

QUARTERLY report



Volume 25, No. 2 | 2023

Tobacco Use in Behavioral Health: *A Social Norm, Fueling Stigma, or Both?*

One morning when visiting an outpatient clinic that provides treatment for co-occurring mental and substance use disorders, I spent some time observing a group of clients gathered near the entrance of the facility prior to checking in to their program. Nearly all of them were smoking cigarettes. Some were not just smoking cigarettes, but “hitting” on them, deeply inhaling, and smoking them down to the filter. I guess when you know that you’re going to be in smoke-free setting for a couple of hours, there’s an interest to load up on nicotine. Although everyone didn’t have that opportunity due to finding themselves in the difficult situation of not having a cigarette. One guy kept asking his peers for one with his requests being denied. He looked annoyed. I heard some mumbling that he’s a mooch who never buys cigarettes, so everyone stopped helping him out. Another gentleman, who seemed very anxious, paced back and forth looking for long butts on the sidewalk. A couple of times, he bent over, picked one up, lit it while slightly burning his fingers, took a hit or two before throwing it away and resumed his search. I noticed that the fingers on his hands were dark brown, heavily stained from nicotine. While all of this was going on, program staff and other visitors were entering the building. Some of the staff obviously knew the clients. Several said hello and made some friendly chitchat while walking by the group.

Many of us have witnessed a similar scene as this smoking scenario is common to behavioral health facilities. Tobacco use is a social norm in the recovery and treatment culture. There’s a lot of time and energy placed on smoking to relieve cravings and to distract from uncomfortable thoughts and feelings. Despite experiencing health consequences, we maintain our smoking rituals. Lighting up before group or when taking a break is what we do. We often walk through a group of people smoking when entering or leaving a building and we may see someone begging for a loogie. We view that as nothing out of the ordinary. It’s normal.

Continued on page 3



PRO: A

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PENNSYLVANIA
Statewide Tobacco-Free
Recovery Initiative

Pennsylvania Recovery Organizations Alliance



QUARTERLY report

Volume 25, No. 2 | 2023

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Newsletters are mailed in February, May, August & November.

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“like” us at [www.facebook.com/
PaRecoveryOrganizationAlliance](http://www.facebook.com/PaRecoveryOrganizationAlliance)



**Bradbury-Sullivan LGBT Community Center
is proud to host 2023 Lehigh Valley Pride,
celebrating its 30th year. Lehigh Valley Pride is
a celebration of art, culture, and community!**

WHEN

**Sunday, August 20
2:00-8:30 p.m.**

WHERE

**The SteelStacks
101 Founders Way, Bethlehem, PA 18015**

THIS IS A FREE EVENT

CONTACT

**For all inquiries about Lehigh Valley Pride,
contact Christian Orr (he/they),
Senior Events Manager at
Christian@BradburySullivanCenter.org
or 610-347-9988 (extension 104)**



Tobacco Use in Behavioral Health:

A Social Norm, Fueling Stigma, or Both?



PENNSYLVANIA
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Recovery Initiative

Sometimes we become so comfortable with our social norms, we don't think about how they may be negatively impacting our lives. It's not our fault that many of us developed a tobacco addiction, but a lack of interest toward addressing tobacco in behavioral health is a problem. Our social acceptance of smoking may contribute to perceived societal stigma. The tobacco industry has a long history of creating false beliefs that learning tobacco free coping skills is too stressful for individuals with behavioral challenges. That narrative, originated in the 1950s, was designed to keep us smoking and maintain cigarette sales. Of course, it's not true, but unfortunately, for the most part, we all bought into the myth, and all these years later, the message has evolved into a common misbelief that for many perpetuates a sense of hopelessness to stop smoking. It's why we have smoking breaks in treatment facilities and have normalized tobacco use in the recovering community. A 2021 study identified that over 7 out of 10 Americans perceive people who use drugs as being inferior, outcasts of society, and not able to maintain recovery. I wonder if our reluctance to treat tobacco use disorder in behavioral health programs is reinforcing the tobacco industry narrative, signaling to society that people in recovery are not capable of stopping or are not important enough to care about.

As I continued to observe the behavior of the group more deeply, I became sad. The enthusiastic fashion to which many were inhaling on their cigarettes reminded me that I was observing a behavioral process required of addiction. I wondered to what degree having the priority of this daily routine to prevent nicotine withdrawal preserves and sustains emotional memory to the use patterns of other substances, and perhaps prolongs associated residual feelings of guilt and shame. Seeing that man attempting to catch a nicotine hit from a discarded butt or the guy begging for a cigarette was disturbing. One doesn't engage in that behavior without experiencing negative self-talk. Our tobacco-related social norms prevent us from recognizing these things.

In Pennsylvania, more people in recovery die from tobacco related disease than from suicide and accidental opioid overdose. I share my thoughts in a spirit of support and admiration for people striving to find a healthy lifestyle for themselves, their families, and their communities. Tobacco use disorder is a social and cultural problem with an individual addictive component. **It's time to do something about it.**

Tony Klein is an individual in long-term tobacco recovery who serves as a consultant and clinical trainer for the Pennsylvania Statewide Tobacco-Free Recovery Initiative.

Bradbury-Sullivan LGBT Community Center



Bradbury-Sullivan LGBT Community Center provides a vibrant, inclusive space in Pennsylvania's Lehigh Valley for all of the region's LGBTQ+ residents. We produce affirming community programming, and address barriers to care through our LGBTQ+ health programs. We advocate for our community, organize our region's annual Pride festival and we make the Lehigh Valley more equitable through our LGBTQ+ Education Institute.

It is our mission to provide safe and celebratory spaces for our LGBTQ+ community. We stay informed of security needs through conversations with our sibling centers, community members, and public safety leaders. As of January 2023, we will begin admitting people to the building by request. This ensures the utmost safety of everyone in the building as we continue to offer unapologetically queer programming that celebrates our community and culture. While our doors may be locked, please know that they are always open to every member of our community.

We are here for you and hope to continue seeing you here!

JFT is a Recovery Community Organization with programs specially designed to help those navigating recovery and retaining them in recovery to improve health and wellness in our community. JFT is also a support center for those who served us in the military with a robust Veterans Support Services Program.



JFT currently has three locations that serve five counties. Our Lemoyne locations service Cumberland and Perry Counties, our Millersburg location services Dauphin County and our York location services York and Adams Counties. We have active, community-based, and peer-run services in all our locations.

All staff at our locations are certified professionals through the Pennsylvania Certification Board, most of our employees hold a Certified Recovery Specialist (CRS) certification, some hold a Certified Family Recovery Specialist (CFRS) certification and we employ one Certified Alcohol and Drug Counselor (CADC).

Soon to have on staff Certified Peer Specialist (CPS) and Certified Prevention Specialists (CPS) as well as Certified Interventionists and facilitators for mental health QPR, ASIST and Seeking Safety.

WE CURRENTLY PROVIDE THE FOLLOWING SERVICES:

Warm Handoff Program is available through our Lemoyne office and provides 24/7 services to the local hospitals, police departments and “walk-ins” to the center in Cumberland, Perry, and Dauphin Counties. CRS Staff offer evidence-based services of Screening Brief Assessment and Referral to Treatment (SBIRT) to anyone in need of services or resources. We can do this through the Single County Authorities: Cumberland Perry Commission on Drug and Alcohol and Dauphin County Department of Drug and Alcohol Services.

Veteran’s Support Program gives JFT the chance to connect with those who proudly served our country and offer them several support services needed to adjust and thrive in the community. All of our staff are Veterans and/or are certified as a Recovery Specialist or a Family Recovery Specialist. Our program offers recovery support, a Veteran’s coalition of resources, military food share program, Veterans housing, and resource brokerage.

Recovery and Reentry Program are offered to anyone who is seeking recovery from addiction problems. Individuals are encouraged to meet with their CRS at JFT so they can also become knowledgeable of the other services we offer here. JFT has embedded CRSs as part of the program at local outpatient, intensive outpatient, MAT providers, and partial hospitalization programs as a coordinated service to help with retention in treatment and part of the treatment aftercare plan. The reentry portion of the program is offered to anyone returning to the community from an institution. This includes prison, inpatient treatment, mental health facilities and hospitals. The program is completely confidential and provides individuals with resources and concentrates on the 11 domains of life. The program is strengths-based person centered to allow individuals and their families to learn and grow in recovery.

Life Skills Classes – This group is presented one time weekly for 1.5-hour sessions and covers various topics. Topics can be done in a weekly group session or can be done as special presentations. Topic areas include at least 6 sessions and are presented on an as needed basis. There are 21 topic areas and more as needs arise.

Recovery Skills – This group is presented one time weekly for 1.5 hours sessions and cover various topics related to recovery. Most topics last anywhere from 4-12 weeks depending on the topics. There are 11 topic areas and more as needs arise.

Families Series – This group is presented one time weekly for 1.5 hours sessions and cover various topics related to family supports. Most topics last anywhere from 4-12 weeks depending on the topics. The topics can be presented as a group or as one-time presentations or seminars.

Psychoeducational classes – Once time per week 1.5 hours for 6 weeks this group educates on drug trends, dangers of use, how to navigate recovery and some Reality Therapy skills to meet an individual need. These classes are offered as a .5 level of care intervention. These classes can be offered as presentations to community groups and to families of those in addiction.

Other programs offered – Evidence Based Celebrating Families Program, Evidence Based Strengthening Families Program, Self Help and Virtual Guided Platforms.

Housing Services – This program allows us to place housing skills onto our life skills classes curriculum roster. The program is designed to help those who have had an opioid or stimulant addiction and are working towards recovery. If they have fallen upon hard times and need help to stay in recovery this program can provide rental assistance, utility assistance, childcare assistance for up to 6 months.

Participants in the program meet with the Case Manager at least once every other week and we encourage them to become involved in treatment and/or CRS services if needed. If they have been in recovery for a long period of time, then they meet less.

Center Services - Computer labs, clothing closet, food pantry, coffee shop, employment assistance, financial planning seminars, hygiene hub, a plethora of multiple pathway support group meetings and various events to engage the whole community.

JFT’s Training Academy – offering various trainings and topics.

For more information visit our website at www.jft-rvss.org.

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THE CALL

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TUESDAY
AT 10 AM

[a statewide weekly ZOOM call to support
Recovery Community Organizations and
members of the recovery community]

 PRO•A is the Pennsylvania Recovery Organizations Alliance | PHONE 717.545.8929 or 800.858.6040 | pro-a.org



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6th Annual
Leadership in Recovery Event
Wednesday, November 15th
2023



PRO•A

Pennsylvania Recovery Organizations Alliance

This Leadership in Recovery Event is part of our mission to reflect on the past, while maintaining our focus on the future, and moving forward with continued work in the recovery movement.

PRO•A has served Pennsylvania's recovery community for over 25 years. Moving forward in our mission, we are bringing together members of our communities, many of whom have served in a leadership role, as well as friends and colleagues from Pennsylvania's current service system and recovery community to continue recognizing the fundamental role that individuals play in the recovery movement.

We will have a half day event (*conference only*) to discuss current matters impacting our community and opportunities to strengthen our efforts followed by our evening event. The evening celebration will include dinner, networking, speakers, and our annual awards presentation.

Developing leaders, strengthening the voice of recovery, and elevating the message of hope are crucial aspects of increasing our recovery resources. Supporting leaders who exhibit tremendous ability to effect change and strengthen the recovery movement is crucial to our organization's role.

Together, we can and do make a difference. Please support us in our recovery mission.

Striving for lives and recovery communities living together with meaning, hope and purpose. This leadership event is focused on the theme of flourishing and advocating for every opportunity available to support all members of our community to flourish. We need to build a substance use care system that serves the needs of all our diverse communities to support long term recovery.

PURCHASE YOUR TICKETS TODAY! SEATING IS LIMITED

\$75. full day | \$50. in person dinner | \$25. conference only

For further information, to purchase advertising or tickets please contact:

Patti Baranowski, patti.b@pro-a.org or call 717 545 8929.

If paying by check, please make checks payable to PRO•A and mail to PRO•A Attention: Patti Baranowski
900 Arlington Avenue Suite 254A, Harrisburg PA 17109

You can also go online to purchase tickets electronically:
<https://pennsylvania-recovery-organizations---alliance.ticketleap.com/>

SAVE THE DATE!



SAVE THE DATE

Wed June 28 2023 10:30AM

PRO-A FAMILY WEBINAR

***Educating Families about
Medication
Assisted Treatment***



**Our panelist will be:
Kate Favata & Cindy Wanamaker**

Perhaps the most important insight in recent recovery history is that recovery community, through collaborative effort leads to restoration not only in individual lives but supports healing across entire communities, in all their diversity. [Recovery capital](#) is a function of self and community [agency](#). We saw that insight take form twenty years ago, highlighted in the writings of [Bill White](#), [Don Coyhis](#) and many others. Bill wrote about [recovery rising](#) and community as the primary change agent of healing. Don wrote about incorporating [native community methods into healing processes](#). Not narrowly defined peer service, but the capacity of community to heal itself. It works across America in modestly supported pockets. Developing recovery capital is fundamentally about resourcing and supporting diverse communities to address their own needs. This meets a lot of resistance.

We need to examine these headwinds if we are to keep moving forward. It is critical to take a hard look at how the recovery community gets sidelined and coopted in subtle or not so subtle ways. Headwinds that create barriers to self and community agency must be fixed if we are to get more Americans into wellness. These forces often stem from homeostasis, even as the state of things is woefully inadequate to the tasks at hand.

If we can reach a point where our voices are included in matters about us, our communities are strengthened, and we have real equity in the systems that serve us, headwinds can become tailwinds. To change, people and systems alike must come to terms with the impact of stigma on our recovery community. We must acknowledge that stigma of addiction and the discounting of persons with lived experiences *is commonplace across all of our institutions*. Stigma in the SUD realm often plays out across four interrelated dynamics:

- **Cultural appropriation** - The inappropriate or unacknowledged adoption of an element or elements of one culture or identity by members of another culture or identity. This is particularly true in respect to marginalized groups, which include the recovery community. Recovery initiatives not grounded in recovery are titled and run as such; treatment organizations rebrand services as recovery oriented for funding. Projects to collect our stories by outsiders are funded. Foundational elements of the recovery movement get appropriated when they become valuable. This extends to the very notion of recovery and all of its facets.
- **Colonization** - The action or process of settling among and establishing control over an indigenous people (in this case the recovery community). Control over what happens in the environment is delegated by entities in power to groups outside of the indigenous community to sustain control. This serves to undermine and inhibit the capacity of the inhabitants of recovery community to manage their own healing.
- **Over professionalization** - Healing methods and those permitted to provide such services shift away from the very recovery community who developed them. Barriers are erected to keep the marginalized group out in ways that the dominant group does not want or to prevent any shift of power to the marginalized group. Services become harder to provide. These barriers have the most severe and disparate impact on persons who are members of other marginalized groups, like BIPOC recovery communities.
- **Cooptation** - People from outside of recovery community organizations are placed in power over the role and function of recovery community groups to maintain the status quo. This serves to keep the recovery communities from developing a greater degree of agency over their own healing.

Headwinds for Recovery Community

Self Agency

*“ . . . the individual, family and community are not separate; they are one.
To injure one is to injure all; to heal one is to heal all.*

- from The Red Road to Wellbriety, 2002” - as quoted by William White, Recovery Rising



These are serious concerns not often spoken about in open dialogue out of very real risks of retribution but commonly discussed behind closed doors within the recovery community. Over the years, I have spoken to people around the nation in the recovery community who talk about how these dynamics play out. They include:

- Events or services initiated by the recovery community get taken over by treatment agencies or the government. We end up fighting to retain even window dressing levels of inclusion in our own projects.
- Pedagogy developed by us and for us get taken away and end up under the control of our bureaucracies, who then place barriers for us to access these very same methods of instruction. The process of learning and service provision begins to replicate the very challenges that they were developed to navigate around.
- Recovery communities are disparately resourced, instead academic, and large human service organizations get the lion share of resources. When funding is set up for us, recovery community groups are often pitted against each other for scraps. This creates further divisions that sustains an unhealthy homeostasis.
- Who has control over our stories matters! Our stories get clipped into other groups agendas. We get written out of our own history. Our stories [must be handled in ethical ways](#). Communities who are written out of their own teachings cease to exist in a generation. Revisionist history replaces the authentic history.

Even the most well-intentioned policy makers often end up unintentionally reinforcing these dynamics. Stigma is that powerful and that entrenched. If you are in a position of authority over our communities and you see people asking a lot of hard questions or becoming upset by what you are doing, perhaps share some of the power and strive to understand it and seek remedy in collaborative ways to strengthen agency. The more common reaction is to quash it. Shut it down and move the process forward to meet predetermined objectives.

Signs of affirming recovery community agency:

- Systems that affirm our very right to define ourselves and keep in check ever-present tendencies to define and control us have a better opportunity to effectively strengthen recovery through collaborative action.
- Systems accountable to those of us they serve and open to this responsibility with a sensitivity to the most marginalized subgroups can augment our strengths, engender trust and lead to more effective outcomes.
- As Recovery Capital is a function of community and is not just an individual process, systems that ensure that resources get to the members of the community are telegraphing that they understand communities are best suited to affect their own healing. The opposite of paternalistic care, which is rooted in stigma.

Last year, I did a series of interviews with some of the pioneers of the [New Advocacy Recovery Movement](#). One of the parts of the interview with [Bev Haberle](#) that resonated with me as fundamental in a recovery-oriented change processes is the centering of our efforts in community grounded ethics. [During this interview with Bev](#), when I asked what she was most concerned about in respect to the future, she expressed a concern that we may end up falling backwards if not careful to pay attention to ethics grounded in the community served. She noted:

“I recall one of the Recovery Community Centers I was involved with and how much effort we put into building an authentic advisory group. People who served on this advisory group / vision team were charged with keeping us focused on the needs of the community and making sure everything we did was done with high ethical standards. They were charged with being stewards of quality recovery support services that meet the needs of the local Community being served. There was a lot of open discussion about what we were doing and we worked hard to make sure we stayed true to our community mission. They often spotted things the rest of us missed. People coming into our centers with what on the face of it looked like beneficial things but who had hidden agendas or self-dealing schemes. As a leader, I knew we needed them as our anchor to our mission.”

Well-functioning systems spend a lot of energy examining ethics and making sure that they run in adherence to good principles. Even the best-intentioned systems do unintentional harm, but the best of them actively work to minimize and fix those harms. In Pennsylvania, we have horrific examples of disparate treatment of the recovery community. It happens in other states as well. What harms one of us harms us all. I see recovering people leaving our field in droves because of the impact of moral injury, as I noted [in this article in Treatment Magazine last May](#):

“Being in recovery makes many of us “those people” who end up getting disparate care. Every time I see it, I recognize it could be me getting disparate care and insurmountable barriers to accessing help. I could have ended up in a body bag instead of having a life. Every single day this very long week, I have spent time on the phone with people describing care denials of life-sustaining medical interventions under the lens of seeing addiction as a moral failing by licensed medical professionals, persons in long-term recovery who are being denied employment for decades-old legal charges and more. It is a normal week. It also hurts my soul.”

Disparate treatment creates systemic wounds that require healing. Healthy systems welcome tough dialogues and seek healing solutions to these wounds, dysfunctional systems shut down those discussions as too difficult and end up causing even deeper scars. What harms one of us harms us all. What heals one of us heals us all. These are tough subjects, but the work to heal these wounds can shift our headwinds to tailwinds and help heal whole communities. Ignoring these wounds deepen these harms and prevent collective healing.

What kind of system of care do we want? The one I want to create deals with the tough stuff head on. If this was an easy process, we would have fixed it decades ago, it remains the challenge before us.

April 18, 2022 Post link [HERE](#)



Veterans Resources

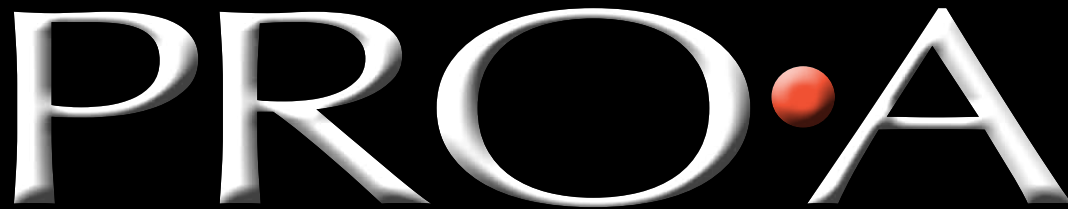
To all of our military service members and veterans,
we thank you for your service and sacrifices.

WANT TO GET INVOLVED?

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PRO•A



Tobacco Recovery Lunch & Learn

When: July 27, 2023, 12:00 PM Eastern Time

Where: Zoom Meeting, to register for the meeting follow this link:

<https://us06web.zoom.us/meeting/register/tZclduygrDooH9yKfluPN5QpxXfCul6n1xfp>

After registering, you will receive a confirmation email containing information about joining the meeting.

Who: Anyone interested in tobacco recovery!

Learn to be Tobacco-Free!

There is a range of addiction severity to tobacco and nicotine delivery devices. Simply stated, some of us are more hooked than others which is why one stop smoking strategy doesn't work for everyone. It's not about quitting; it's about learning replacement coping skills. This session will help you to define the physical, behavioral, and emotional reasons you smoke and to develop an individualized approach to managing your day tobacco-free.

Areas of discussion:

- Understanding the nature of tobacco addiction
- Ways to relieve craving and withdrawal
- Proactive strategy to adapt to behavior change
- Identify how to support family members who use tobacco

Presenter:

Tony Klein, MPA, NCACII is a CBH consultant and trainer with over 30 years of administrative and clinical experience in behavioral health services. He is known for his work as an advocate for addressing tobacco use disorder by utilizing evidence-based practice guidelines anchored in solution-focused recovery principles.

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DO YOU HAVE A MINUTE?



PLEASE COMPLETE THIS SHORT SURVEY REGARDING THE LGBTQ+ RESOURCES AND NEEDS IN YOUR AREA. THIS SHORT, CONFIDENTIAL SURVEY WILL ASSIST PRO-A IN IDENTIFYING THE NEEDS AND RESOURCES IN THE LGBTQ+ COMMUNITIES IN OUR COMMONWEALTH. SURVEY RESPONSES ARE ANONYMOUS. THANK YOU!

CLICK HERE!

<https://www.surveymonkey.com/r/3c3q9jd>



PA Statewide Recovery Month Event Calendar 34th Annual National Recovery Month

2023

The Pennsylvania Recovery Organization Alliance is putting together a calendar of statewide events in celebration of Recovery Month, which will occur in September 2023.

We want to show how we celebrate recovery across our great state and to get people involved in the awesome work that you are all doing!

If you, or an affiliated entity, is holding an event for Recovery Month, we want to include it in our Recovery Month Edition of our newsletter.

Utilize our new web feature on the PRO•A calendar page at <http://pro-a.org/calendar/> or contact the PRO•A Administrative Assistant, Vickie Fernandez by email at vickie@pro-a.org or phone at (717) 545-8929 x1.

SUBMISSIONS MUST BE RECEIVED NO LATER THAN AUGUST 1, 2023

PLEASE INCLUDE:

- The date, time and address of the event location
- A contact name, phone number and email address
- A brief description (*one or two sentences*) of the event including what you are doing, including costs if any to participate or a flyer if available



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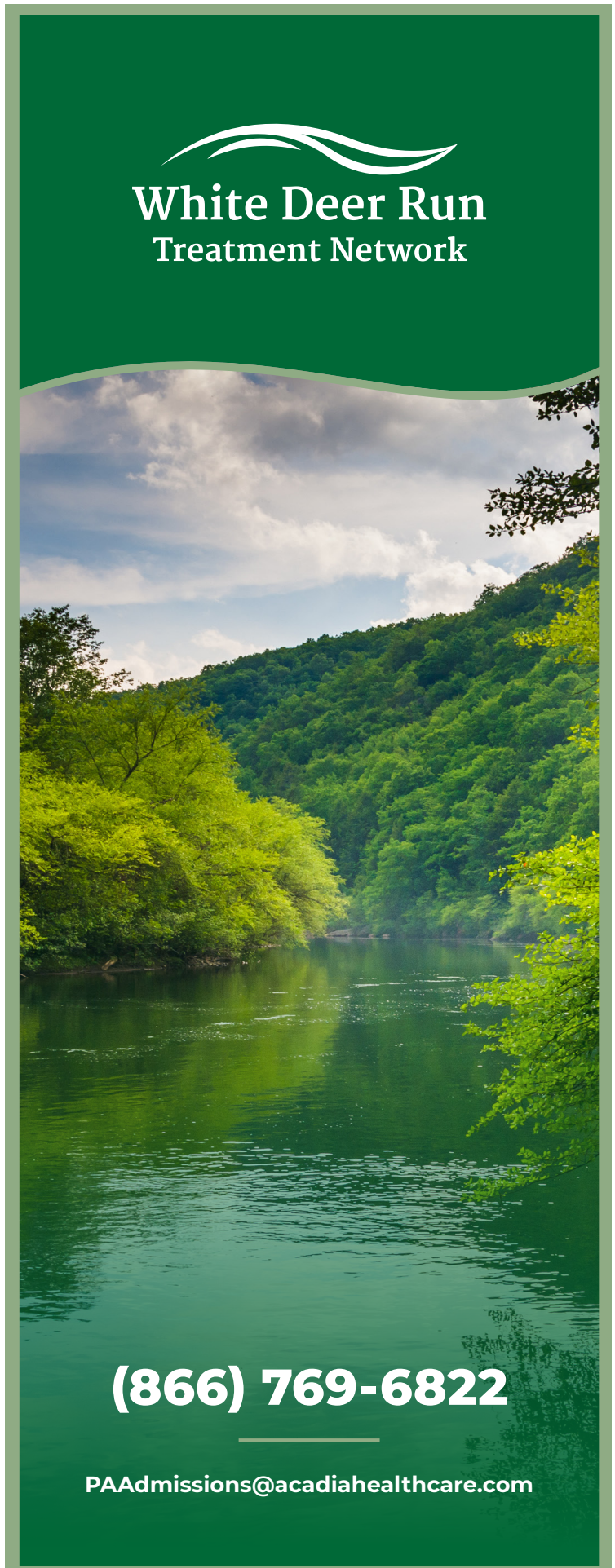
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JOIN US!



State Wide Sober Parent Support Call

JUNE 07, 2023

(EVERY FIRST WEDNESDAY OF THE MONTH)

12PM-1PM

For more information contact
vickie@pro-a.org

REGISTER HERE:

<https://us06web.zoom.us/join/register/tZAvC-uorD8vGtH0AIEE2Mpelu8StkP3mGzl#/registration>



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Supporting Good Works

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Together, we can and will make a difference.

pa.performcare.org

PerformCare offers hope and compassionate care to members who struggle with substance use issues.

Remember: Recovery begins when you ask for help.

The PerformCare provider network provides drug and alcohol services for adults, adolescents, and children enrolled in the HealthChoices program.



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pa.performcare.org

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