

LINES OF COMMUNICATION

SPRING 2007

MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

1211 Chestnut Street, Philadelphia, PA 19107

www.mhasp.org

Philadelphia Police Launch Landmark CIT Pilot Project

On February 1, 2007, the Philadelphia Police Department graduated its first class of Crisis Intervention Team (CIT) officers, who have volunteered to participate in the Department's groundbreaking CIT pilot project. The project is adapted from a nationally acclaimed community policing program that has resulted in a significant decrease in injuries to officers and civilians.

The graduation culminates a long effort by the Mental Health Association of Southeastern Pennsylvania, City agencies and other advocates – most notably Project H.O.M.E, a non-profit provider of housing and other services to home-

less Philadelphians – to bring CIT to Philadelphia.

“When I came to Philadelphia more than 20 years ago, I quickly became aware of the potential for tragedy in encounters between police and people with mental illnesses because of an incident at that time,” said Joseph Rogers, who, as MHASP president and CEO, spearheaded the initiative to bring CIT to Philadelphia. “We are making a huge stride by instituting this evidence-based practice, which will not only benefit people with mental illnesses but also the police themselves.”

The CIT model – developed in 1988 by the Memphis, Tenn., Police Department

in partnership with mental health providers, educators and advocates – was created in the aftermath of a 1987 incident during which a Memphis police officer killed a young man who had mental illness. Studies have shown that the model, which has since been implemented in numerous U.S. cities and towns, has increased officer and civilian safety and led to greater efficiency in obtaining treatment for people with mental illnesses as well as a decrease in the number of people with mental illnesses who are put in jail, among other benefits.

Chief Inspector James Tiano presented the 18 officers with pins and certificates at the graduation, held at 990 Spring Garden Street, a Police Department facility. The inspector congratulated the officers on being in the vanguard of the new initiative.

The volunteer officers, vetted for good judgment and maturity, are the first in

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The Philadelphia Police Department's CIT graduates pose for a group photograph.

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MHASP Takes WRAP to Japan

Before Jeanie Whitecraft traveled to Japan to teach an introduction to the Wellness Recovery Action Plan (WRAP), she had been advised that she might have to tailor her presentation to accommodate the natural reserve of the Japanese people. Instead, Whitecraft said, she found that “people were very enthusiastic and very much wanting to participate.”

Whitecraft had been invited by her Japanese hosts to be part of a delegation to their country that was led by Horizon House, Inc. – a large Philadelphia provider of psychosocial rehabilitation, employment and other services for people with behavioral health needs – and also included representatives from a Vermont employment program for people with mental illnesses. The trip, in October 2006, was part of a two-year information exchange grant from the Center for Global Partnership of The Japan Foundation.

The Mental Health Association of Southeastern Pennsylvania’s National Technical Assistance Division, which Whitecraft directs, actively promotes WRAP, a “self-management recovery system” that helps people learn to reduce or eliminate symptoms and keep themselves well. (WRAP was created by Mary Ellen Copeland of the Copeland Center for Wellness and Recovery.)

The Japanese understand the idea of wellness, Whitecraft said. “A lot of people already do what we say we should do. For example, in Japan, taking a nice hot bath as a wellness tool is part of the culture.”

The Americans, who traveled with interpreters, spent five days in Ichikawa



Jeanie Whitecraft (right background, facing camera) fields a question from a training participant.


(on the outskirts of Tokyo) and three days in Kyoto. They visited clubhouses and sheltered workshops, and spoke at a symposium attended by approximately 200 people.

The Japanese – mostly consumers along with some providers and some psychiatrists – “were very excited about this new knowledge and self-help tool,” Whitecraft said. “Their questions were about the universal challenges faced by all people with mental illnesses: stigma, how to deal with getting a job, how to get back to school, how to become more independent, how not to be so consumed by your illness.”

At this writing, in March 2007, Whitecraft has returned to Japan to teach WRAP facilitator training (with Stephen Pocklington of the Copeland Center) on Kurume, a small island south of the main island of Japan. Afterwards, she will return to Ichikawa for a symposium at which she is the sole speaker. She will also visit with the people she

trained in October at For Us, a clubhouse. “They want to share with me their progress in how WRAP has been working for them,” Whitecraft said. In a March 1st e-mail, Fumie Hisanaga – a research fellow at the National Centre of Neurology and Psychiatry – wrote, “Our group in Ichikawa is saying that WRAP is a common language in despite of differences in cultural background and language barriers.”

“That’s what peer support is about,” Whitecraft said. “Despite the language barrier, it was possible to make connections with people on a very profound level.”

Whitecraft cited a recent letter from one of the training participants, who wrote that, previously, she had been having “ill thoughts about myself, which has been hurting me.” But, she continued, “It was when I encountered WRAP that tells me to do something I feel good about, that it is ok to aggressively pursue my happiness, to get my self-esteem back. With those messages, scales fell off from my eyes. . . . Now, WRAP work/process itself makes me feel good.” She signed the letter with “Hope.”  – Susan Rogers

‘Despite the language barrier, it was possible to make connections with people on a very profound level.’

Congressional Forum Highlights Need for Insurance Parity

BY SUSAN ROGERS

For four years in the mid-1990s, Debbie Plotnick and her husband went through hell with their then-teenage daughter – including accompanying her on terrifying ambulance rides to sew up her slit wrists and pump her stomach.

Except for small deductibles, their insurance covered the ambulance, emergency room visits, and stays in intensive care units “for the times we weren’t sure that she’d make it,” Plotnick told a rapt audience at a February 27th forum on the need for parity in insurance coverage of mental and physical illnesses.

But the Plotnicks’ “so-called excellent health insurance” was woefully inadequate in covering psychiatric care. “Getting Ashley the life-saving treatment she needed brought my family to the verge of bankruptcy,” Plotnick said. “Even with considerable assets, and even when financial ruin has been avoided, the grave problems caused by the inequity in our insurance coverage will afflict many families for decades to come.”

Plotnick, a Mental Health Association of Southeastern Pennsylvania staff member, was one of about a dozen witnesses who testified at the forum, at the Media campus of Elwyn, a large psychosocial rehabilitation services provider.

The forum was organized by MHASP, hosted by Congressman Joe Sestak (who represents Delaware County) and Elwyn, and chaired by Congressman Patrick Kennedy of Rhode Island. It was part of the nationwide Campaign to Insure Mental Health and Addiction Equity – launched by Congressmen Kennedy and Jim Ramstad of Minnesota – which is hosting such forums in cities around the United States to hear testimony from ordinary U.S. citizens whose lives have been touched by mental illness and addiction.

Kennedy and Ramstad are authors of the Paul Wellstone Mental Health and Addiction Equity Act – bipartisan legislation to close the loopholes that allow insurance plans to charge higher co-pay-


ments, coinsurance and deductibles, and impose maximum out-of-pocket limits and lower day and visit limits on mental health and addiction care. “This is not just a luxury or a matter of convenience but a life-threatening issue,” said Joseph A. Rogers, MHASP president for policy and advocacy, who was among the witnesses.

Theresa Landis of MHASP’s Parents Involved Network/Chester County spoke about needing to seek help from the public behavioral health system for her 10-year-old son because her private insurance had inadequate mental health coverage. Estelle B. Richman, Pennsylvania’s secretary of public welfare, whose testimony focused on children, noted that the lack of insurance parity “has the undesirable consequence of shifting the cost of health care from private insurers to the taxpayers.” Echoing this theme, Dr. Arthur Evans – director of the Philadelphia Department of Behavioral Health and Mental Retardation Services and acting commissioner of the Philadelphia Department of Health and Human Services – recalled something his mechanic told him when Evans was considering putting off a car repair: “You can pay me now or you can pay me later – at a much greater cost.”

The witnesses also included Dr. Kimberly Best, president-elect of the

Pennsylvania Psychiatric Society; Carol Caruso, executive director, NAMI-Pennsylvania/Montgomery County; Alan J. Hartl of the Pennsylvania Community Providers Association; Allen McQuarrie of PRO-ACT; Ivy Silver of A Chance to Heal Foundation; and Dr. Sandra Cornelius, president of Elwyn.

“We know that one in five Americans will suffer from mental illness this year,” Cornelius said. “We also know that mental illnesses are treatable. Yet only one third of those facing mental illnesses will receive treatment. . . . The main reason is associated with stigma and mental health benefits. We hope that this legislation will begin to help end discrimination against people with mental illness and substance abuse issues.”

“This is an issue of civil rights at its core,” said Congressman Kennedy. “We know better. That’s why we have to work to pass parity.” Stressing the need for advocacy and alluding to his own history of mental illness and addiction, Kennedy added, “We’re the biggest disability group out there [but] we’re going to get rolled unless we stand up for ourselves.” 

(Editor’s Note: Having gotten the care she needed, Debbie Plotnick’s daughter, now 25, has a college degree, will soon graduate from nursing school and, with her husband, recently bought a house.)

Changes at MHASP

Joseph A. Rogers, until recently president and chief executive officer of the Mental Health Association of Southeastern Pennsylvania, has assumed new responsibilities; as president for policy and advocacy, he will now focus on behavioral health advocacy and policy in the local, statewide and national arenas. He will also remain executive director of the National Mental Health Consumers’ Self-Help Clearinghouse, MHASP’s national technical assistance center, funded by the Substance Abuse and Mental Health Services Administration. Rosemary O’Rourke, who had been serving as MHASP vice president/treasurer (see *Lines of Communication, Fall 2006*), has assumed the position of interim executive director in charge of daily operations and business affairs. Both Rogers and O’Rourke will report directly to the board of directors. Jack Boyle, senior vice president and chief operating officer, has left MHASP to pursue new opportunities.

Consumer Centers Offer More than the Comforts of Home

BY SUSAN ROGERS

At the Bryn Mawr Consumer Center, Gracie Siemsen, a gorgeous blonde with soulful brown eyes, makes everyone feel right at home.

Gracie, a two-year-old golden retriever, is a certified therapy dog. “People come in and the first question they ask is, ‘Is Gracie here?’” said Beth Laws, who has been coming to the center since 2002. “She’s enthusiastic and friendly – and if you’re feeling sad or lonely or depressed, that’s the time that she will seek you out.”

When Gracie isn’t seeking people out in Bryn Mawr, she lives with J.D. Siemsen, the program manager of the center, one of 10 consumer drop-in centers – two in Delaware County, five in Montgomery County, and three in Philadelphia – operated by the Mental Health Association of Southeastern Pennsylvania. MHASP also operates a peer resource center, in Lansdale. (Peer resource centers place more emphasis on education and employment than do drop-in centers.)

Gracie is not all that the Bryn Mawr center has to offer, said Siemsen. For example, there is also training in the Wellness Recovery Action Plan (WRAP), a “self-management recovery system” (see story on Page 2). “We try to thread the theme of recovery through all our activities,” Siemsen said.

All the centers – which serve an average of 225 consumers (in total) on any given day – offer WRAP training. All also provide what Ernest Hemingway famously called “a clean, well-lighted place”: a safe haven and a respite from

loneliness. They are open during what may be a consumer’s most difficult times – evenings, weekends and holidays – when professionally run services are usually closed. Requiring no appointments and operating on a much smaller budget than traditional mental health services yet charging no fees, they provide a warm and supportive environment where people – never called patients – may find a cup of coffee, a friend, a new career, and a chance to improve the world, and one’s life.

Studies have shown that participation in such peer support services helps relieve psychiatric symptoms, leads to larger social support networks, boosts self-esteem, enhances skills, and decreases hospitalizations.

“We see a lot of small progress in people, but big progress definitely happens,” said Lavonia Waddington, who, until recently, directed the MHASP division under which the centers operated; it has since been split into two divisions. “I remember one person who would come to the [North Philadelphia] center all the time,” Waddington said. “He was homeless, he had mental health issues, and he just came for a place to hang out. Then he started volunteering.” Before long, he was taking showers, dressing better, seeking medical care, and connecting with a job program. “Now he has a place to live, and is working at a restaurant. I think that kind of thing happens fairly frequently.”

Take Kim Flanagan, who has been going to Delaware County Project SHARE, in Darby, for more than a year, “since I knew it was there,” she said. The Darby center “has been a great resource

for support: emotionally, mentally and physically,” said Flanagan, whose background includes major depression, addiction, homelessness and incarceration. “By coming here, I was introduced to a group of people who knew more about my situation and where I came from than I did myself,” she said. “Being homeless, it meant a lot to me to have a place to go where I could do my laundry, take a shower, eat a hot meal, cool off in the summer and warm up in the winter.” The center also helped her get a résumé together and look for jobs, she said.

After a short while, Flanagan began to volunteer, answering phones and helping facilitate groups. She also took MHASP’s certified peer specialist training and got a job at Elwyn (see story on page 3). Last year, she received an award from Montgomery County for advocacy on behalf of homeless people. (Editor’s note: For more information on MHASP’s certified peer specialist program, see <http://www.mhrecovery.org/services/peer.php>.)

Not all of the centers offer showers and laundry facilities, but all focus on recovery – the idea that people with mental illnesses can and do get better.

“We made a recovery quilt,” said Watonah Epps, who heads the Lansdale peer resource center. “Each of our members made a square and talked about what recovery means to them.” The peer resource center focuses on “integrating the members into the community,” Epps said. “We’re on the computer a lot, and a lot of the members joined the Y. We do groups, such as conflict resolution, medication management, anger management, and spirituality,” based on what the consumers request.

In fact, all the centers offer a variety of activities, often based on the consumers’ wishes. “That’s what we’re here for,” said Epps. Some centers run Double Trouble groups, for people with both mental illness and substance abuse. At Montgomery County Project SHARE

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MHASP Welcomes New Board Members

Denise Maida, Psy.D. – an adjunct professor and graduate admissions counselor in the Department of Graduate Psychology at LaSalle University and a three-year Mental Health Association of Southeastern Pennsylvania board veteran – is the new chair of the MHASP board of directors.

Besides Dr. Maida, the MHASP officers are Barbara F. Daniel, D. Min., assistant director of academic affairs, Penn State University (vice chair); Steven Glueck, CPA, Goldenberg Rosenthal, LLP (treasurer); and Melissa Angeline, Esq., Stradley Ronon Stevens & Young, LLP (secretary).

Besides Ms. Angeline, the new board members are Susanna Chyu, D.O.; Dennis Fisher, behavioral health training specialist, Philadelphia Behavioral Health Training and Education Network (who previously served on the board for 12 years, including as board chair); Kevin Lenny, behavioral health clinical evaluator, ADAPT; Thane Martin, CEO, The Financial Consulting Firm, Inc.; and Pioquinto “Skip” Voluntad, Asian Pacific Management Consultants. – SR

8th Annual Bell of Hope Award Dinner

The Mental Health Association of Southeastern Pennsylvania’s 8th annual Award Dinner will be held on May 15, 2007, from 6 p.m. to 9 p.m., at the Sheraton Society Hill, 2nd and Walnut streets in Philadelphia.

MHASP will present the 2007 Bell of Hope Award to Michael Vergare, M.D., chair of the Department of Psychiatry, Albert Einstein Medical Center, and professor and chair of the Department of Psychiatry and Human Behavior, Jefferson Medical College of Thomas Jefferson University. The award recognizes an individual, organization, foundation or corporation for significant contributions benefiting those facing the challenge of mental illness, and salutes those who bring hope to the struggle through their words, resources, products, research, or advocacy efforts.

For more information, contact Nancy Salazar at 215-751-1800, ext. 228, or nsalazar@mhasp.org.

Consumer Centers ...

(Self-Help, Advocacy and Resource Exchange), in Norristown, people can take classes in yoga and relaxation techniques. A New Life Consumer Center frequently hosts holiday celebrations. “We celebrate Hanukkah, Christmas, Kwanzaa, St. Paddy’s Day or whatever,” said center program manager Jacqui Williams. Birthdays are another festive occasion. “One consumer, who was about 50 years old, said it was the first time he ever had his name on a cake,” someone recalled.

The centers help people who have not graduated from high school study for a General Equivalency Diploma (GED). They also get involved in advocacy to improve the behavioral health system as well as helping people learn to advocate for themselves. “Fran Hazam [of the MHASP Advocacy Division] comes and works with people on going to Harrisburg to advocate,” said Epps. And the centers help people get jobs. “We have linked to Career Link,” an online employment service, “and have appointments with the Office of Vocational Rehabilitation to come to the center,” she said.

Although employment is a particular focus of the Lansdale center, the other centers also have opportunities for con-

sumers to gain employment skills. “At A New Life, we have ‘Life Skills’ and ‘Job Readiness,’” Williams said. “‘Life skills’ includes adult basic education, training before you go for your GED.” A New Life also has a computer lab, courtesy of some donated computers. “We have consumers attending the center who are computer wizards,” she said.

The Pottstown Consumer Center is working with churches and other organizations to address homelessness in the area. “One of the main things drop-in centers stand for is to have the community be glad that we’re there and allow us to give, and they give back in return,” said Williams, who also heads the statewide Drop-in Center Coalition. “We want people to understand that the whole world belongs to them and not just a little corner in West Philadelphia.”

The centers also offer the services of a mobile nurse specialist, who treats minor health care needs on site and makes referrals for more acute and chronic medical conditions. If necessary, she may also accompany people to medical appointments.

More frivolous needs are also addressed. The Do Drop In, in North Philadelphia, hosts a Pamper Day, when women come to paint their nails, do skin

care, put on makeup and perfume, “little things like that,” said the center’s program manager, Marlo Johnson. The event helps the center attract women, as does a weekly women’s group, where personal matters such as safe sex are discussed.

At the drop-in center on the grounds of Norristown State Hospital, which is attended by people residing in the hospital, there is a monthly dance with a DJ. Sometimes the dances attract as many as 200 people, said Gwen Young-El, the center program manager. “The women put on makeup and dress up a little,” she said. “The biggest thing is that it builds self-esteem and allows people to feel important.”

Young-El has been in and out of the hospital “many a time,” she said. For the people who come to the Norristown center, “I’m a role model. They see me struggling and they know I don’t give up. I’m like a ray of hope.”

Hope is a critical factor in why the centers are so important. Said Richard Ellis, a consumer who has been attending the Bryn Mawr center for nearly a year: “One thing I lost and am regaining is my sense of hope.”

The drop-in centers are listed at <http://www.mhasp.org/services/cc.html> 

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Philadelphia to receive the intensive, four-day training in techniques to help them defuse crisis situations involving people with mental illnesses; classes are also scheduled in March and May, with other dates planned. The goal is to train between 20 percent and 25 percent of uniform patrol officers in the East Division, one of the six Police Department divisions. (When not responding to crisis calls, the officers will answer routine patrol calls.) If the pilot is successful, the Police Department will implement CIT city-wide.

In preparation for the pilot project, all of the Police Department's dispatchers and call-takers have received training in assigning appropriate crisis calls to the CIT officers.

Philadelphia's CIT pilot project has been developed in an historic collaboration among the Philadelphia Police Department, the Philadelphia Department of Behavioral Health and Mental Retardation Services, MHASP, the Family Training and Advocacy Center for Mental Illness, the University of Pennsylvania, the Police Advisory

Commission, and Project H.O.M.E., along with other government agencies and non-government organizations. One day of the training took place at Temple/Episcopal Hospital, the local crisis response center that is a partner in the project.

Arthur C. Evans, Ph.D., director of Philadelphia's Department of Behavioral Health and Mental Retardation Services, spoke at the graduation, as did Lt. Fran Healy, Esq., a special adviser to the police commissioner, who has played a key role in guiding the project. Leon King, commissioner of the Philadelphia Prison System, called the graduates "a pioneering group" and congratulated them on helping to divert people with mental illnesses before they end up on the prison system's mental health caseload, which numbers some 1,600 of the 8,900 inmates. Among other distinguished guests was Sister Mary Scullion, executive director and co-founder of Project H.O.M.E.

The pilot is funded in part by a grant from the Bureau of Justice Assistance of the U.S. Department of Justice. 

— Susan Rogers

200 Attend Recovery Conference

Two hundred people gathered on November 8-9, 2006, in the state capital for "Recovering Pennsylvania 2006," an interactive conference about recovery, peer specialist and mutual support practices, and systems change.

Keynote speakers included Joan Erney, Pennsylvania's deputy secretary for mental health and substance abuse services; James Gavin, who heads Community Care, a behavioral health management company designed primarily to serve the needs of public sector consumers in Pennsylvania; and Dr. Larry Davidson, director, Yale University Program for Recovery and Community Health.

"In the past . . . we have conveyed a message of hopelessness to our clients and segregated people in artificial settings, expecting them to be cured before rejoining community life," Davidson and colleagues wrote in the October 2006 issue of *Psychiatric Services*. While a cure for mental illness should still be sought, they continued, "in the meantime our patients need to live their lives in the face of the illness."

Speakers also included Dr. Donna McNelis of the Drexel University College of Medicine; and Shelley Bishop, executive assistant for consumer and family issues at the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS). Betsy Kidwell of the Mental Health Association of Southeastern Pennsylvania's Institute for Recovery & Community Integration (*see box at left*) led a panel discussion about the role of certified peer specialists, and regional workgroups began to outline an agenda for systems change.

"I learned so much and understood so much more than ever before," said Kate Bender, a certified peer specialist at Stairways Behavioral Health in Erie, Pa.

Recovering Pennsylvania 2006, held at the Harrisburg Hilton and Towers, was sponsored by MHASP's Institute for Recovery & Community Integration and by OMHSAS. — SR

MHASP Staffers Honored

Jim McCormack, Ph.D., and Betsy Kidwell have received the 2006 Best Practices Award of the Mental Health Association of Southeastern Pennsylvania. The award was initiated five years ago to recognize the skills, abilities, and dedication of the countless MHASP staff members who promote the recovery and community integration of individuals with mental illnesses.

Dr. McCormack heads MHASP's Community Support Program technical assistance initiative and is a faculty member of its Institute for Recovery & Community Integration. "Jim has helped many of us . . . feel as if we are valuable 'movers and shakers' for systems change and our voices need to be heard," according to a nominating letter.

Betsy Kidwell is the Institute's systems transformation grant coordinator. Another nominator wrote, "Betsy has been a model for how to deliver our certified peer specialist program to her peers and instrumental in its development and implementation across the state."

Mark Salzer, Ph.D., who heads the UPenn Collaborative on Community Integration — in which MHASP is a partner along with Horizon House, Inc. — presented the award at MHASP's annual board luncheon last October. The previous award winners are Jeanie Whitecraft, Alex Morisey, Kathie Mitchell, and Victor Witherspoon. — SR

Schools' Role in Children's Mental Health Examined

After a history of denying the problem, schools are beginning to focus on evidence-based methods of helping children and families who have experienced trauma – particularly in districts where high concentrations of children and families are exposed to trauma, said Dr. Jane Knitzer, director of the National

Center for Children in Poverty (NCCP) at Columbia University. Such trauma can have a significant impact on children's mental health if it is ignored, she noted. She also spoke about the increasing number of preschoolers getting kicked out of Head Start and other early childhood programs because of aggressive or otherwise inappropriate behavior, sometimes linked to family trauma. This should raise a red flag indicating the need for a community response starting in the early childhood years, she said.

Knitzer made these remarks during her keynote speech at the first regional conference on "Using Schools to Transform Children's Mental Health," held October 17, 2006, at West Chester University.

"Unaddressed trauma, especially exposure to violence, can have a profoundly negative impact on learning," she said, adding that it is critical to address children's mental health challenges early on by partnering with the early childhood educational community, daycare and preschool programs. She pointed to early intervention initiatives as having reduced expulsion from child care programs from 14 percent to 8 percent. She also stressed the importance of helping school personnel address signs of trauma in students.


The goal of the conference was to bring together parents/caregivers, young adults, school personnel and behavioral health professionals to share information about best practices for school mental health and to brainstorm

ways to improve services. The Mental Health Association of Southeastern Pennsylvania co-sponsored the event with West Chester University of Pennsylvania in collaboration with the Chester County Department of Mental Health and Mental Retardation.

The conference drew approximately 150 participants from around the five Southeastern Pennsylvania counties. "We're thrilled to be able to provide a forum to consider different perspectives, learn from each other, and develop strategies to better provide for students and families," said Dr. Darla Spence Coffey, a professor of social work at West Chester University.

Speakers included Dr. Ron Farkas, assistant director of student services at the Chester County Intermediate Unit, who presented a report on school-based mental health in Chester County; and Gina Buckman, CASSP (Child and Adolescent Service System Program) coordinator of the Chester County Department of Mental Health and Mental Retardation. A parent and a young adult also spoke.

Dr. Jane Knitzer, a nationally known researcher and advocate, is the author of "Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services."

"Challenges and Opportunities in Children's Mental Health, A View from Families and Youth," published by National Center for Children in Poverty, is available at http://www.nccp.org/media/ucr06a_sum.pdf. 

– Susan Rogers



Dr. Jane Knitzer



is a publication of the Mental Health Association of Southeastern Pennsylvania (MHASP), a nonprofit, membership-based organization that develops, supports and promotes innovative behavioral health education, advocacy and service programs. MHASP serves adults and children with behavioral health issues, and their families.

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The Association is supported by United Way contributions (MHASP's United Way donor number is 00082), government and foundation grants, membership fees and individual donations. Direct inquiries to:

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