy officer Colorado Health Foundation; Betsy Thompson, MD, DrPH, chief medical director, San Luis Valley Health Maintenance Organization; and Tom Stegbauer, PhD, supervisory management analyst, The Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

QUESTIONS

1. What are the barriers preventing private and public health plans from paying for substance abuse preventive services as they do for cholesterol testing and medications?
2. What policies are needed to ensure providers are paid for substance abuse preventive services by the public and private sectors to reduce costs in the long run?
3. What are some solutions for incorporating preventive services into public and private financing?

KEY THEMES AND ACTION ITEMS

Participants agreed upon the following action items needed to support financing preventive services:

- adopt SBIRT in Medical Home Model
- initiate change among health plans, health plan purchasers, businesses, trainers, etc.
- capitalize on legislation such as HB1204 to support substance abuse preventive services
- prioritize substance abuse preventive services as equally important as other chronic disease prevention strategies
- highlight substance abuse preventive services and parity in healthcare reform discussions
- present short- and long-term cost savings to legislators and other policy makers to demonstrate effectiveness
- braided funding in local, state and federal arenas to support additional services
- include SBIRT as standard in state health insurance plan and other large employer plans
- determine tipping point to achieve desired change; shift infrastructure from individual to shared outcomes
- support from Office of the Governor
- activate Medicaid SBI codes in Colorado state plan
- Joint Commission standards for SBI
- increase alcohol tax

KEYNOTE SPEAKERS

In addition to the three panel speakers, two keynote presenters addressed the summit participants. Susan Foster, vice president and director of policy research and analysis, CASA Columbia, presented on the Shoveling Up Report II and the impact of substance abuse on federal, state and local budgets. Foster highlighted the enormous amount spent in Colorado on substance-related issues in 2005: 15.6% of total state spending. Foster provided recommendations to lessen the burden of substance abuse including prevention, treatment/disease management, taxation, regulation and research.

The second keynote speaker, Dr. Larry Gentilello, MD, FACS, professor of surgery at the University of Texas Southwestern Medical School, presented on the importance of SBIRT as a model to address substance abuse in acute healthcare settings. Gentilello highlighted the importance of adopting screening and brief intervention reimbursement codes to support SBI as a means to decrease the rate of trauma recidivism, prevent substance abuse and ultimately to save costs.

NEXT STEPS

The SBIRT Colorado Policy Steering Committee will devise a plan to implement prioritized action items and policy recommendations gathered from the summit. The Committee invites additional members to join in assisting with this task. Members act as advocates for improved substance abuse preventive services and integration between healthcare and behavioral health in Colorado. Finally, SBIRT Colorado is gearing up for the second Policy Summit tentatively scheduled for May 2010 and we welcome ideas and suggestions regarding topic areas and summit format. Please email ideas to Brie Reimann, program director for SBIRT Colorado at breimann@peerassist.org.

GRATEFUL ACKNOWLEDGMENTS

We owe special thanks to all those who assisted with organizing and planning the Colorado Substance Abuse and Healthcare Policy Summit.

Additionally, we thank all those who participated as panel members, moderators and keynote presenters.

FUNDING: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment grant awarded to Colorado Governor Bill Ritter, Jr., administered by the Division of Behavioral Health

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Prescription drug abuse

—BY BEVERLY GMEREK, PRESCRIPTION DRUG ABUSE PREVENTION PROGRAM COORDINATOR, PEER ASSISTANCE SERVICES, INC.

During a year that saw a number of high-profile celebrity deaths related to abuse of prescription medications, the media failed to shed light on this problem at the local level. Prescription drug abuse has been an issue in the shadows for a long time, so much that unlike many other issues it does not have a national day, week or month to acknowledge the impact of this problem in our community. Yet in 2008, deaths from prescription drug abuse in Colorado (562) were nearly triple the number of deaths resulting from drunk driving (173) that same year.

Keeping the issue of prescription drug abuse in the shadows has allowed our youth to assume that it is “safe” to abuse these drugs since they have been prescribed by a doctor. Not talking about this issue in public has made it more difficult for people with an addiction to seek help and know they are not alone in their struggle. It is the mission of the Prescription Drug Abuse Prevention Program to reverse this trend.

Communication with community members across the state has shown that most people are unaware of how widespread prescription drug abuse has become in Colorado, especially among college and high school students. National studies show that while use of illicit drugs among students is declining, the abuse of prescription drugs among young adults has increased. Recent surveys show 19% of high school students have used medication not prescribed to them and prescription drugs are reported to be “easier to get than beer.”

A look at Colorado’s data reveals that yearly deaths related to the most commonly abused prescription drugs nearly doubled from 298 in 2000 to 562 in 2008; deaths related to the abuse of prescription opioids such as oxycodone, hydrocodone and fentanyl more than doubled from 180 in 2000 to 373 in 2008.



Lieutenant Governor Barbara O'Brien

designed to get the message across to everyone that sharing medications can be dangerous and deadly. Containing information and resources specific to parents, students, educators, healthcare professionals and pain patients, the site also provides instructions on how to properly dispose of medications; news links to recent stories regarding prescription drug abuse, and how to get help.

A bookmark was also developed with facts and information about prescription drug abuse and tips on how to properly safeguard and dispose of medications. Close to 20,000 were distributed in November with

second week of November as Prescription Drug Abuse Awareness Week. Scheduled close to college exams, fall break and the Thanksgiving holiday, this week serves as an ideal time for families to discuss the dangers posed by abusing prescription medications.

PRESCRIPTION DRUG ABUSE WEEK

At 11:30 a.m. on Thursday, November 12, 2009, in the West foyer of the State Capitol, Lieutenant Governor Barbara O'Brien read a proclamation signed by Governor Ritter declaring November 9-15, 2009 as Colorado's first Prescription Drug Abuse Awareness Week. Framing the stage for the ceremony were 562 prescription vials, one for every death in Colorado in 2008.

Other speakers at the event included Janet Wood, director of the Division of Behavioral Health, State Senator Betty Boyd and Beverly Gmerek, prescription drug abuse prevention program coordinator, Peer Assistance Services.

Teresa A. shared her personal story of addiction and recovery, putting a face to the disease of addiction, and providing hope and inspiration to those who may be struggling with their own issues related to prescription medications.

Denver news channels 4, 7 and 9 covered the ceremony for their evening news programs and provided web links to RxDrugsNotYoursNotSafe.org.

Dozens of communities statewide acknowledged the week. Brochures at information tables, bookmarks at local pharmacies and retail shops in addition to posters around Colorado campuses made the first Prescription Drug Abuse Awareness Week a success.

The struggle to keep this issue in the spotlight, however, is far from over. The program will continue to launch education efforts for students, parents and elderly populations, encouraging Coloradans to talk to their friends, relatives and neighbors about safeguarding their medications and disposing of them properly. As long as Coloradans are dying from or struggling with addiction to prescription medications, there will be more that can be done.

SPONSORS

A special thanks to sponsors and supporters of the Prescription Drug Abuse Prevention Program:

- Advocates for Recovery Colorado
- Denver Office of Drug Strategy, Bruce Mendelson
- Center for Dependency, Addiction and Rehabilitation
- Colorado Clinical Guidelines Collaborative
- Colorado Department of Human Services, Division of Behavioral Health
- Colorado Department of Public Health
- Colorado Medical Society
- Colorado Nurses Association
- Colorado Pain Initiative
- Colorado Pharmacists Society
- Colorado Prescription Drug Abuse Task Force
- Colorado Providers Association
- Colorado Veterinary Medical Association
- Dental Wellbeing Committee
- Drug-Free Workplace Alliance
- Foltmer Drug, Inc., Wray, Colorado
- Jason's Deli
- Jim and Mary Newell
- Maloney Media
- Prevention Leadership Council
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- University of Colorado School of Pharmacy
- U.S. Drug Enforcement Administration
- USW—920 Chain Staff Pharmacists
- Valley Hope Alcohol and Drug Treatment

“...deaths from prescription drug abuse in Colorado (562) were nearly triple the number of deaths resulting from drunk driving (173) that same year.”

Other Colorado data:

- In 2008, young adults (24 and younger) made up nearly 20% of the statewide admissions to treatment facilities for opioids, 29% of the admissions for stimulants.
- In 2003-2008, 49% of the drug-related deaths in the city of Denver involved prescription drug abuse.
- In 2008 there were 2,601 emergency room visits in the Denver metro area related to opioid drug abuse, totaling 25% of all the drug-related ER visits in the metro area.

RAISING AWARENESS

Since July 1, 2009, the Prescription Drug Abuse Prevention Program has launched several initiatives in an effort to raise the level of awareness of prescription drug abuse in Colorado. The first was the development of a new campaign and website: **RxDrugsNotYoursNotSafe.org**. This campaign was

the help of volunteer students from the CU School of Pharmacy.

Bulletin board kits were developed for use in residence halls and public schools for the fall semester. Each kit contained eye-catching posters, myths and facts about prescription drug abuse, stickers and bookmarks. During October and November over 250 bulletin board kits were distributed throughout Colorado. These kits will continue to be disseminated with seasonal information, such as the dangers of study drugs during exam time and buying drugs in other countries while on spring break.

Another aim of the program is to have a Prescription Drug Abuse Awareness Week declared in Colorado, helping to guide prevention efforts in communities across the state. A request has been submitted to the Office of the Governor to declare the

One nurse's story

—BY ROXANNE, A CLIENT IN THE PEER HEALTH NURSES ASSISTANCE PROGRAM, PEER ASSISTANCE SERVICES, INC.

I celebrated three years of sobriety on December 18, 2009. A great deal of time during those three years has been spent searching for answers. A tall stack of research remains piled in one corner of my home office, the product of countless hours of inquiries. I believe I have put my therapist's three children through college delving into my past for any minute clue. A myriad of stories have been shared with my friends in Narcotics Anonymous. I am disappointed to reveal after all of this, the questions remained unanswered.

You see, I have always had the answers, the outcome, and the control for just about everything in my life. In the past if I didn't have every last answer I sought out those that did. Previously my life was orderly and predictable just the way I liked it. Not having the answers is unsettling, even terrifying.

A few years ago I fooled myself by professing that I had all the answers. I had everything figured out. When I weighed 96 pounds and my hair was falling out by the handful—I had the answers. When my husband of 27 years asked for a divorce, and I didn't have it in me to take a phone call from any of my children—I had the answers. Standing before a particularly stern judge in a crowded courtroom as he scolded me—even still, I fooled myself into thinking I had all the answers. Finally when I surrendered my nursing license and became unemployed and unemployable, if you had asked me then, my response would have been, “Yes, I have every last answer.”

What a fool I was, or more correctly how easily this cunning disease made a fool of me. It wasn't until clean and sober smacked me in the head and knocked a bit of sense into me that I realized I had no answers to anything, nothing that truly mattered anyway.

Today the answers to these questions continue to elude me.

Why did I become an addict? Did depression play a part in my addiction? Do I have a family history of substance abuse I know nothing about? Did having a front row seat to human tragedy working as an ER nurse for 15 years have anything to do with my fate?

How did my life spiral so far out of control? Could I not see this coming? Could I have prevented this outcome if things were different? What caused this disease? Will a brain biopsy and pending treatment cure this affliction (a bit of nursing humor)?

For nearly three years I have been telling myself that if I can learn the answers to these questions, then I will be able to assure this never happens to me again. I may even be able to assist other recovering addicts with my astonishing findings.

The reality of the situation, and what I have realized recently, is that there are no concrete answers to these questions. There is no guarantee that the disease I suffer from will be kept at bay for the rest of my life.

So I simply changed the questions. Where do I go from here? How do I pick up the pieces, dust myself off and move forward? What is it I am really supposed to be doing right now? I admit I don't have all of the answers yet, although I do think I am on the right track.

“Where do I go from here?
How do I pick up the pieces,
dust myself off
and move forward?
What is it I am really supposed
to be doing right now?”

I have learned many things I knew nothing about despite the fact that I am 46 years old, college-educated, a wife and the mother of three successful children. I have found answers to questions regarding living on a budget, eating healthy, getting adequate rest and regaining appropriate perspectives. I have learned how to color my own hair and groom the dog. I now know how to say what I mean and mean what I say. I learned how to cook, really cook. I have found balance and deeper connections and confidence and security. I have learned so much that the answers to all those other questions no longer seem very important.

I have learned it is possible to find guidance and wisdom without having all the answers.

In March of 2010 I will have successfully completed one year of my rehab contract with the Peer Assistance Services Nursing Peer Health Assistance Program. I hope to reapply for the license I surrendered. Unlike at Narcotics Anonymous there is no round of applause, no key chain of a significant color, no golden token to carry in my pocket as a reminder of how much I have overcome. For myself, and I suspect for many nurses who walk in my shoes as well, there is something much more meaningful—the chance to redeem myself and earn back my nursing license and a much loved and missed profession.

Early intervention offers an opportunity to protect the public and to save the career—and many times the life—of the practitioner. It minimizes intangible losses to the individual and the profession, and results in significant cost savings for the employer. The Dentist Peer Health Assistance Program, the Pharmacist Peer Health Assistance Program and the Nursing Peer Health Assistance Program are provided by PAS. If you know someone who could benefit from a referral, please contact us: 303.369.3369 • www.peerassist.org/referral

FUNDING: Colorado Board of Dental Examiners, State Board of Pharmacy and Colorado Board of Nursing.

In their own words

We receive many notes of gratitude and personal stories from individuals who have participated in the Dentist, Nursing and Pharmacist Peer Health Assistance Programs. We share one of those here.

“I appreciate and am grateful for what I consider a chance to start fresh and rebuild what I took from myself, my family and friends. I had to do the footwork, but recovery and my support network had a great deal to do with repairing the damage.”

— FROM THE DENTIST PEER HEALTH ASSISTANCE PROGRAM

Annual board meeting

The annual meeting of the Board of Directors was held on Thursday, September 24, 2009 at the Daniels Fund in Cherry Creek North.

PRESENTATIONS

- Naomi Hull, CPA of Hull and Associates presented the annual financial audit to the full Board of Directors.
- Zane Way, vice president and senior business relationship manager at Wells Fargo, spoke to the board regarding the agency's banking relationship and strong financial position.
- Nolbert Chavez, Capitol Success Group, made a presentation reviewing the events of the past year that affect the Colorado State Budget. He also provided an overview of legislative projections in light of the current economic situation.

BOARD OF DIRECTORS AND OFFICERS

- Clare Sandekian, David Stuhr, and Collis Johnson were re-elected for a three-year term as directors.
- David Stuhr was elected to a two-year term as vice president.
- Jane Klein was elected to a two-year term as treasurer.

RECOGNITION OF DIRECTORS

Sarah Hopfenbeck, Gail Boyd, Ron Lee and Lynn Coit retired from the Board of Directors upon completion of their elected terms. Lloyd Davis and Elizabeth Pace presented each with a plaque acknowledging their contribution and service to PAS.

Building healthy relationships

—BY JENNIFER DuVALL MORGANTO, MANAGER, HEALTHY RELATIONSHIPS/FAMILIES PROGRAMS

Committed, safe, lasting relationships can be a reality—with some skills and resources offered by the Healthy Relationships program staff. PAS is working with individuals and couples, teaching relationship skills and helping them reach personal goals to improve their lives.

PAS provides relationship education to low-income singles, couples and parents utilizing evidence-based curricula. The mission of the program is to strengthen families and communities by improving the quality, stability and longevity of relationships through skills training and relationship education.

Between October 2008 and September 2009, the program offered 88 relationship classes to low-income singles, couples, and parents at selected agency partner sites. Partnering organizations include substance abuse treatment centers, case management programs, workforce development programs, schools, transitional housing assistance programs, victim advocacy services, and community resource centers. The program has seen marked improvement in the number of participants recruited and served in the third year of the program—over 980 participants.

We teach personal choice; ways to improve or change unhealthy relationship patterns; an understanding of what makes good lasting relationships; how to create a network of support; and how to strengthen families. We are proud of each of the participants in our classes—their efforts and success. Agency and participant feedback have consistently expressed the overwhelming positive effect of the program. Participants become self-aware, sometimes for the first time in their lives, about the roles their family history, romantic history and life experiences play in their ability to seek and maintain healthy relationships.

The program has regular opportunities to deliver the Within My Reach curriculum to single mothers at substance abuse treatment centers such as The Council, Peer I/The Haven, and Aspen Center for Women. Frequently, these participants report how much they appreciate having a check-list to identify red flags in future partner selection. They especially appreciate how helpful the curriculum is in giving them new, healthier ways to engage their children's father.

After providing the Caring for My Family curriculum to English and Spanish speakers at a local elementary school, the Family Liaison reported many wonderful changes in parents' interactions with their children. The students were returning to school telling the Family Liaison that their parents were reading to them before bed for the first time in years, taking them to run errands together, and spending more quality time together as a family.

FUNDING: U.S. Department of Health and Human Services, Administration for Children and Families

Promoting healthy families

PAS provided education utilizing the Nurturing Parenting evidence-based curriculum to 114 parents in high-risk families at eight community-based agencies and schools throughout the Denver Metro area in the last year. According to pre- and post-surveys, participants in general decreased their use of harsh and inconsistent discipline after program completion. The program has seen an increase in positive parenting skills among participants.

The program recently hosted a weekend workshop for parents referred by Denver County Department of Human Services. The parents showed a genuine desire and interest in expanding their current parenting skills. The experiences and sense of humor they brought to the class made it fun and interactive. Everyone was very appreciative of the free class, especially given the lack of similar resources in the community.

FUNDING: Division of Behavioral Health

HIV, Hepatitis C and substance abuse prevention in minority communities

—BY MEKKA BANKS, LEAD COORDINATOR, HIV, HEP C AND SUBSTANCE ABUSE PREVENTION PROGRAM

Focused on minority parolees, the HIV, Hepatitis C and Substance Abuse Prevention Program provides services in collaboration with the Mile High TASC program in Denver. The program has several components including two Center for Disease Control-approved prevention programs, which provide clients with a structured evidence-based curriculum that increases knowledge of HIV and viral hepatitis; improves health; reduces risk; and improves quality of life for participants and their families. The intervention consists of 12 two-hour sessions held in group settings of approximately ten individuals. In addition to intervention sessions, clients are offered on-site HIV and hepatitis C testing and referrals for hepatitis A and B vaccines at no cost to them. In February 2009, OMNI evaluators developed a mid-term progress report that highlighted recent data analysis and evaluation results. Findings showed 239 people had been recruited to participate in the Holistic Health Recovery Program and had taken the baseline survey. Of those participants, 141 have successfully completed the program. Participants were asked to indicate their satisfaction with 115 reporting they were "very satisfied."

FUNDING: Substance Abuse and Mental Health Administration, Center for Substance Abuse Prevention

WELCOME NEW PAS STAFF Jeff Burgdoff, Fonda Burnett, Russell Fontenot, Carla Garcia, Thomas Chatfield and Gina Van Ort

ELIZABETH PACE was elected to a two-year term as treasurer of the International Nurses Society on Addictions. Pace also received the **IntNSA PRESIDENT'S AWARD**. The President's Award is a formal acknowledgement of the outstanding contributions of an individual who has provided exemplary service to the IntNSA organization and to the addictions field. **WILLIAM LORMAN, IntNSA PRESIDENT**, presented the award to Pace with these words, "The recipient is no stranger to IntNSA. When I was recruited to be part of IntNSA leadership, she was instrumental in making me feel welcomed and provided tremendous insight and support throughout my tenure on the board. She has maintained undying allegiance to this organization and even when it wasn't in her best personal interest, she and her staff were instrumental in keeping IntNSA viable when we unexpectedly lost our management company and we needed time to regroup. I would like to formally recognize the accomplishments—both within and outside of our organization—by presenting the President's Award to my mentor, colleague and friend, Elizabeth Pace."

At the **PARKER VALLEY HOPE** "Round Up" PAS received the Golden Heart award on behalf of Peer Assistance Services's staff and all we do.

WESTERN TASC: The food bank we started three months ago has been well-used and is almost empty. We spent \$500 on easy-to-make meals and canned items. Our incentive program has been successful and is also nearing the time to replenish. The staff at Western seems to be in the habit of cleaning out closets and bringing the clothing and shoes to set out in the lobby. We also bring in the toiletries we get at hotels when traveling on business.

SOUTHEAST TASC PUEBLO STAFF Michael Botello, Tiffany Esquibel and Brendan DeLao conducted a TASC presentation at the San Carlos Correctional facility in September.

LEADERSHIP PLANNING RETREAT

On December 3, 2009, program directors, managers, and team leads met for an annual Leadership Planning Retreat, facilitated by Dr. Rusty Sanders. Together the staff addressed how we make our values an operational reality.

We told our "collective" story that spanned eight months to 25 years, sharing how we were drawn to the agency and what continues to tie us to our work.

Hard work and some fun (particularly shooting hoops) marked a day providing strong commitment to sustain our mission.



Healthcare reform must prioritize treatment for addictions, mental health, report says

—REPRINTED FROM JOIN TOGETHER, A SERVICE OF THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY, WWW.JOINTOGETHER.ORG

Any effort to reform the U.S. healthcare system must make behavioral healthcare a priority, treat the “whole person,” not just disease symptoms, and eliminate the stigma and system fragmentation that stand in the way of patients seeking treatment and preventative services, according to a consensus statement issued by the Substance Abuse and Mental Health Services Administration (SAMHSA).

“As lawmakers seek to revamp America’s healthcare system, the prevention and treatment of mental and substance-use disorders must play a foundational role in reforms and be given equal weight to medical care provisions,” according to the document, “Ensuring U.S. Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders—A Framework for Discussion.”

“There is no health without addressing mental and substance-use disorders and it is time to give Americans the comprehensive care and support they need and deserve,” the report stated.

The consensus statement was released in late May by SAMHSA just as healthcare-reform discussions were heating up in earnest on Capitol Hill. It includes a list of nine “Core Consensus Principles for Reform” based on input from “hundreds of stakeholder and consumer groups and dozens of nationally and internationally recognized experts in the fields of mental health and addictions,” according to the agency. The American Society of Addiction Medicine, National Alliance on Mental Illness, the National Council of Community Behavioral Healthcare, and Community Anti-Drug Coalitions of America were among the groups that provided input for the report.

“Despite the broad range of organizations and areas of focus we surveyed, there were clear themes running through the responses we received,” the report noted. “With consistency and solidarity, mental health and substance-abuse professionals, consumers, and family members from every part of the country, every cultural and socioeconomic group, and every diagnosis and condition spoke with a single voice: Our nation is crying out for a health system that makes prevention and treatment for mental and substance use disorders a priority rather than an afterthought, that considers the whole person rather than physical symptoms alone, and that seeks to eliminate the stigma and fragmented systems that interfere with Americans’ ability to access necessary preventive and treatment services fundamental to achieving recovery and enabling them to lead healthy and productive lives.”

THE CORE PRINCIPLES ELUCIDATED BY SAMHSA

1. Articulate a national health and wellness plan for all Americans that “provides for comprehensive, community-wide prevention, screening, health, and wellness services from infancy through old age.”

“The plan should provide for public education, prevention, early intervention, treatment, and recovery services, and must be a holistic, standardized system that emphasizes promoting wellness and resilience, preventing risky and unhealthy behaviors before they occur to avoid the onset of illness or drug use, and addressing symptoms when they first emerge rather than waiting until they become acute or chronic,” according to the consensus statement.

2. Legislate universal coverage of health insurance with full parity. “Simply talking about parity in private insurance coverage for mental and substance use disorders is not enough,” according to the document. “Equal treatment for people with serious mental illness and substance use disorders must mean access to effective services and high-quality care.”

3. Achieve improved health and long-term fiscal sustainability. “There is a substantial body of evidence to demonstrate that providing adequate levels of mental and substance use disorders prevention and treatment services as well as integrating these services with primary health care can improve outcomes; cut and/or control the growth of overall healthcare costs; lessen the rate, duration, and intensity of disability of many illnesses; improve productivity; and control the size and growth of other social costs,” the document stated.

4. Eradicate fragmentation by requiring coordination and integration of care for physical, mental and substance-use conditions.

5. Provide for a full range of prevention, early intervention, treatment and recovery services that embodies a whole-health approach. “Addressing physical health including mental and substance use disorders through effective prevention efforts that promote healthy environments, norms and behaviors rather than waiting for the development of full-blown acute or chronic diseases is the most cost-effective approach,” the SAMHSA paper said.

6. Implement national standards for clinical and quality outcomes tied to reimbursement and accountability. The consensus statement said that establishing “specific and measurable” outcomes criteria is an “essential element” of healthcare reform, adding, “Reimbursement guidelines and benefits should be tied to need and severity regardless of payer.”

“These guidelines must link quality improvement with reimbursement and both encourage and reward the use of evidence-based practices without restricting coverage for those consumers who may not achieve desired outcomes with the least-costly alternative,” according to the consensus statement.

7. Adopt and fully utilize health information technology, including electronic health records that allow providers to share information and improve data collection aimed at improving access to and quality of care.

8. Invest in the prevention, treatment and recovery-support workforce. “Lack of adequate health care for mental and substance use conditions is a constant cycle exacerbated by a system that has failed to grow with the needs of a quickly expanding society and has not equipped its workforce with the right tools and experience to provide sorely needed care,” the consensus group stated. “It must become a national priority to increase the mental and substance use disorders workforce and provide appropriate compensation and professional support for these key members of the U.S. health system.”

9. Ensure a safety net for people with the most serious and disabling mental and substance-use disorders. “We can ill afford to dismantle the current safety net of block grants to states and other resources that in many states and communities are the only blockade between even higher rates of risky behaviors, illness, disability, death, health care costs, and lost productivity,” the report said.

“Assuming expanded access to private and public insurance (Medicaid) for people with mental and substance use disorders will require a reexamination of the role of the public system at the local, state, and federal levels. Absent clear evidence that newly substituted health reform programs, systems, and processes are fully implemented and effective, it is imperative that our nation’s current safety net that finances health services, including school and community-based prevention programs and treatment programs for mental and substance use disorders, not be dismantled prematurely.”

Alexa Eggleston, director of public policy for the National Council of Community Behavioral Healthcare, said that the consensus statement would be useful in providing background and educating the public and lawmakers about key concerns regarding addiction, mental health, and healthcare reform.

“From that perspective it’s helpful,” she said, although Eggleston also stressed the need for the behavioral healthcare field to draft legislative language for healthcare reform and for SAMHSA to “assert its role” in advocating for inclusion of addiction and mental health benefits in emerging legislation.

CONSENSUS ON PRIORITIES

Recommendations forwarded to Congress by the Coalition for Whole Health, which is being coordinated by the Legal Action Center, include legislative language that advocates would like to see incorporated into the House and Senate healthcare reform bills. The coalition recommendations echo many of the priorities cited in the SAMHSA consensus document, including recognition of addiction and mental illnesses as preventable and treatable health conditions, a call for parity coverage, and maintenance of so-called “safety-net” programs like the addiction and mental-health block grants to states.

The SAMHSA consensus statements regarding information technology and workforce development also are among the top current priorities for addiction and mental health advocates working on national healthcare reform, added Eggleston, along with efforts to get Congress to recognize addiction as a chronic illness.

“At this point the questions are so much bigger than individual illnesses,” noted Eggleston, who said that Congress appears more likely to punt more detailed discussions to a commission after the broad outlines of the reform plan are in place. “Delving into what a benefits package looks like doesn’t seem likely to happen legislatively,” she said.

However, coverage for addiction and mental illness treatment is included as part of the “essential” benefit outlined in both the House bill and the Senate bill, noted David Rosenbloom, PhD, president and CEO of the National Center on Addiction and Substance Abuse at Columbia University.

“Coverage for addiction treatment is a key part of the solution to affordable health care reform,” said Rosenbloom. “Research has shown that when individuals get good addiction treatment, their families’ regular medical expenses decline almost immediately, producing large net savings to the entire health system.” So far, the Congressional committees seem to recognize this important fact by including addiction treatment in their draft bills.

Cutting stress: The 10 all-time favorites

—COLORADO STATE UNIVERSITY, UNIVERSITY COUNSELING CENTER AND SMP

Stress is being blamed for almost everything that goes wrong these days—in our homes and in our society. The pity is that stress is really a very simple thing to control. There is the old joke: “How many psychiatrists does it take to change a light bulb?” Answer: “Just one, but the light bulb really has to want to change.” Same goes for stress. We can talk about it until we are blue in the face, and we can blame others for it until we drop in our tracks, but we cannot reduce stress in our lives until we really want to. So, if you are sick and tired of being sick and tired, this is for you. Read it and reap!

1. GET ORGANIZED!

Put things back where they belong, and you will not have to go berserk looking for lost stuff. Allow extra time to get to meetings, finish projects, etc. If you are too hurried to be organized, it means you have too much on your plate. Cut obligations and activities in half and see if that allows you to get your act together. Organization is one of the main ways to reduce stress and surprises.

2. LIVE IN THE PRESENT.

Kids do this. For them, yesterday was a million years ago, and tomorrow is far, far ahead. Kids take each day as it comes. They do one thing at a time. When they are playing, they are playing and nothing else. They are not brooding about yesterday or fussing about tomorrow. Whatever they are occupied with, there they are. Their mind and body occupy the same space at the same time. Most of the time, adults’ bodies are in the present space, but their minds are wandering around in the past or in the future. This split between body and mind can be stressful.

3. HELP OTHERS.

A lot of stress occurs when we get too wrapped up in ourselves. Small, everyday situations get blown up into earth-shattering events. The solution: look outside of yourself and help others. You will get so involved in helping them that most of your own problems will vanish, or will start to seem insignificant. It is a cliché, but it is true—when you volunteer time to help someone like a chemotherapy patient, your “bad hair days” start to look like a pretty minor problem.

4. LAUGH!

If you can find humor in a problem, the problem is half-solved. Think of stand-up comedians. All they talk about are their problems and they stand up tall and say, “Hey, I’m bigger than these problems—and to prove it, I will make jokes about them!” Whenever you are faced with something difficult, try to find the humor in it. Laughter distances you from problems so that you can get needed perspective. It also increases the transport of oxygen into your body—also a very good thing.

5. LET OTHER PEOPLE DO THEIR OWN THING.

You are not the general manager of the universe, so relax. Things do not have to be done your way. Celebrate different ways to do things and the differences in people. It would be terrible if the whole world did things only your way—very boring.

6. GIVE PEOPLE A BREAK.

Other people have bad days too. When you see someone doing something weird, simply tell yourself, “They are having a bad day.” Instead of condemning them, see if you can help. Every one of us, without exception, has days when we need the people around us to be especially patient and tolerant.

7. MONITOR THE SELF-TALK THAT GOES ON IN YOUR HEAD.

The things you tell yourself in your mind create your stress. Whenever your mind starts running away like an unbridled horse, shout, “STOP!” Then turn it around and start thinking in a positive way. Instead of thinking: “That idiot driver! Where did he learn to drive? I would like to...,” think, “Everyone is allowed to act like a complete fool once a day—and I guess it is this person’s turn.”

8. TREAT YOURSELF RIGHT.

If you eat right, exercise, take time every day to be alone with your thoughts and get enough sleep, you can cope with most everything that comes your way. We are least able to deal with life’s surprises when our body is tired and unfit. If every little thing seems to be getting you down, it may be because you are not treating your body right. Make needed changes, and get professional help, if necessary.

9. USE DIFFERENT WORDS.

Instead of calling something a “problem,” call it an “opportunity.” Instead of calling something a “deadline,” call it a “finish line.” Instead of calling something a “supreme hassle,” call it a “challenge.” Renaming situations can relieve a lot of stress. See if you can be aware of how many negative words you currently use to describe things, and take a new, creative and positive approach.

10. REMIND YOURSELF THAT OTHER PEOPLE AND THINGS CAN NEVER MAKE YOU ANGRY— ONLY YOU CAN DO THAT.

When something comes up, you can either choose to react in a stressful way, or you can choose to react in a calm way. Do not blame things for your stress; blame your thinking for your stress. The good news is that, with practice, your thoughts are pretty easy to change.

MARK YOUR 2010 CALENDAR

THURSDAY, APRIL 22, 2010 • 6:00 pm • 26th ANNIVERSARY CELEBRATION AND PAS ANNUAL AWARENESS EVENT featuring Mark Lundholm • www.peerassist.org • 303.369.0039

MAY • HEPATITIS AWARENESS MONTH

MAY 6 • NATIONAL NURSES DAY

MAY 31 • WORLD NO TOBACCO DAY

SEPTEMBER • RALLY FOR RECOVERY •

www.advocatesforrecovery.org

SEPTEMBER • NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH •

www.recoverymonth.gov

SEPTEMBER 18-20 • SOUTHWEST PHARMACIST RECOVERY NETWORK MEETING • www.swprn.org

OCTOBER 20-OCTOBER 23 • INTERNATIONAL NURSES SOCIETY ON ADDICTIONS CONFERENCE •

www.intnsa.org/events

SEPTEMBER 30-OCTOBER 4 • AMERICAN DENTAL ASSOCIATION CONFERENCE • www.ada.org

OCTOBER 19-25 • DRUG-FREE WORK WEEK •

www.gov/workingpartners

OCTOBER 19-25 • NATIONAL PHARMACY WEEK

OCTOBER 21-24 • ANNUAL EPA WORLD CONFERENCE • www.eapassn.org

NOVEMBER 7-11 • AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING • www.apha.org

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

10 YEARS • MELISSA IPPOLITO

9 YEARS • ANN MUÑIZ • JANICE SCHULTZ

8 YEARS • DAVID ROBINSON

6 YEARS • MICHAEL BOTELLO

5 YEARS • CYNTHIA KOENCK • BRIE REIMANN

4 YEARS • ESTHER KAISER • DAVID JOSLYN

• **ANDREA SCHMIDT**

3 YEARS • CAITLIN KOZICKI • LUXIE GANNON

• **KATHERINE GARCIA**

• **JENNIFER DUVALL MORGANTO**

2 YEARS • TIFFANY ESQUIBEL

• **DEBORAH HUTSON • JOHNNY MAGUIÑA**

1 YEAR • WILLIAM ERIC BAILEY • DAVID CLINE

• **JANET FERRY • DIANNA GILMORE**

• **REBECCA HECK • GRETCHEN MCARTHUR**

• **MATTHEW PLUMB • EMILY SCHRADER**

• **JENNIFER TOBY • MARY JANE VALDEZ**

PAS STAFF ACCOMPLISHMENTS

We are proud to announce the following:

• **MEKKA BANKS** was named lead HIV/HEP C program prevention coordinator

• **CAITLIN KOZICKI** was named DFWP coordinator

• **BRENDAN DELAO** received his associate’s degree in General Studies

• **MICHELA TOADDY** received her master’s degree in the Administration of Justice and Security.

• **TANYA HARGROVE** received her master’s degree in the Administration of Justice and Security.

• **JESSICA PERBECK** received her master’s degree in Clinical Counseling

• **DAVID JOSLYN** earned his CAC III

• **JENNIFER PLACE** earned her LPC

• **DORINDA ROBINSON** earned her CAC II

• **MATT PLUMB** earned his CAC I

• **EMILY SCHRADER** earned her LPC

• **CAITLIN KOZICKI** earned her LPC

• **TIFFANY ESQUIBEL** earned her CAC I

• **JENNIFER LEE NOONAN** earned her CAC II

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PAS AWARENESS EVENT

HOPE

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THURSDAY, APRIL 22, 2010 6:30-9:30PM
PPA CENTER, 2105 DECATUR STREET, DENVER
FEATURING COMEDIAN MARK LUNDHOLM



Peer Assistance Services is proud to present stand-up comic and recovering addict Mark Lundholm as the entertainment for the Annual Awareness Event. In 1988 when Mark was a resident in a halfway house, he started poking fun at the insanity of his life. This comedy progressed and in time, an energetic and talented entertainer emerged. Today, Mark has to his credit a Showtime Comedy Special, appearances on Comedy Central and three one-man shows he has written and performed. With a poignant yet humorous style, Mark shares the ups, downs and in-betweens from his perspective of a recovering individual—addressing drugs and alcohol abuse, dysfunctional family structures, the criminal justice system and the healing that takes place in recovery. Mark was introduced to Denver audiences in his funny and dysfunctional one-man stage play, “ADDICTED...a comedy of substance.” The play takes a tumultuous and hilarious journey through Mark’s childhood, adolescence, addiction, fatherhood, homelessness, rehab and a successful stand-up career. Mark has performed at venues ranging from the Betty Ford Center, the Center for Substance Abuse Conference in Washington, D.C., to prisons, professional conferences and college events. Mark also performed at the 2006 PAS Awareness Event. So mark your calendars, this will be fun!

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