

LINES OF COMMUNICATION

FALL 2007

MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

1211 Chestnut Street, Philadelphia, PA 19107

www.mhasp.org

Coalition to Help State Hospital Residents Rejoin Community

On August 30, about a dozen people gathered around a table to discuss the future of Norristown State Hospital and of those residing there. Over the next three years, most of these people will be rejoining the community; and the Mental Health Association of Southeastern Pennsylvania has created a stakeholder group – representing consumers, family members, advocates, providers and psychia-

trists – to ease their way. The group, called the Coalition for the Community Integration of Norristown State Hospital (NSH) Consumers, has a precedent: nearly 20 years ago, MHASP facilitated the Coalition for the Responsible Closing of Philadelphia State Hospital (also called Byberry) to make sure that the state hospital budget followed people through the gates. The goal was to establish services and sup-

ports that would help them – and those whom the hospital would have served if it had remained open – to live successfully in the community.

“The whole revolution began when MHASP petitioned way back in the ’80s for the closing of Philadelphia State Hospital,” recalled Mary Hurtig, MHASP’s director of public policy. “Our advocacy led to the decision to close the hospital. That very contentious process was guided by a very successful coalition, facilitated by us.

“Everyone was stumbling in the dark,” she continued, “and we initiated a lawsuit [filed by the Disabilities Law Project, now part of the Disabilities Rights Network of Pennsylvania] to guide the process. Out of that was born [Philadelphia’s] new community-based, consumer-driven mental health system, which has become a national model.”

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Friends Connection Montgomery County (FCMC) and Trail Guides (TG) staff pose at MHASP’s picnic and staff recognition event on August 28. From top, clockwise: Terrell Taylor (TG); Jack Riley (FCMC); Beth Higgins, program manager (FCMC/TG); Gregory Washington (FCMC); Karen Greene (FCMC); Elizabeth Rivera (TG); Renita Ekezie-Highsmith (TG). Mike Nelson (in white shirt) works for MHASP’s SHARE TCM Forensic Unit. See story on Page 4.

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Helping People Get Back to Work — and Stay There

BY SUSAN ROGERS

If you should venture out on the “Duck Tour,” Philadelphia’s amphibious sightseeing ride, your guide may crack jokes and dazzle you with his knowledge of the city. He may also be a member of Unity House Clubhouse, one of the three MHASP programs whose mission centers on helping people with mental illnesses find and keep jobs.

“At first, he was kind of shy,” said clubhouse program manager Tanya Doyle about the tour guide that Unity House placed with Ride the Ducks. “But, through the support of the clubhouse and the employer, he has done better than he thought he could, and gives a great tour.”

The other two MHASP programs that revolve around employment are ACT NOW (Advocacy Consumer Training for New Opportunities to Work), a vocational program created in 1989, and Mainstream, a residential program, which recently celebrated its 10th year. (Many of MHASP’s drop-in centers, as well as its peer resource center, also make employment a focus. *See Lines of Communication, Spring 2007.*)

ACT NOW

“ACT NOW is based on the simple idea that if people want to work, we should help them get jobs,” said Joseph Rogers, MHASP’s president for policy and advocacy. “I conceived the idea for ACT NOW based on my own experience and on my belief that, with the proper supports, many consumers could move directly into employment — just as I had done after being released from a state hospital. A long-term pre-vocational experience is frustrating for many people.”

A number of ACT NOW graduates have been employed by MHASP. Gail Holloran, for example, recently passed her ninth anniversary at the Abington Consumer Center, where she runs groups, prepares the monthly statistics

and purchase orders, serves as a community liaison and keeps program participants informed about available services and supports, such as MHASP’s Compeer and Representative Payee programs.



Above: John Lambert. Right: Joseph Scheerer.

Holloran’s first two ACT NOW internships didn’t work out, but she stuck with the program — and the program stuck by her.

“All our programs are willing to keep on working with people as long as they want to keep trying,” said LaVern Zegeye, director of MHASP’s Vocational and Philadelphia Consumer Centers Division, which oversees ACT NOW, Unity House and Mainstream along with the Association’s three Philadelphia consumer centers — Do Drop In (in North Philadelphia), A New Life (West Philadelphia), and the Northeast Consumer Center. If someone misses more than two consecutive days of training or a job placement, staff may make a phone call or home visit, Zegeye added. “The staff are committed to finding out what we can do that would make you want to come back,” she said.

ACT NOW program manager John Jackson confirmed this. “Out of 25 people, we may have about five that might

drop out due to mental health difficulties,” he said. “We reach out to them and give them supports to try to get them back on their feet. Some manage to come back in other classes. We don’t give up on people.”

Three times a year, ACT NOW offers an intensive, three-week classroom training, followed by four to 12 weeks of job search and/or internship at various sites, as well as a follow-up group to discuss the on-the-job experience. “Just about everybody completes the classroom training phase,” Jackson said, “and approximately 75 percent of those clients get jobs.

“When a person first comes in, we do an assessment, develop a work plan and set them up with a vocational counselor,” he said. “Even when they’re placed for



employment, they are monitored by a ‘retention specialist’ for an additional 90 days to make sure everything is all right.”

Gail Holloran, who came to ACT NOW after outgrowing a sheltered workshop, appreciates the program. “I wouldn’t have gotten the job if not for ACT NOW,” she said. “At ACT NOW, I learned to have more confidence. I learned how to fill out a résumé and to do a better interview.”

Holloran is lucky: although people with mental illnesses want to work, it is often

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difficult for them to obtain the kinds of services and supports that would make that possible. Despite the fact that the Americans with Disabilities Act prohibits discrimination by businesses that employ 15 people or more, there is “a shocking 90 percent unemployment rate among adults with serious mental illness – the worst level of unemployment of any group of people with disabilities,” according to the Substance Abuse and Mental Health Services Administration. “Strikingly, surveys show that many of them want to work and report that they *could* work with modest assistance.”

One solution: a five-year study funded by the Center for Mental Health Services found that supported employment – which helps people with disabilities find and keep competitive employment in their communities – is the most effective means of helping people with serious mental illnesses make their way in the world of work.

MAINSTREAM

Mainstream provides a supported employment program, including a 12-week job-readiness class, for formerly homeless adults with co-occurring mental illness and substance abuse. The program serves the 20 people who live in Mainstream’s Thompson Street Project (which offers an array of support services) as well as 10 individuals who live in “1260” supported housing throughout the city. (Most Unity House and ACT NOW clients have stable housing.)

Besides the instructor-slash-job-developer, the program employs a vocational case manager, who helps clients set goals and intervenes if they are not doing well. “He is the first line of defense; he’ll go with people to a doctor’s appointment, help them get into a facility if they relapse,” said John Lambert, Mainstream’s program manager.

Many Mainstream graduates work in maintenance; others work in security or at a grocery store. Acknowledging the relatively low skill level of many of the jobs, Lambert added, “I think Mainstream consumers could do more, and we push them to do more. The biggest challenge is motivating them to believe in themselves and believe they can do better.”

Dependency on the system is an obstacle, he said. “A lot of program partici-

pants didn’t want to work because they’re afraid to lose their Social Security benefits – no matter how much education you give them to show they’ll come out ahead in the long run.”

Despite these challenges, Lambert added, the program has had a lot of successes: “people who have bought their own homes. People who went into the regular work market.” He said that Mainstream often places people directly into jobs. “A lot of businesses have not been willing to do internships,” he said. But they were receptive to hiring the consumers directly “when we took the consumers with us” to meet them.

All the programs address challenges as they arise. Since people sometimes drop out of ACT NOW because of problems involving their children, ACT NOW offers child care referrals as well as discussions of child care challenges during its weekly Job Club support group.

Another reason people may drop out is a flare-up of their substance abuse. “ACT NOW’s vocational counselors have had training in substance abuse issues and provide support, while also connecting people to outside substance abuse programs,” Zegeye said.

The approach is, “Whatever works.” “In ACT NOW in particular, we’ve introduced WRAP,” Zegeye said. (WRAP, or the Wellness Recovery Action Plan, helps people reduce or eliminate physical and emotional symptoms.) “A lot of people have told us that they use WRAP when they’re trying to go back to work or maintain their jobs,” Zegeye said.

UNITY HOUSE

At Unity House, a psychiatric rehabilitation program that is certified by the International Center for Clubhouse Development (ICCD), the schedule – as with all ICCD clubhouses – is organized around the “work-ordered day.” Each staff member is responsible for one of the three work units: employment, education/business/membership services, and “environmental technology,” which includes the maintenance and dietary services.


However, program manager Tanya Doyle added, “the way the clubhouse is structured, every staff person has a responsibility to the employment unit because all of our members who are employed get support from each of our staff.”

Unity House, like all ICCD clubhouses, has a Transitional Employment (TE) program. TE lets members sample various positions, generally working 15 to 20 hours per week for six to nine months. The clubhouse guarantees coverage during member absences.

“We try to have everybody work at least at minimum wage; that’s an ICCD requirement,” Doyle said. Other members work in supported or group employment; the latter involves a single part-time position that several people share.

Another ICCD requirement is the employment of at least 25 percent of those who, on average, attend the clubhouse daily. “We’re above that,” Doyle said, adding that there are about 60 active members out of the approximately 600 on the membership roster – clubhouse membership is for life – and daily attendance ranges from about 25 to 39.

Some clubhouse members are employed independently. “Those jobs belong to our members, whereas the transitional, supported and group jobs belong to the clubhouse,” she said.

Some consider independent employment the gold standard. Joseph Scheerer, a Mainstream client who lives at Thompson Street, is seeking independent employment as a certified peer specialist, a position for which he has been trained. In recovery from mental illness and substance abuse, Scheerer has been a jeweler and also made custom lighting fixtures. Then his addiction took over. “I was out on the street, lost and confused,” Scheerer said. “Now I am sane and drug-free and my life is going so well. And Mainstream has been 100 percent backing me every way I go.” 

For more information, contact LaVern Zegeye, lzegeye@mhasp.org, 215-751-1800, ext. 208.

‘The biggest challenge is motivating [Mainstream participants] to believe in themselves and believe they can do better.’

Staff Awards Presented at Annual Picnic

Four MHASP staffers received awards for their work on August 28 at MHASP’s annual picnic and staff recognition event, held under a brilliant blue sky at the Brandywine Picnic Park on the Brandywine River, in Chester County.

The award for Outstanding Service went to Kathy Barcoski, the Information Technology Division’s network specialist; the Advocacy Award to Lisa Faulkner, program manager of We C.A.R.E.; the Leadership Award to Andrea Klein, coordinator of the Delaware County Family Center; and the Board of Directors Award – presented to someone who embodies the qualities of the first three awards – to controller Barry Schwartz. A host of other MHASP staffers received awards for five, 10, and 20 years of service, respectively.

Barcoski was praised for “excellent service with a smile,” handling an extremely high work volume with resourcefulness and a great attitude, and expert problem-solving. Faulkner was called “a relentless, compassionate and



MHASP controller Barry Schwartz (center) – flanked by MHASP executive director Rosemary O’Rourke and MHASP president for policy and advocacy Joseph A. Rogers – accepts the Board of Directors Award.

undaunted advocate” who “has raised her voice loudly and often to protect the rights of the thousands of vulnerable residents of personal care homes.” Klein was termed, “without question, one of the best team leaders ever: wise, sensi-



Kathy Barcoski

Andrea Klein

tive, collaborative and innovative,” whose “efforts have led to more than doubling the number of funded family satisfaction advocates in the suburban counties.” And Schwartz, described as “the rock that the other members of [the Fiscal Department] lean on,” was extolled for repeatedly and tirelessly going “above and beyond” with “grace and dignity” to ensure the agency’s survival, making sure “that what needs to be done, gets done.”

The awards presentations, a talent show, water sports, volleyball, and lots of great food, along with the sunny weather, made the picnic a success. **LC** – SR



MHASP staff, family and friends enjoy the hearty food at the annual picnic and staff recognition event on August 28.

“We Are a Family”: Classes and Support Help Parents Reclaim Their Lives

Substance abuse, homelessness, loss of child custody: Crystal Camp has been there, done that. Five years ago, she was addicted to sex, drugs, alcohol and cigarettes; and her mother had custody of her children. Then she lost her house, became homeless and lived in shelters.

Today, Camp works part-time as a certified peer specialist at Elwyn in Philadelphia; she has served on the Mayor’s Blue Ribbon Commission on Children’s Behavioral Health; she regained custody of all her children and lives with her teenaged daughter in a house she rents. (Her 18-year-old son is off to college; the oldest, 21, has moved out on his own.) And, as she puts it, “I don’t date, I don’t drink, I don’t smoke, I don’t do drugs – I just advocate.”

Camp is a graduate of Parenting Plus, an MHASP program that offers six-week courses on parenting infants and toddlers, school-age children, and teenagers. The program, funded through the Philadelphia Department of Human Services, also provides two four-week trainings: anger management, and parenting from a distance (for non-custodial parents). Each course is offered once a year, “but this year we’re offering the infants and toddlers class twice, because that’s where parents are most likely to enter child protection services and because there’s the greatest demand for that,” said Parenting Plus co-founder and coordinator Gina Caruso. The courses are taught by two social workers/therapists.

Between 100 and 150 people have taken the training since the program was founded about five years ago, Caruso estimates. To attract participants, the program distributes flyers to mental health, social service, and other agencies that serve parents, such as libraries and pediatric medical offices. Parents may be referred by these agencies or refer themselves to the program.

Connection – with peers as well as with Caruso and other MHASP staff – is central to the program’s success, Caruso said. “Connection is something that people with mental illness lack because they ‘use up’ family and social networks, and professionals come and go. I have parents [in the program] who will call after several years of not hearing from them, and I still honor that connection.”

Camp confirms that the connection is strong: she has been too busy to attend the biweekly group meetings “and people have been calling to see if I’m all right,” she said. “We are a family.” Lately, however, Camp has arranged with her employer to give her time to attend the group meetings, “because they’re such an important part of my wellness,” she said.

Even people who have lost their children have kept in touch with the program, “because it tries to meet people where they’re at in their recovery journey,” said Catherine Panzarella, who until recently headed MHASP’s Family and Youth Support and Advocacy Division. “Other programs will say, ‘Well, call us if you get your kids back.’”

“If I had 10,000 tongues, I could never tell you how patient, kind and supportive the Parenting Plus program and staff have been,” Camp confirmed. The support includes transportation, when necessary. “In snow, rain and sleet – like the mailman – they have always found a way to pick me up and take me where I needed to be,” she said.

“The real power is what happens outside of the curriculum,” Panzarella concluded. “It’s not just about the skills but about supporting you whether your recovery takes you a long or short time and is roundabout or straight.” LC

– Susan Rogers

For more information, contact Gina Caruso, gcaruso@mhasp.org, 215-751-1800, ext. 229.

Parenting Group Shares and Cares

A single mother with an 11-year-old son diagnosed with attention deficit hyperactivity disorder (ADHD). Another single mom, whose 13-year-old son just started residential treatment. A church organist who lives with his wife of two decades and his two teenaged boys. A father rearing his 16-year-old son alone and seeking custody of his other boy, who’s six. These parents – along with the Parenting Plus coordinator and two facilitators – gathered in a small, windowless conference room at MHASP’s Center City headquarters recently to share support, advice, and even a few laughs.

What keeps these parents coming back twice a month, often for years after they have taken the initial Parenting Plus classes? “I’m here because I have an ADHD son and I’m trying to find out more information about that and about how to be a better mother,” said Linda D. Williams, who has bipolar disorder. “Coming here is keeping me organized.”

“I’m here to talk to the other parents about what is going on with our children, and pick up new [child-rearing] techniques,” said Rose Stricker, whose 13-year-old son has been diagnosed with bipolar disorder, oppositional defiant disorder and ADHD. Stricker recently placed her son in residential treatment after years of trying to help him control his symptoms at home. “A lot of mothers are afraid to put their kids in residential,” she said. “It took me a long time, but I feel that he’s going to be getting a lot of the help that he needs.”

The parenting group, whose members range from their early 20s to their middle 50s, is about helping the parents get the help that *they* need. “Something special about this support group is that so many have been in the group for six years,” since Parenting Plus began, said Genie Ravital, one of the two social workers who facilitate

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Over the ensuing 17 years, which included the far less contentious closing of Haverford State Hospital, “so much more has been learned,” Hurtig continued. This time, everyone is in agreement, she said: “I think we perceive that the [state] administration is absolutely in sync” with the advocacy and provider communities.

As a result of a federal lawsuit initiated by MHASP and filed by the then Disabilities Law Project, the Pennsylvania Department of Public Welfare and the five southeastern county mental health administrators agreed upon a timetable to release people from NSH – 30 in 2007, 30 in 2008, 60 in 2009, and 90 in 2010. (MHASP’s NSH Community Integration Team, led by Mary Gregorio, is working to help those released from the hospital create meaningful lives in the community.)

However, Hurtig notes, “this agreement simply chips away at the hospital, when what is needed is a long-range regional plan crafted – with consumer input – by the behavioral health systems in the five southeastern counties,” Bucks, Chester, Delaware, Montgomery and Philadelphia.

Toward this end, the coalition wrote to Joan Erney, Pennsylvania’s deputy secretary for mental health and substance abuse services, in July: “It was our hope that, even from the beginning, we would see a strong commitment from the counties and the state to not only create places in the community for the people at NSH, but to take the bold actions necessary to move the system forward to prepare for the eventual complete integration of all the non-forensic NSH clients and the elimination of NSH beds.” The letter concluded by praising current and former state officials for their key role in closing the other two state hospitals in the region, and added, “We are confident that, with the same kind of leadership, we can accomplish this goal.”

Long-range planning is of vital importance, said Joseph Rogers, MHASP’s president for policy and advocacy. “We

need agreement from the state to make that effort,” Rogers said. “Particularly at Haverford, we basically got everything [the state] committed to. Right now, there is a lot of confusion about where we’re headed. The staff is concerned.” The tenants are also concerned, since whatever happens to NSH will also affect the dozen or so mental health programs that rent space on the hospital grounds, such as Montgomery County Emergency Services and the county’s Consumer Satisfaction Team.

A key question is funding, despite the fact that studies have shown that it is much less expensive to support people in the community than in state hospitals. Unfortunately, Hurtig said, the Medicaid budget, which is central to NSH residents’ ability to move smoothly from the hospital into the community, is “hugely squeezed,” as are other traditional mental health funding streams.

Housing will eat up the biggest slice of the pie. “Housing is the critical issue,” said Joan Erney. “We need counties to give us a housing plan. We need to think about what people need; we need to do the kind of transformational thinking that’s happening everywhere in the state.”

Meanwhile, the state has announced plans to close Mayview State Hospital, in southwestern

Pennsylvania, by the end of 2008.

As the arrangements for NSH evolve, “the state is inviting greater consumer, family and advocate input into the planning process,” Erney said. The coalition next plans to meet with mental health directors and mental health/mental retardation administrators to urge their collaboration in the planning process.

“The next step,” said Rogers, “is to expand on much of the hard work already done by the counties in planning the ‘future mental health system,’ to create a truly unified and agreed-upon regional plan to help guide us over the next few years, and to not only deal with what is happening with NSH but to make sure that we have the best system of care and supports possible in Southeastern Pennsylvania.”

— Susan Rogers

‘We need to do the kind of transformational thinking that’s happening everywhere in the state.’

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the groups and teach the classes.

People keep coming back, added Betsy Adler-Harrison, the other facilitator. “For a couple of years we didn’t see Rose at all, and then she came back and got support.” Stricker also served on the team that helped design the Parenting Plus curriculum, Adler-Harrison said.

“Another unique thing about the group is that we have child care for the little ones,” she added. On this Tuesday, she had brought her infant son to the group, and Stricker snuggled him as the group chatted. “People bring their kids; the parents know the facilitators’ kids; everybody is together. We all learn from each other,” Adler-Harrison said.

“It’s like being a little family,” said Williams, who is working on getting her GED so she can go on to business school; her goal is to start her own business. “When I first came, I thought that, being a single mom, I was doing this all by myself. Since I’ve come to the class, I found there were a lot of parents going through the same thing I’m going through.”

James Jordan, the church organist, said, “What brings me to the group is to get insight and feedback from other parents. Most of these parents are single, but being married you have problems too.”

Stricker said that the group facilitators had helped her get a residential placement for her son. “The behaviors were too out of control; I had to call the cops. He refused to go to school, and was abusive.”

“You called Gina [Caruso, the Parenting Plus coordinator] and said things were out of control; she welcomed you back to the group; and you found out what your choices were,” recalled Adler-Harrison. “Now your physical health is better and your son is in a safe place. You’ve gone 180 degrees.”

“That’s one of the things I love about teaching this class,” Adler-Harrison added. “You’ve seen people in good times and bad times, and you know it is going to get better. We’ve seen people grow.”

Marvin Thomas, Jr., who is raising his 16-year-old son, who also has a psychiatric disorder, has been attending the group since 2002. “I’ve learned how to be more responsible, more tolerant and patient,” Thomas said. “I have learned a lot here.” — Susan Rogers

Evaluation Project Garner's Evidence of Peer Support's Success

Debbie Plotnick helps programs use what they've got to get more of what they want – recognition and funding – through evaluation. “I'm helping groups gather data, organize it, write it up, and work on getting it into the hands of the people who need to see it,” she said. “An evaluation that sits on the shelf doesn't do anybody any good.”

A major goal is to establish an evidence base for peer-run programs. “Program evaluation allows numbers to tell stories,” she said. “Policy makers and funders and administrators love stories, but they love numbers even more.”

Evaluations can demonstrate why particular types of programs should be expanded. “By looking at the data of who comes and how long they come, what programs they participate in, whether they have jobs, if they have apartments, if they are feeling well, if they're not going to the hospital as often,” Plotnick said, “that creates the kind of number story that shows that a program is doing what we know it is doing and how wonderful it is – in the way that policy makers, funders and administrators can hear.”

Evaluation is valuable, “even though people often feel that they don't want to take resources of time and energy away from delivering services to do it,” she added. “It can demonstrate that their program is doing what they hoped it would do. It can also show them ways to improve their program; perhaps they're not doing exactly what they designed the program to do.”

Confidentiality is always maintained. Although peer-run programs place an emphasis on safeguarding participants' privacy, attendance data can be compiled anonymously. “A pseudonym or a code number is perfectly fine; the only caveat is that it must be consistent,” she said.

Plotnick notes that the data can be organized using some very simple tools, such as Excel spreadsheets. “You don't necessarily have to go out and buy fancy software,” she said.



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CLUBHOUSE EVALUATION


An example is the recently completed Pennsylvania Clubhouse Coalition (PCC) evaluation, presented in May 2007 to top state officials, including Department of Public Welfare secretary Estelle Richman. The PCC, which represents 28 clubhouses around the state, “wanted to show that clubhouses were very effective tools,” Plotnick said.

Based on existing data, the evaluation found that clubhouse services cost, on average, just under \$46 per person per day – slightly more than half as much as the \$85 average for partial hospital services in Pennsylvania – and benefit their members in a variety of ways. The state officials said that they expect to use the evaluation to pitch the clubhouse concept to the many counties that lack such programs. “The report helps to communicate the success of the clubhouse model, especially in its employment efforts, its cost effectiveness, and its success in the lives it touches,” said PCC president Stephanie Visi.

As with the PCC evaluation, it often happens that the information that programs have been accumulating all along – such as attendance records and budget figures – can reveal important details about their effectiveness, Plotnick said.

LANGUAGE OF NUMBERS

Plotnick, whose name is trailed by an alphabet soup of credentials – M.S.S., M.L.S.P., L.S.W. – is on the staff of the National Mental Health Consumers' Self-Help Clearinghouse, MHASP's national technical assistance center, funded by the Center for Mental Health Services. The evaluation project is supported by the University of Illinois at Chicago through a grant from the National Institute on Disability and Rehabilitation Research. Plotnick also works with the UPenn Collaborative on Community Integration, of which the Clearinghouse is a member. “My work could not happen without the mentorship of Mark Salzer,” who heads the Collaborative, Plotnick said.

Plotnick believes her work can win support for peer-to-peer services. “People run terrific programs,” she said. “But how do we tell other people? That's where the numbers come in; the numbers are a language people can understand.” 

— Susan Rogers

For more information, contact Debbie Plotnick, dplotnick@mhasp.org, 215-751-1800, ext. 344.

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