

LINES OF COMMUNICATION

SPRING 2005

MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

1211 Chestnut Street, Philadelphia, PA 19107

www.mhasp.org

Philadelphia Launches Landmark Effort to Serve Older Adults

A groundbreaking partnership between the public and private sectors that will revolutionize the way that older adults receive mental health services in Philadelphia was announced on February 4 in City Council Chambers, in front of an enthusiastic crowd.

The Behavioral Health Partnership for Older Adults — involving not only the Philadelphia Office of Behavioral Health and Mental Retardation Services (OBH/MRS) but also the Philadelphia Corporation for Aging (PCA), the Pennsylvania Department of Public Welfare, the Pennsylvania Department of Aging, as well as private insurers

AmeriChoice, Independence Blue Cross, and Aetna — will improve identification of older adults in need, and facilitate access to behavioral health, health, and aging services. It will also try to address systemic issues that require collaboration among payers and providers of service.

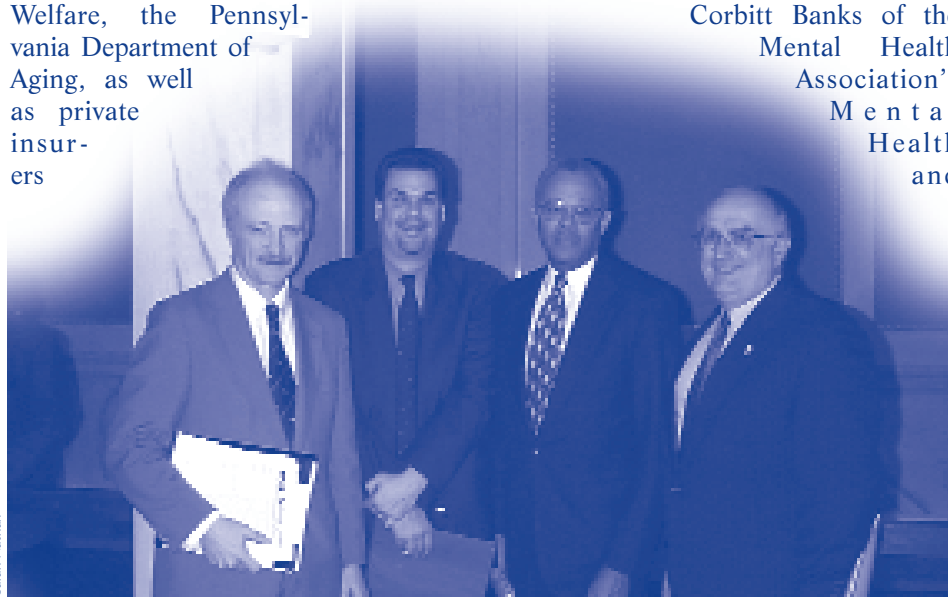
“This is an incredibly important collaboration between the public and the private sectors, in an area that is always overlooked: services to older adults with mental health needs,” said MHASP policy director Mary Hurtig. “It has only happened after years of advocacy by Tom Volkert, Hikmah Gardiner, and Corbitt Banks of the

Mental Health and

Aging Advocacy Project. They knocked on a lot of doors, and finally captured the imagination of Councilmember Blondell Reynolds-Brown, who agreed to hold a hearing; and that hearing caught the attention of Rodney Williams of the Philadelphia Corporation for Aging. The message is, persistence pays off.”

The three-year pilot, which is scheduled to get off the ground in South, Southwest and West Philadelphia in July, will enroll, refer, serve, and track services for 2,000 older adults in the first year. In addition, 150 people will receive more intensive service planning, in-home counseling, and support from a team of four case managers.

Other aspects of the initiative include a Care Coordination Center to provide a single point of access for consumers into the system, cross-systems training for staff, the integration of behavioral health treatment for older adults in pri-
continued on p. 6



Sarah Nathan

Gathered to celebrate the launch of the Behavioral Health Partnership for Older Adults are (l-r) Tom Volkert, director, MHASP’s Mental Health and Aging Advocacy Project; William J. Lipp, MHASP board chairman; Rodney D. Williams, president, Philadelphia Corporation for Aging; and Robert Zimmerman, regional director, U.S. Department of Health and Human Services.

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MHASP Creates Two

One Serves Homeless People, the Other

Montgomery County Hosts MHASP Homeless Program

MHASP's new Coordinated Homeless Outreach Center (CHOC) will offer one-stop shopping to all homeless adults in Montgomery County, not only those diagnosed with mental illnesses.

The services the CHOC will provide once it sets up shop at Building 53 of Norristown State Hospital will be comprehensive, including case management (to help people obtain housing and benefits); showers; laundry; mail; phone; storage; medical services; transportation; art, life skills, vocational and other classes; Narcotics Anonymous and Alcoholics Anonymous meetings; and access to emergency shelter through One Night at a Time (ONAT), which will also be headquartered in Building 53. These services will be provided at the CHOC "engagement center," a day center. Outreach staff from Montgomery County's Central Mental Health/Mental Retardation Center will also be located in the CHOC.

Although its new headquarters are not yet open, the CHOC has been serving clients since November 2004. "We're serving not just people involved with One Night at a Time [another MHASP program, which provides shelter for homeless adults], but also those who are on the street or staying at shelters that don't have a lot of services," said Genny O'Donnell, who heads the program. The CHOC pri-

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marily serves single adults or couples, without children, she added.

The need is enormous. "We're serving people with substance abuse disorders, with cancer, with physical disabilities," said O'Donnell, who has been working with homeless people for 10 years and previously directed Philadelphia's Outreach Coordination Center, run by Project H.O.M.E. "We have a whole host of people with medical needs right now: everything from pregnant women and people with problems walking, to people with coughs and flu symptoms and untreated high blood pressure and diabetes. Because most of them don't have medical insurance, it's difficult for them to get services or to fill their prescriptions if they do see a doctor."

She added that some do have Medical

Assistance [Medicaid], "but this isn't like in the city, where everything is close by; there is difficulty with transportation." CHOC caseworkers try to get people I.D. and connected with benefits, including Medical Assistance, while addressing their immediate medical needs.

Montgomery County residents and service providers can use the CHOC to report the location of a homeless person in need of assistance, obtain shelter referral or other information, make a complaint or report a location of concern, and request a speaker.

The CHOC, which receives 60 percent of its funding from the U.S. Department of Housing and Urban Development and 40 percent from Montgomery County, grew out of the vision of Eric Goldstein, the county's administrator for mental health, mental retardation, and drug and alcohol services. Goldstein, who had previously been involved with homeless services in Philadelphia, approached MHASP with the idea of developing a coordinated effort between MHASP and the county to expand on the services MHASP was already providing there.

Goldstein's concept of the CHOC has been shaped by his years of experience in the systems serving people who often live on the fringes of society, such as those who have severe mental illnesses and/or substance abuse disorders, and/or struggle with homelessness. "As have many of us, I have grown a lot as a result of my years in Philadelphia," Goldstein said, "and realize how important it is that the clients of a program be involved in how the program is developed and managed. Toward this end, our goal is that the CHOC follow recovery principles and that decisions affecting the future of the CHOC be made in collaboration with the people who use the program." **LC**

New Programs:

Personal Care Home Residents

New Program Aids Personal Care Home Residents

Corey Rogers, director of a new MHASP program that will advocate for residents of personal care homes, barely escaped living in one. "When I was homeless I lived in shelters, I lived in missions, I lived in treatment facilities; and it would have been so easy for me to end up in a place like that and be basically forgotten," Rogers said. "That's what really drove me to become involved in this work."

Rogers directs MHASP's new We C.A.R.E. (Communicate, Assist, Respond, and Engage) project, which will identify systemic problems in the personal care home system, develop proposals for reform, and initiate advocacy training and education programs for residents, providers, and Department of Public Welfare (DPW) inspectors. The pilot program, funded by the Philadelphia Office of Behavioral Health and Mental Retardation Services (OBH/MRS), was launched in February; if successful, it could be replicated throughout Pennsylvania.

The initiative evolved from MHASP advocacy in the personal care home arena. A milestone occurred in the summer of 2002, when a concerted effort by the Association, as well as other advocacy groups, succeeded in shutting down the notorious Mt. Airy Commons personal care home and finding the residents better places to live. The Mt. Airy Commons initiative, along with a damning 2001 report by the Pennsylvania auditor general,

helped fuel MHASP's effort to establish broader advocacy related to personal care homes. (The report indicated that DPW was slow to investigate complaints, kept terrible records, licensed homes with unqualified staff, and failed to enforce penalties after violations were found.)

We C.A.R.E., which serves people with psychiatric disabilities and those who have physical disabilities, is client-driven, Rogers said: "We will get to know the people and find out how they feel about where they're living." The program will also include self-advocacy training, which will focus on personal care home advocacy but also help the residents handle other challenges and access community resources. Besides Rogers, staff will include a benefits specialist/linkage coordinator, who will help residents obtain the benefits and other resources they are entitled to, and three advocates. Fifty of Philadelphia's 160 personal care homes will be targeted.

It is expected that We C.A.R.E. will result in a better informed constituency, who will know their rights and be able to claim them; and more educated personal care home providers, who will be better able to support residents, and DPW inspectors, who will know more about the special needs of residents with mental illnesses; as well as in the efficient closing of substandard homes.

Arthur C. Evans, Ph.D., the recently appointed director of OBH/MRS, is enthusiastic about the new program. "The Mental Health Association's tireless efforts to provide support and advocacy for persons living in personal care homes have resulted in the creation of the We C.A.R.E. program," Evans said. "Through this program, we are expecting to further expand our collaboration with the Mental Health Association, and to make supports and services available to more persons living in personal care." **LC**

New Personal Care Home Regulations Are Approved

In late February, Pennsylvania's Independent Regulatory Review Commission (IRRC) voted unanimously to approve the Department of Public Welfare's Personal Care Home regulations. In brief, the regulations will expand residents' rights, increase staff training, improve fire safety, and require that an assessment/care plan be connected to the residents' contracts. (The IRRC reviews proposed and final regulations from Pennsylvania state agencies for consistency with Regulatory Review Act criteria, including the agency's statutory authority and the economic impact of the regulation, as well as its reasonableness.)

"This is a victory for residents of personal care homes in Pennsylvania," said Eleanor Daly, who heads MHASP's Advocacy Services Division. "The Mental Health Association of Southeastern Pennsylvania has been advocating for the passage of these regulations for several years, as our experiences in many personal care homes have shown us that the current regulations do not provide for the health and safety of many vulnerable residents."

For details on the regulations, please contact Eleanor Daly at 215-751-1800, ext. 231, or by e-mail at edaly@mhasp.org.

MHASP Launches First Ad Campaign

From October through December 2004, MHASP ran a series of ads in 18 newspapers, chosen on the basis of their coverage of areas in which MHASP programs operate. “This was MHASP’s first ad campaign ever,” said Anne McGrath, MHASP’s director of development, who created the campaign, with Downes Designs.

“Spending money on advertising is a difficult decision for a nonprofit to make,” McGrath said. “But advertising is an investment: it’s an effective way to reach out to those in need who may not be aware of our more than three dozen successful services, as well as to create awareness in the minds of potential

donors. Besides,” she added, “we pulled it off on a shoestring budget.”

The campaign also involved posters on SEPTA buses and regional rail trains, as well as radio advertising — on KYW-AM, WSNI-FM, and WJJZ-FM — which included the voices of MHASP adolescent support group members. The ads encouraged people to call a toll-free number or visit MHASP’s Web site to receive a free mental health kit containing general information as well as materials based on the person’s



needs or interests. “The free offer will remain on our Web site even though the advertising campaign is over,” McGrath said.

Did you see or hear our ads? We'd love your comments! Please e-mail amcgrath@mhasp.org. LC

Book Donation Benefits Minority Women

To reach out to African-Caribbean, African-American, and Latina women, whose mental health needs have often been overlooked, MHASP is distributing

750 copies of *Saving Our Last Nerve: The Black Woman's Path to Mental Health*, by Marilyn Martin, M.D., M.P.H., and 750 copies of *Fuego y Hielo Entre Las Latinas*, by Rodrigo Muñoz,

M.D., and Marilyn Martin, M.D., M.P.H. “Both books address many of the unique mental health challenges these women can face in their busy and complex lives, in a culturally relevant way,” said Eric Ashton, MHASP’s child and adolescent public policy coordinator. “The books are well written, informative, uplifting, and, at times, funny.”

Because the books retail for \$16.95 each, MHASP approached the head of Hilton Publishing, Inc., about a donation. “Once I told him that we intended on making the books available to women of color for free, he was immediately supportive,” Ashton said. “It was his idea to ask Eli Lilly and Company for help.”

Lilly agreed to provide the books, including shipping, at no cost to MHASP. “This is a perfect example of a community-centered collaboration between a nonprofit human services organization and the pharmaceutical industry,” said Ashton.

For more information about the books or for a free copy, please contact Eric Ashton at 215-751-1800, ext. 203. LC

Donations Sought for ‘Loss’

The Reach Out Foundation of Bucks County is seeking donations for a project to help people grieve losses that can’t be buried in graves. “Our idea is to comfort people who have suffered different kinds of losses, and to give mental health professionals a tool for helping people grieve,” said Daniele Sadres, Reach Out’s coordinator of innovative initiatives.

When Reach Out, a consumer-run organization, proposed the idea to David Gordon of Roosevelt Memorial Park in Trevoise, Pa., “he very generously donated a plot and offered to help us create a special place in the cemetery where people would feel comfortable,” said Sadres.

Additional funds — which will likely go toward a bench, an engraved plaque, and possibly a small garden — are needed to complete the project. “We believe we can create a monument that will stand for generations with just \$2,500,” Sadres said.

Please make tax-deductible contributions payable to The Reach Out Foundation and mail them to Reach Out; Attn: The Loss Project; 229 Plaza Blvd., Suite 19; Morrisville, PA 19067. For more information, contact Daniele Sadres, 215-428-0404 or dsadres@comcast.net.

Sixth Annual Bell of Hope Award Dinner and Auction to Be Held May 25

Michael J. Covone, deputy director of the Philadelphia Office of Behavioral Health and Mental Retardation Services, will be honored by the Bell of Hope Award at MHASP's sixth annual award dinner, on Wednesday, May 25, 2005. For the first time, the event will be held in Center City Philadelphia, at the Wyndham Hotel Philadelphia at Franklin Plaza, 17th and Race streets.

"The move to Center City is an experiment," said Anne McGrath, MHASP's development director, who is organizing the event. "We've always had a great turnout on City Avenue, where the dinner has been held for the past five years; but we expect that this year, the honoree, Mike Covone, will draw more city workers and we hope that this location will be more convenient for them and for all of our attendees," she said. "Some people have expressed concerns about parking, but the Wyndham has a secure garage right at the hotel."

MHASP's choice of Mike Covone as the 2005 Bell of Hope Award recipient is a popular one. "Mike Covone is an extraordinary administrator," said Pennsylvania Secretary of Public Welfare Estelle B. Richman. "No good vision or idea is worth anything if it can't be implemented, and Mike knows how to get the job done." (See sidebar.)

Richman, who worked closely with Covone during her years in Philadelphia, including in her position as city Managing Director, noted that much has been said and written about Philadelphia's commu-

nity-based behavioral health system, which has won international acclaim and the 1999 Innovations in American Government Award, presented by the Ford Foundation and the John F. Kennedy School of Government at Harvard University. "A lot of people were crucial to creating that vision, but none of that would have meant anything without someone who could make it happen," she said. "That is Mike's unique strength."

Aside from the award ceremony and dinner, the evening includes a silent auction, which will have a couple of new twists this year. "The items will be displayed in the dining room, allowing bidders to keep an eye on the 'competition,'" McGrath said. "And guests will also be assigned numbers to use for bidding, rather than their names; this will prevent any problems in reading the winning bidder's name. We're certain that our emcee for the evening, [CBS 3 meteorologist] Kathy Orr, will be grateful!"

McGrath noted that the silent auction has become increasingly popular. "We have great sports memorabilia, exciting vacation house rentals, airline tickets, luxurious spa treatments, beautiful artwork, and much more. Silent auction items are coming in quickly; be sure to check our Web site for the updated list each week to plan your shopping list!"

The auction catalogue is posted on MHASP's Web site (www.mhasp.org). Tickets to the event may also be purchased on line. To place an ad in the program book or for any other Bell of Hope information, please call Anne McGrath at 215-751-1800, ext. 259. LC



Michael J. Covone: An Award-winning Administrator

Michael J. Covone is the deputy director of the Philadelphia Office of Behavioral Health and Mental Retardation Services (OBH/MRS). For six years before the groundbreaking creation of OBH/MRS in 2003, he headed the Philadelphia Office of Mental Health/Mental Retardation as deputy health commissioner. He also served as interim director of OBH/MRS for a year.

He began his career with the City of Philadelphia in 1977, and has been involved with mental health/mental retardation administration since 1984. Over the years, he has been instrumental in creating dramatic changes in the behavioral health/mental retardation systems. He was closely involved with the closing of Philadelphia State Hospital, developing capitation models as part of the City's Robert Wood Johnson initiative, and with the development and implementation of Community Behavioral Health (CBH), the city's model non-profit corporation addressing the mental health and substance abuse disorder needs of Medical Assistance [Medicaid] recipients in Philadelphia. This initiative received the 1999 Innovations in American Government Award.

Covone served as the City's Director of Mental Retardation Services from 1992 to 1994. He is a frequent presenter on mental health/mental retardation issues throughout Philadelphia as well as across the state. He serves on numerous boards and is a member of the County Administration Advisory Committee (CAAC). In 1998, he was awarded the County Commissioner Affiliate of the Year Award. He brings to the table his respect for providers, consumers and advocates; and his collaborative style has earned the community's respect in return.

New Head of Child, Family Division Brings Clinical and Systems Experience to the Table

Editor's Note: The following is based on an interview with Catherine Panzarella, Ph.D., who recently joined MHASP as director of the Division of Child, Adolescent and Family Services.



My experience with people who have mental illnesses has taught me a lot. During college in the early '80s, when I volunteered at St. Elizabeth's Hospital in the District of Columbia, I was struck by the fact that it was the patients who showed the volunteers around, while the staff sat behind a glass partition. As a project manager at the Human Services Research Institute (HSRI) in Cambridge, Mass., I was influenced by some of the consumers at the Ruby Rogers Drop-in Center, which was in the same building. Their thoughtful opinions on what mental health services should look like informed my work with HSRI, which involved consulting with public mental health

systems in Oklahoma, Texas, West Virginia, Maine, and Arizona to help them design community-based services. If we had not reached out to make sure client and family voices were included, the local departments of mental health

would never have met with consumers or their families.

After earning a doctorate at Temple, I directed a master's program in psychology and a 12-member research team at Hahnemann. I've also done a lot of direct clinical work, especially with children and families. That was where I really ran up against problems in getting people the help they need, getting educational placements that made sense, and dealing with custody issues and some astoundingly counter-therapeutic practices that occur in the guise of traditional therapeutic approaches. Through all of this, I was inspired by being on the front lines and also felt called upon to work on implementing broader changes that might help more people.

You keep coming around to the fact that the system is failing kids and families. I think a lot of the failures stem from not being able to get a continuum of care together. Even if you're lucky enough to have a great service available during a particular crisis, if the other pieces aren't in place it won't work in the long run.

Because it is on the front lines, MHASP is in a unique position to put some of these puzzle pieces together. Right before joining MHASP, I was working on systems issues at the Philadelphia Office of Behavioral Health, and I really wanted to come here because of how MHASP connects with what the people who are actually using the services want. That's the most important way to propel systems change.

At our recent retreat [see Page 7], the Division team brought its many strengths and wide-ranging experience to the table as we discussed our future goals and objectives. I am excited to participate in this extraordinary collaboration as we work together to improve the lives of children and their families. **LC**

Philadelphia Launches Landmark Effort...

many care settings, and the formation of a stakeholder coalition to offer guidance. Strategies for using telemedicine may be developed as part of in-home treatment.

Speaking at the event, Councilmember Reynolds-Brown said that it was Volkert, Gardiner, and Banks who sparked the new partnership by "enlightening me as to the lack of mental health services to one of the most vulnerable populations in the city."

MHASP board chair William J. Lipp noted the importance of advocacy among the services that MHASP provides, adding, "We're very excited that, through this project, older adults will be able to come to one source that will coordinate the services they need."

Robert Zimmerman, regional director of the U.S. Department of Human Services, said that, although older adults represent 13 percent of the population nationally, they account for 18 percent of the suicides. "A lot of these people are invisible," he said. According to SAMHSA statistics, between 18 percent and 25 percent of older adults experience mental illness serious enough to affect their ability to function. In addition, Philadelphia has the highest percentage of older adults of the 40 largest cities in the United States, according to 2000 U.S. Census Bureau statistics.

Pennsylvania Secretary of Aging Nora Dowd Eisenhower spoke of the need to develop relationships at the state and local levels in order to collaborate with

the new partnership. Tom Volkert, who emceed the event, noted the crucial role that Secretary of Public Welfare Estelle Richman and State Senator Vincent Hughes had played in the planning process. "Frankly, without their help we wouldn't have been able to get all of the partners around the table," Volkert said.

Funding for the pilot in the amount of \$1.2 million will be provided by PCA, OBH/MRS and the Medicare HMOs.

The new initiative will "help to improve the quality of life" of older adults with mental health disorders, said Arthur C. Evans, Ph.D., the recently appointed director of OBH/MRS. "It took all of us to bring this off," he said. "This is a model of how we have to work together." **LC**

...continued from page 1

Child, Family Division Makes Plans at Staff Retreat

At their February 4th retreat, staff of MHASP's Division of Child, Adolescent and Family Services brainstormed about how to best serve their constituents, who include children and adolescents as well as young adults between the ages of 18 and 24 who have behavioral health disorders, and parents and family members, some of whom also have such disorders.

"Since I came on board in November," said Division director Catherine Panzarella, Ph.D., "I have been thinking in terms of working on three levels: making sure our programs are effective and efficient and that our foundation is sound; developing the existing family advocacy programs; and developing advocacy and direct services for children and youth, including those between the ages of 18 and 24."

Panzarella is mindful of staff members' individual goals. "I want to make sure that the sense of mission that attracted staff to this work is reflected in how we develop our programming," she said. "For example, some of our staff are on fire about improving behavioral health services for kids with developmental disabilities; others are focused on the juvenile justice system."

New Ventures

The group also reviewed the strengths and relative weaknesses of the various Division programs and where they would like to be in three to five years. "For example, our family advocacy programs have all done amazing things, and all are moving into new ventures," Panzarella said. "But everyone agrees that there is a gap in providing youth advocacy services, and there was a lot of discussion about how to begin to fill that need."

The consensus was that the Division should build upon MHASP's strengths: peer support, recovery-based programming, and creating effective partnerships. Potential new programs include a peer support program for adolescents who have substance abuse issues and other behavioral health concerns, a youth mentoring program, and a transitional program to help youth who are moving from

juvenile justice placements into the community or between placements in the juvenile justice system. "There is also a screaming need for respite care for kids and families, especially between ages 6 and 12 in Philadelphia and at all ages in Delaware County," Panzarella noted. "We also need to work to advance evidence-based practices, especially for co-occurring disorders."

Programs' Strengths

Panzarella described the strengths of some of the Division's programs. "The Crisis Response Center (CRC) Family Advocacy Project connects with just about every family who enters a CRC in Philadelphia: about 400 families a month. They have a window on the system and where it's malfunctioning. They are now trying to get feedback from the families on what is really broken in the system."

The strength of the PEAK (Parent Empowerment for Advocacy through Knowledge) program, which runs groups in various communities around Philadelphia, is its outreach to underserved families, Panzarella said. "For example, they organized a group in the Cambodian community and translated all their materials into the Cambodian language," she recalled. "Although recruitment was more difficult because of the intense stigma that surrounds mental illnesses in the Cambodian community, folks really loved the group and wanted PEAK to come back." The program is working to develop more language-specific groups, including one in Spanish, as well as a group that will specialize in fathers' issues, she said.

The great strength of PIN (Parents Involved Network) lies in its peer support: all PIN staff members have raised children with behavioral health problems. Panzarella also marveled at PIN's name recognition: "People know to call PIN if they have trouble getting what they need for their kid and don't know what else to do." One of PIN's new initiatives is to increase services for families involved with the juvenile justice system, she said.

The TEC (Training, Education, and

Consultation) Family Center's great strength is its focus on enhancing families' coping skills, including for parents in recovery from mental illnesses. TEC will work with MHASP's Recovery Institute and the UPenn Collaborative on Community Education (of which MHASP is a partner) to enhance families' efforts to achieve recovery.

In describing the retreat, Panzarella noted that one overarching principle "came through loud and clear: that families and youth need to be involved in the design, evaluation, and governance of the programs that serve them." **LC**



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