

Hospital Closure Opens Doors to New Challenges

The announced closure of Mayview State Hospital has generated much controversy and debate. Supporters of the hospital's closure state that it will be a positive change, offering persons who have long been institutionalized a chance to live meaningful lives in the community. Opponents argue that the closure will tax an already burdened county mental health system unable to handle the influx of new individuals requiring intensive services and supports. Speculation and comparisons are being made to the closing of Woodville State Hospital in 1992. That hospital's closure resulted in many individuals becoming unable to access needed services because funding and services were not adequate to support the need. There is much concern that closing Mayview will have the same result.

In order to get a better understanding and appreciation of this controversial event, Christopher Weis, a Transitional Services, Inc. board member, agreed to share his perspective on the matter. Chris said he remembers the closing of Woodville State Hospital and the problems to the mental health system that resulted. He said that he has attended meetings and discussed the plans to close Mayview and therefore has a good vantage point to compare the two.

When asked directly if the Mayview closing will be another Woodville causing increases in homelessness, incarceration and general drains upon the community, Chris optimistically replied, "No, absolutely not. Things are so much different now than sixteen years ago." The whole state, specifically Allegheny County, is better prepared to successfully manage the closure of Mayview because of the recovery-oriented philosophy and approach in place." When asked to elaborate on how the community is better prepared to handle the closure, Chris presented a laundry list of reasons for why the closing will be

successful and benefit those once again fully joining the community.

The number one difference, Chris explained, is that there is a better, more informed plan for the whole process. He elaborated: "There have been several years of planning meetings that have preceded Mayview's announced closure, and all of the key stakeholders have been involved in the planning process since its beginning. Advocate groups like Mental Health America and Peer Support and Advocacy Network are involved to assist and ensure the individuals coming out of Mayview have a smoother transition into the community. This type of support process was not available or even thought of when Woodville closed."

Chris admits he is an optimist but does see some potential challenges. He also said two things could cause the Mayview closing to go badly: poor collaboration among all involved and under-funding. "If service providers do not communicate openly about the service needs of discharging individuals and the new challenges encountered, then there will be many problems. Everyone involved needs to discuss how

to make things happen successfully. There needs to be an approach of 'how can we do this together' instead of 'this cannot be done' or 'it's not my responsibility.' There has to be belief in the individual and his or her ability to work with everyone through the process." Unfortunately, Chris said none of the things he mentioned will really matter if the money is not made available to support the community integration process. Chris said the money that has been used to support the individuals

while they were in Mayview needs to be connected with them and be used to support them when they finally transition into the community. Much funding will be needed to provide recovery-oriented clinical supports in the community to enable the individuals to be successful.

CONTINUED ON PAGE 2



Chris Weis has been a TSI board member for the past six years and a mental health recovery advocate for nearly two decades. Chris actively serves as a co-chair on Allegheny County's Coalition for Recovery Public Awareness Committee. He is an active member of "Let Our Voices Be Heard," a political consumer rights advocacy group. He also participates in The National Alliance for the Mentally Ill (NAMI) "In Our Own Voice" program, which educates the public about the experiences of living with mental illness and the journey of recovery.

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From The CEO's Desk



When I was a much younger woman, I viewed the warehousing of people in a state institution because of mental illness or mental retardation as a barbaric practice. I have since come to understand how that came about. However, with the advent of new medications and new services, it has become unnecessary and unpopular to keep individuals with mental disabilities in state hospitals for a prolonged period of time. In my mind, this is a wonderful thing, and so I applaud the closing of yet another institution such as Mayview, our local state hospital. I am concerned, though, about every individual being properly supported in the community after the closure.

This means that services are of the right nature and sufficient enough to support a population that has serious and persistent mental illness. While I believe that we are on the right track with utilizing peer specialists (those with mental illness and in recovery themselves) and implementing services like mobile meds (professionals bringing medications to the individual daily), that isn't the total answer. Many of those served in

the mental health system receive a variety of services from one to three different providers; and therein lies the rub. It is often difficult for providers to agree on what is best for the individual. Many still believe that an individual must be totally independent with their living skills to live in their own apartment in the community. The truth is that individuals can live in the community with the **right supports** around them; getting everyone to see that and be able to cooperate on that point is another matter. For many of us raised on the medical model, it is difficult to be anything but paternalistic and behave as though we know exactly what is best for everyone.

In order for the closing of Mayview and other state hospitals to work, I believe there are several things that we need to do. We must educate those who provide the direct care service, whether they are case managers or residential workers, about the more effective methods of working with people (i.e., psychiatric rehabilitation approach). We must

find ways to reinforce those providers who are doing it right, perhaps with financial incentives. Finally, we must ensure that the system doesn't only get a one-shot deal with money coming into the community as individuals leave the hospital. There needs to be continual funding for these services because, as every administrator knows, the operating costs of programs increase on a yearly basis. In essence, I agree with our Board member, Mr. Weis. Unless we can better collaborate and fund the system, the closure of state hospitals is doomed to fail.



Sharon Alberts, CEO

Hospital Closure

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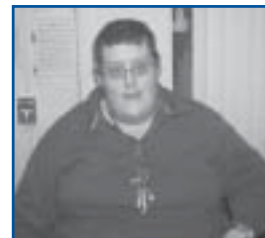
"The closing of Woodville did not go well. But we cannot let past mistakes keep us stuck in our thinking about the potential for persons with mental illness to recover and live meaningful lives in the community. We need to use the past experiences to inform our present action to ensure a successful transition. There are about two hundred people who are really counting on us."

How to Lose Weight

ACCORDING TO GRAHAM TENET

IF GRAHAM TENET WERE to tell you how to lose weight in one easy step, that one step would be: **1. Get Involved in Life!** Knowing Graham's struggles and success with weight loss, you might do well to take his advice. It is sufficient to say that more than one person has been concerned for a number of years about Graham's health because of his weight and sedentary lifestyle. As Graham recently said, "I used to like to eat a lot!" This pattern did not seem likely to change despite the efforts of many well-intentioned helpers.

But in one short year, without the assistance of anyone or any diets, Graham has lost 37 pounds. He attributes this accomplishment to his involvement in numerous activities offered to him through a local organization. He described how he goes out every day of



the week and not only keeps busy, but provides needed help with a variety of tasks. He does a little of everything, from answering phones and preparing meals to entering data and working in a thrift store. One of his favorite activities has been handing

out donated winter coats to children around the holidays. He loves children, and as he is a self-proclaimed "big teddy bear," they often love him. He said his involvement "has changed my life."

The English author and literary journalist Cyril Connolly once wrote, "The one way to get thin is to re-establish a purpose in life." Graham Tenet is living proof of the wisdom in this statement.

Giving Makes a Difference

A Gain from Spreading the Word

Recently, TSI received \$1,200 from three individuals working for a company in Washington state, *Warehouse Demo Services*. What is so special about this donation is that TSI had never communicated with anyone from this company or even sent a letter of introduction. Only one of the contributing individuals had any



knowledge of TSI. What was known was only that TSI is a company that works with persons who have disabilities. The other individuals who donated did not know who TSI was, where it was located or what the company even did. So

how did this surprising gift come to be? It was realized through one person seeing a need and seizing an opportunity to make a difference. Here is how it happened.

The company the individuals worked for incentivized a healthy lifestyles program to encourage employees to participate. The company agreed to donate the money each individual raised to his or her favorite charity. Being aware of TSI through a conversation with her sibling, one individual suggested to her coworkers that the money raised be donated to TSI. The individual's coworkers agreed to contribute the money they raised, since they had not made any decisions about who should receive it.

The lesson here is simply, spread the word to everyone you know about TSI, its mission and the wonderful work of inspiring hope and recovery done at TSI. You never know when the simple act of a conversation may create an opportunity for the most unlikely to be the difference.



MORE THAN ONE WAY TO GIVE

WHY I GIVE...

I BELIEVE IN the vision, mission, values and work of Transitional Services. TSI is truly servant-hearted in working together with its customers. I am excited to be a part of this undertaking. I contribute to the annual campaign because I witness the outcomes and the growth of those whose lives we touch.

— Deb Charochak, Peer Support Specialist



PSO Concert to Benefit TSI and Other Non-Profits

FEATURES ISAAC HAYES



Mark your calendars now for the **Community Partners Concert** on Thursday, June 26, 2008 at 8pm at Heinz Hall. TSI is supporting this successful and very entertaining concert with the Pittsburgh Symphony Orchestra. The ticket proceeds will once again benefit TSI and other non-profit organizations. Don't miss this chance to see legendary **Isaac**

Hayes, an American Grammy Award and Academy Award-winning soul and funk singer, songwriter, musician, record producer, arranger and actor. The concert will also feature the 2008 Sphinx competition winner. Ticket prices range from \$21.50 to \$112.50. More information will be provided as it becomes available.

TSI service users benefit from contributions no matter how they come in. Of course, a personal check is always welcome. Donations such as new bedding, towels, cleaning supplies and other household items are also needed. These items can be dropped off at:

Transitional Services, Inc.
806 West Street
Homestead, PA 15120

If you prefer to send a personal check, please make check payable to Transitional Services, Inc. and mail to the above address to the attention of Gerry Henry. Contributions to TSI are tax-deductible in accordance with IRS regulations. TSI also participates in the United Way Contributor's Choice Program, contributor choice # 172.

For more information on making a contribution to TSI, please contact Gerry Henry at 412-461-1322 ext 222 or ghenry@transitionalservices.org.



THE VALUE OF US

Making the Transition from the Adolescent to the Adult Mental Health System

Turning eighteen is often an exciting time in young people's lives. They have most likely graduated from high school, realizing their dreams by preparing to move out of their parents' homes, possibly getting their drivers license, dating and experiencing the feeling that they can finally do what they want. For many youth who are diagnosed with a severe or persistent mental illness during their adolescence and early adulthood, these types of milestones are often put on hold or, unfortunately, not realized.

Over the last three years at TSI, we have seen a tremendous increase in the number of referrals for young people or transition age individuals. They come to TSI because they are transitioning out of the child mental health system, and by sheer virtue of their age they are put on the road to adulthood. Many are just planting the seeds to begin their recovery.

The term "transition age" and the age range that this demographic covers varies depending on the researcher, provider or author you are reading. According to the Center for Mental Health Services and Research (CMHSR) at the University of Massachusetts Medical School, transition age refers to the transition from adolescence into adulthood that underlies the acquisition of skills and capacities to function as an adult. The range seems to vary anywhere between ages 16 and 30.

The transition from adolescence into adulthood is complicated enough without the impact of a serious and persistent mental illness. A mental illness can seriously impede the development of adult role functioning. Young adults in the mental health system require continuity of care and a flexible support system that allows them to

fail and try again instead of judging them or writing them off. This age group struggles to understand the illness and the challenges it places on their lives while they navigate the expectations that come with being an adult.

The challenges start long before the referral to TSI often in adolescence. The young person's mental health symptoms may not be diagnosed or he/she is under-diagnosed. The symptoms can interface with the already chaotic time of adolescence. Behavior problems and drug and alcohol dependency can mask the symptoms or delay the course of recovery.

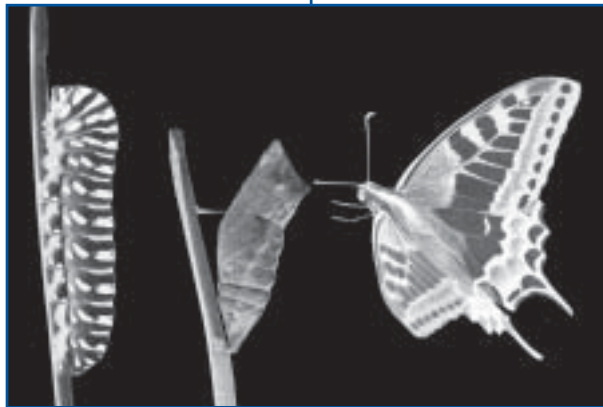
Another challenge is the timing of the illness. Although no time is ideal, researchers find that more often the onset of severe emotional and behavioral disorders interferes with critical periods of development. This onset will have long-term effects on adult development. While we as adult providers are moving them on to adulthood, they are attempting to capture some of the experiences they missed due to the illness. To a provider, this attempt at recapturing experiences can get the person labeled as resistant or not wanting to learn to be independent. Assisting the young person to make sense of this can contribute to him/her feeling both hopeless and frustrated.

Another challenge we face in providing support for transition age individuals is the system itself. For example, Rita McMillan, LCSW, with the Department of Human Services Addiction and Mental Health Division in the state of Oregon, cites the example of young people transitioning out of children and youth services. When they reach the age of eighteen, which is the age that makes them eligible for mental health services in the adult system, they become ineligible for valuable resources that were available to them in the child system,

such as employment, education and medical coverage. In other systems, a person who is eligible for developmental disability services is not eligible for services in the adult mental health system.

While TSI cannot tackle all of the barriers or challenges, we have moved services in a more positive direction. The implementation of the Psychiatric Rehabilitation Approach has allowed us to partner with young people to attend and respond in a respectful way as they share their dreams with us. They have the

opportunity to decide if they are ready to start the long journey of role recovery. If they are not, they can work on getting ready. Developing a system of care for the transition age youth is necessary to help them meet the challenges they face.



Information for this article is taken and adapted from: Transition Age Youth in Oregon: Considerations for a Statewide Model of Care; Rita McMillan LCSW; Department of Human Services Addiction & Mental Health Division, state of Utah. Youth Transitioning to Adulthood: Effects of Different Population Policies in child and Adult Mental Services System; Center for Mental Health Services Research University of Massachusetts Medical School.

*People with Mental Illness
Are More Likely*
VICTIMS
Than Perpetrators of Crime

As we await the closure of the local State Hospital, many people in the area voice concerns. There are concerns for the people leaving the hospital, and there are concerns for the safety of people already living in the community.

Some concerns have strong basis in fact. For example, safe and affordable housing is difficult to obtain, especially with little or poor credit history and a fixed income. Service providers have difficulty hiring and retaining quality staff due to challenging work demands and relatively low pay. The region, the county and TSI have had to address these obstacles.

Other issues may get a lot of media attention, but when reviewed carefully fade to a more reasonable perspective. One such issue is the prevailing public belief that people with serious mental illness are more prone to committing violent crime and are responsible for most violent acts here in the U.S. This is simply not the case. People diagnosed with Schizophrenia and Bipolar Disorder and in treatment are no more likely to commit violent crimes than those with no mental health issues. Professor John Monahan in a National Institute of Justice Research Review in 1996 stated that "mental illness contributes a relatively small percentage of total violence." However, general attitudes reinforced by media coverage of violent events have led to continued stigmatization of all those with mental illness as people to be feared and kept away from others.

These attitudes even lead to more substantial responses. Some states, such as New York, have enacted legislation that forces people with mental illness and who are judged to be at risk to commit violent behaviors to comply with court-ordered outpatient treatment and medication.

A study from Northwestern University revealed that "the mentally ill are more often stereotyped as people who commit violent crime, but ... a study here indicates that mentally ill people are more prone to be victims." Linda Templin, a professor of Psychiatry and Behavioral Sciences at the university, stated, "We found that the prevalence of victimization of violent crime is about 25%. That's 11 times higher than the average population."

TSI's Promotions Team is currently working on creating a presentation that is intended to reduce public stigma of persons with mental illness. This program is geared towards high school students and will be presented in a myth vs. fact format. For more information, please contact Jen Mullins @ 412-464-4370 ext. 225.



Mary Lou Zemaitis

MARY LOU ZEMAITIS, TSI'S NEWEST BOARD MEMBER, brings many years of experience in health care and a natural inclination to believe in the recovery model in mental illness to her work on the TSI Board of Directors. Recently retired from the VA Pittsburgh Healthcare System, she was the Director of Education and Training for the three Pittsburgh VA Healthcare facilities. She has been actively engaged in the field of health care, holding positions as a staff nurse, Assistant Professor of Nursing, Education Consultant and, most recently, Director of Education at the VA Pittsburgh. She is the wife of Dr. Thomas Zemaitis, the mother of four daughters and grandmother of five granddaughters and one grandson.



She and her husband have been active volunteers for the National Alliance for Mental Illness (NAMI) and are certified *Family to Family* trainers. While working at the VA Pittsburgh Healthcare System, she became familiar with the Peer Support role as a part of the recovery process for individuals managing mental illness. One of her duties was to develop and conduct training programs for VA providers to facilitate their transition into sponsorship of a newly developing Peer Support program.

Together with her background in healthcare and belief in the recovery model in mental illness, she explains, "Involvement in TSI is a natural evolution." Mary Lou believes that "with the right support, people with mental illness, mental retardation and other disabilities can live useful, satisfying and productive lives." She is committed to

...with the right support, people with mental illness, mental retardation and other disabilities can live useful...lives."

helping TSI to become a center of excellence and the leader in the provision of services enabling individuals served to live the quality of life they are seeking within their own community, and to inspire other organizations to achieve the same goals.

Mary Lou believes in challenging others to aspire to a higher level of achievement and in working with team members to co-develop systems that allow individuals to "reach for the stars."

Recognition Dinner

Once again, TSI celebrated the dedication and accomplishments of its employees at the Annual Recognition Dinner on December 6, 2007. The event was held at Dave and Buster's in the Waterfront, where it has been for the past 7 years. Board members, staff and family members met to honor those who met longevity milestones, Above and Beyond accomplishments and our highest honor, The Janet Sieber Award. As in previous years, many employees were honored for their years of service to TSI. For the first time in the history of TSI, there was even a 30-year milestone reached. Entertainment was provided in the form of a murder mystery performed by Mystery's Most Wanted production company. All who were present had the opportunity to be involved with the performance and solve the crime. Those who guessed correctly were awarded prizes from the performers. Two employees who received dedicated service awards talked to the audience members about their experiences at TSI and what the organization meant to them. Several Above and Beyond Awards were given to those employees who made contributions to the organization that were above their normal daily duties. The nominees were submitted and voted upon by their peers, and the final selections were made again by the Board of Directors. The Janet Sieber Award was presented to an employee who has been committed to TSI for the past 10 years, and who has dedicated his career to making the operations of the fiscal department more efficient while providing excellent customer service to all departments and employees.

Years of Service Awardees



30 years (with Sharon Alberts):
Daisy Mae Reese



25 years:
Joyce Felton



15 years (l-r): **Michelle Welsh, Lynn Nickel, Joe Sieber;** (not pictured): **Karen Clarke, James Rieger**



20 years (l-r): **Sharon Alberts, Sandy Norman, Dana Cook**



10 years (l-r, with Sharon Alberts): **Jill Stratton, Arden Solomon, Bob Dinkelmeier, Paul Nickel;** (not pictured): **Bob Horn, Robert Doubt**



Janet Sieber Award Winner
Bob Dinkelmeier



5 years (l-r, with Sharon Alberts): **Laurie Elliott, Kathy Doloughty, Jeanise Shealey, Izetta Caldwell, Victoria Marshman;** (not pictured): **Trish Montella**



2007 Above & Beyond Winners (l-r): **Joyce Felton, Dawn Knight, Gretchen Oliverio, Lynn Nickel;** (not pictured): **Joyce Fisher, Doug Tkocs**



3 years (l-r, with Sharon Alberts): **Alane Parke, Carla Payne Harrison, Nagina Pierce, Eleanor Littlejohn;** (not pictured): **Moses Luemba, Camilia Cole**

SPECIAL THANKS TO OUR CONTRIBUTORS & VENDORS: Terry Clark, Henderson Brothers, TJ&S, Delta T Group, Duke's Upper Deck, Dan's Flowers, Dave & Buster's, Highmark, Tina Treece, Highmark Insurance Group, Conrads Catering, Eat-N-Park, Concentra.

In Search of...

QUALITY

WHAT IS QUALITY? People often say they want quality products or services. What does that really mean? Quality is often described as how well a product or a service meets or exceeds expectations based on personal criteria. Think about eating at a new restaurant. If you eat at a new restaurant and the food is tasty, the service is really good and the prices are reasonable, you are likely to say it was a quality restaurant. Why? You had an idea or an expectation of what the experience should be like, and it met your criteria. You would probably say you were satisfied.

Thinking more about eating at a new restaurant, you realize that you measured or judged the experience based on your personal criteria. Just as you judge the quality of a restaurant, TSI measures and judges how well it performs its job of helping you with your recovery. Although this is a little more complex than deciding if a restaurant is good, the same things are done. Just as you had an idea about how the restaurant should be, TSI sets criteria for how well it should perform in its delivery of services to you.

To make sure everyone at TSI knows what is expected, the criteria and results are talked about and posted for everyone to see. The *Weather Reports* posted and discussed with you by staff are how TSI

lets you know if quality services are being delivered. The *Weather Reports* TSI uses are like the restaurant reviews posted in the newspaper. Both reports are used to make decisions about quality and how well expectations will be met.

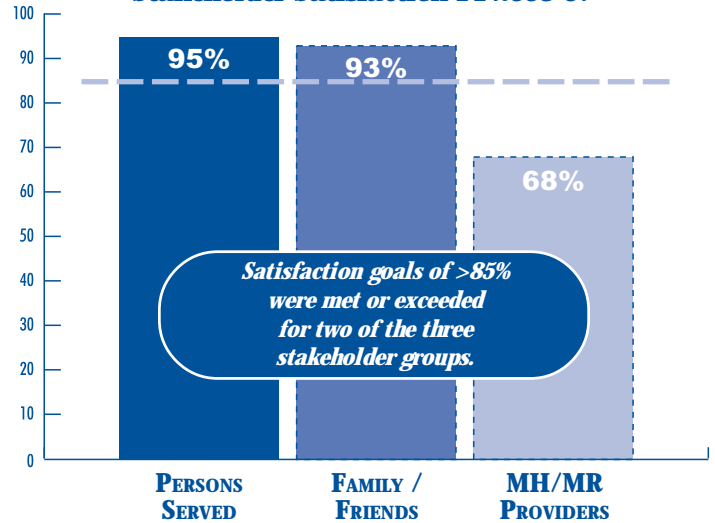
Remember, it is not possible to decide if something is "quality" unless some criteria and expectations are set. When

thinking about your recovery, it is important to set some expectations about what TSI's services should provide to you. You can start by asking simple questions like, "Do staff help me feel hopeful about my future?" or "What about the services I am receiving makes me feel satisfied?" Asking yourself questions and setting criteria for what you want to get out of your experience here will help you decide if you are receiving quality services. Telling staff at TSI what you expect will help TSI to better meet your personal needs.

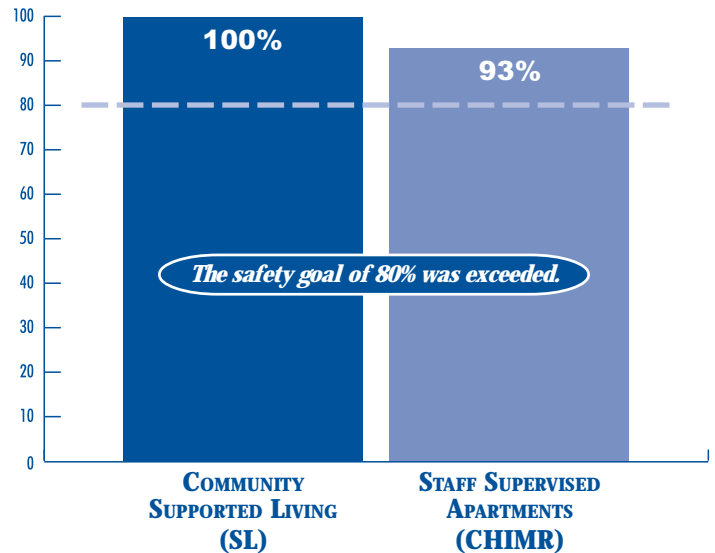
The charts to the right give some examples of what TSI measures to judge the quality of services being delivered to you. A few examples of things measured are: family and friends satisfaction with services provided, better quality of life, more control over choices and personal safety. If you have questions about this article or how the quality of TSI's programs are measured, please call the Main Office (412-461-1322) and ask for Craig.



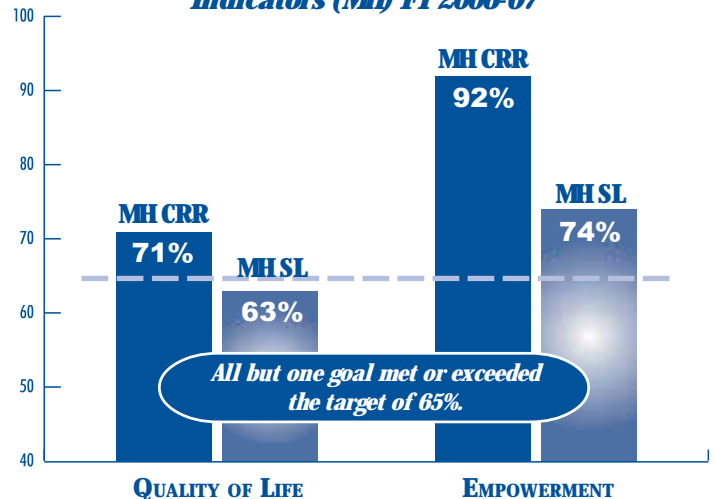
Stakeholder Satisfaction FY 2006-07



Individuals Living Safely in the Community (MR) FY 2006-07



Rehabilitation and Recovery Indicators (MH) FY 2006-07





Festivities Begin Earlier This Year

The Activities & Events Committee put a twist on this year's Holiday event. The soiree was moved up a few hours to the lunchtime hour and was held at the Forest Hills Holiday Inn on Thursday, December 13, 2007. With 142 people (including TSI staff) in attendance, the time change was well received.

Guests were treated to the sounds of Nat King Cole and Bing Crosby as they mingled with one another before dining on a buffet lunch. This year's holiday craft project was to use recycled holiday cards from the previous year to create a centerpiece that depicted "What the Holidays Mean." Eight programs submitted projects, and the winner was chosen by a vote by the Board of Directors at the Staff Recognition Dinner. The winning program won with their entry depicting a carousel made almost exclusively from cards. Their prize was a \$50 Visa gift card. After more raffle prizes and the winner of the contest were announced, the holiday music made way for the sounds of the Electric Slide and the Chicken Dance while guests took to the dance floor. It was a fun and festive time for everyone.

NEWSLETTER STAFF

EDITOR **Janet Whitney** ASSISTANT EDITOR **Keisha Meadows**

CONTRIBUTING WRITERS

Sallianne Brown, Dana Cook, Kathy Doloughty, Craig Dorin, Jennifer Mullins, Johnnie Smithson

PEER SPECIALISTS CERTIFIED: Transitional Services is proud to announce that Deb Charochak and Jeannette Lee have earned state certifications as Peer Specialists. Each participated in 80 hours of intensive training and passed the state certification examination. Certified Peer Specialists support has been recognized in Pennsylvania as a Medicaid reimbursable provider service. Certification assures that Peer Specialist services are provided by individuals who meet rigorous standards for training, education and experience. Congratulations to these very valuable team members.

"SAFER OPTIONS" TRAINER: Yvette Stearns, Clinical Associate, was selected to participate in the "Safer Options" program. This innovative statewide program educates provider agencies and professionals about effective interventions for people with intellectual disabilities who display problematic or aggressive sexual behaviors. Ms. Stearns completed her training this fall and will now, with other "Safer Options" state trainers, provide education on this challenging issue to providers throughout the region.

TRANSITIONAL SERVICES LEADER SHARON ALBERTS EARNS STATEWIDE RECOGNITION

Sharon Alberts, Chief Executive Officer and a longtime advocate for the rights of people with disabilities, was recently saluted for her efforts by the Pennsylvania Association of Rehabilitation Facilities (PARF). She received the PARF Rehabilitation Leadership Award during the group's annual conference at Pennsylvania State College. PARF represents more than 100 community service agencies across Pennsylvania that provide residential, vocational, medical and drug and alcohol services to people with disabilities. Her award was presented by PARF President and CEO Eugene Bianco. "PARF congratulates Sharon for dreaming, for doing and for inspiring others to reach new heights in service to those who are disabled," said Bianco.



Transitional Services, Inc.

Helping People with Mental Disabilities to Achieve Quality Lives

806 West Street, Homestead, PA 15120-1566
412-461-1322 | 412-461-1250 fax
www.transitionalservices.org



Transitional Services, Inc. has been accredited by CARF for the following programs:

- *Community Housing: Psychosocial Rehabilitation (Adults)*
- *Community Services: Community Living Services*

◆ Mission Statement

TRANSITIONAL SERVICES, INC. is an innovative human services organization transitioning people with mental health and mental retardation disabilities into the community. We are committed to fostering an environment that provides quality services for all of our customers. Through creativity, respect and partnership, we continue to assist individuals in need to gain the skills necessary to be as self-sufficient and independent as possible through the provision of residential and rehabilitative services.

◆ Vision Statement

WE WILL BE RECOGNIZED AS A REGIONAL LEADER in services provision for people with mental health, mental retardation and other related disabilities. We will provide life-changing opportunities for those we serve to grow individually as people, community participants, and to inspire others in their growth and recovery.