



National Alliance on Mental Illness

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

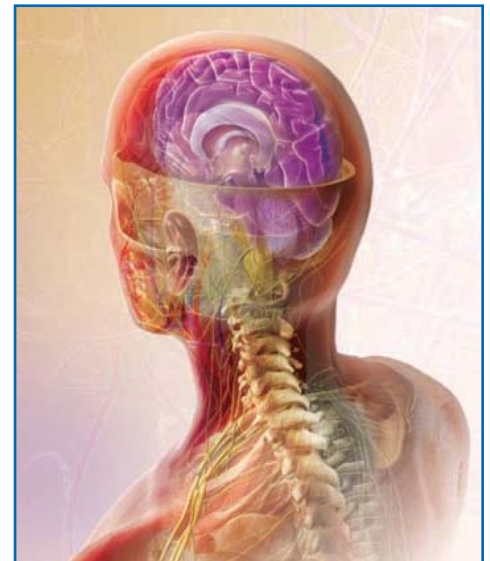
Volume 17, Issue 1 September 2011

Holistic Care

Integrating the Physical and Behavioral Health Systems to Improve Recovery Efforts

Mental illness rarely occurs in isolation. It is often accompanied by a variety of episodic illnesses, in addition to chronic physical conditions like obesity, diabetes, hypertension and cardiovascular disease. For those with a serious mental illness, lifestyle risk factors—poor eating habits, lack of exercise, inadequate dental care, smoking, difficulty scheduling and keeping doctor’s appointments, and medication compliance—also pose a

significant challenge. Health care providers who recognize that those with serious mental illness are too often suffering from and dying from preventable medical conditions are now searching for innovative methods to bridge the physical, policy and cultural gaps that still separate primary and behavioral health care. By integrating these services, consumers will receive better, more comprehensive care, leading to increased longevity and improved quality of life.



problems and have difficulty maintaining good lifestyle habits. To have a team of health care providers from different disciplines consulting about a person’s needs and determining a comprehensive plan to improve that person’s health and life is how health care should be delivered.”

The gulf between psychiatry and other medical specialties stems from the divergent training backgrounds these professionals receive. Differences also exist in models of care; medical care is often episodic, while behavioral health care needs tend to be long term in nature. The very structure of America’s health care system for many

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“On its surface, integrated care is a simple concept,” explains John Lovelace, President of UPMC for You and Vice President of Medicaid Services for UPMC Health Plan. “Health care providers need to look at each patient as a whole person, not as just a diseased kidney or a weakened heart or a brain disorder. Treating a patient’s illness or disease is important, but physicians should provide that care in the context of how it can help the person live his or her life in the best way possible.”

“This kind of collaboration makes so much sense,” affirms Robert Adamson, Director of Behavioral Health Services for Mercy Behavioral Health (MBH). “Often, people with serious mental illness are also trying to manage complicated physical



From the Desk of the Executive Director...

Throughout our work—whether it is the NAMI Walk, the NAMI Convention or our public policy breakfast—there are overlapping themes that create connectivity to all aspects of our activities. Currently, as we monitor health care reform and various Substance Abuse and Mental Health Services Administration (SAMSHA) initiatives, physical and behavioral health integration is a constant reoccurring theme. Our feature article examines this integration, and we hear from two leaders of two different initiatives. We learn from John Lovelace, President of UPMC for You and Vice President of Medicaid Services for UPMC Health Plan about the Connected Care program. Robert Adamson, Director of Behavioral Health Services for Mercy Behavioral Health (MBH) discusses MBH Bridges to Health and Wellness, a program that will provide a "person centered Health Home" that will integrate primary care and behavioral health care. Both behavioral health care leaders emphasize a holistic approach and overall quality of life concerns.

Also in this edition, read Debbie Ference's article "A New Way Of Thinking About Mental Illness" in which she highlights Dr. Insel from the National Institute of Mental Health (NIMH) presentation from the 2011 NAMI Convention in Chicago. Consider Dr. Insel's suggestion that mental disorders are developmental disorders. Could early, aggressive intervention result in effective prevention of long term disability? Not surprisingly, some suggested early interventions include wellness management and medical management in partnership with primary care.

With a focus on recovery, physical health and behavioral health integration and wellness management translate as synonymous concepts. Pat Valentine, Executive Deputy Director for Integrated Program Services for Allegheny County Department of Human Services, expands the scope of integration beyond physical and behavioral health to all life domains and the connectedness of one domain to another. Holistic, coordinated, integrated service delivery, in which the responsibility for coordination is innate and not imposed on the individual, is the goal.

And now, to connect the newsletter articles together: our 2011 NAMI Walk! Our biggest public awareness event provides an amazing illustration of physical and behavioral health integration. The NAMI Walk communicates the concept of wellness, the importance of exercise, the positive nature of social wellness and the celebration of recovery with friends, family and colleagues.

Be an example of wellness management and physical health/behavioral health integration—join us for the NAMI Walk on Oct. 2. I look forward to seeing you there!

Sincerely,

Christine Michaels, MSHSA
Executive Director, NAMI Southwestern Pennsylvania

NAMI Southwestern Pennsylvania MISSION STATEMENT

NAMI Southwestern Pennsylvania is dedicated to improving the lives of individuals and families affected by mental illness through recovery focused support, education and advocacy.

News Around the Region

Updates on Legislation and Policy Impacting the Mental Health Community

Sharon A. Miller, Director of Education and Community Relations, NAMI Southwestern Pennsylvania



FY 2011/12 State Budget Update

The 2011-12 budget passed by the General Assembly and signed into law by Gov. Corbett included a "presumption of savings" of \$400 million within the Department of Public Welfare's (DPW) budget through identifying and eliminating "fraud, waste and abuse."

The amended Public Welfare Code bill (Act 22 of 2011) adopted with the budget now gives DPW Secretary Gary Alexander expanded authority with regards to DPW regulatory issues for one year (allowing for Alexander to bypass General Assembly approval/oversight) in order to achieve these cost savings. Throughout July until mid August, many reliable sources speculated that these needed savings would be achieved by possibly including "post budget funding cuts" to the counties' mental health base dollars.

On Aug. 10, Office of Mental Health and Substance Abuse Services (OMHSAS) Acting Deputy Secretary Sherry Snyder held a budget update and announced that there are no direct post-budget cuts to county mental health program funding. Snyder announced that the fiscal year (FY) 2012 allocations scheduled to be sent to county mental health offices prior to August's end will be based on the budget adopted by the General Assembly.

Much thanks to each of you who have contacted legislators and the administration to convey your concerns regarding the potential devastation further cuts would mean to our mental health community.

However, while no direct cuts to county appropriations have been announced, it is certain further cost savings measures in DPW programs across the board can be expected.

Cost Containment Initiatives in DPW Budget

As in Gov. Corbett's budget proposal, the enacted budget has HealthChoices Behavioral Health Programs remaining intact but includes the following cost containment initiatives:

- 4 percent cap on HealthChoices reinvestment dollars, which will be implemented across the board and result in savings of \$11 million in state dollars
- Redefining Therapeutic Support Services initiative which will result in state dollar savings of \$5 million
- Reduced utilization of Residential Treatment Facilities (RTFs) for children and youth resulting in state savings of \$5 million

- Revisions to provider performance incentives

Through the enactment of Act 22 of 2011 authority was given to DPW to charge co-pays including:

- Co-payments for services to children under 18 with disabilities who receive medical assistance. The co-payments would apply to children whose family income is above 200 percent of the federal poverty level.
- Co-payment of \$2 (each way) on Medical Assistance transportation program use

Beginning in January, Medical Assistance Pharmacy benefit will impose a medication limit of six medications per covered individual plus a limit of one drug per category. Certain medications will be exempt; however the details remain unknown at print time. Doctors will have to file exceptions to prescribe more than one drug per category.

Call to Action

As OMHSAS recommends what further program changes ought to be considered and develops policy regarding co-payment details and exemptions for medication limits, it will be crucial that NAMI Southwestern Pennsylvania and our advocacy coalition partners have input.

It is clear that Ms. Snyder values recovery oriented community treatment and supports. We trust Secretary Alexander does as well. NAMI welcomes the opportunity to continue our collaborative efforts towards maintaining these essential services in our current difficult economic climate.

Key Messages for Advocates

Having a consistent, memorable message is crucial to a successful advocacy effort. Use these messages as often as possible. Add your personal story or example that illustrates a key point.

- The costs of further cuts to Pa.'s mental health care system will be devastating to individuals, families and our communities.
- We must preserve Pa.'s public mental health system.
- The costs of untreated mental illness only gets shifted elsewhere—to emergency departments, schools, police, courts and overcrowded prisons. 🌐

NAMI Breakfast Event takes on Challenges in Mental Health Systems

Significant changes are needed for a more effective mental health system, but this comes during a time of great uncertainty. To address this issue, NAMI Southwestern Pennsylvania hosted a breakfast event on Friday, July 22 entitled *Current Challenges and Future Opportunities: A Breakfast Discussion on our Public Mental Health System*.

Leaders in the mental health field and government officials convened at Pittsburgh's Sheraton Station Square. A panel of regional, state and national experts discussed challenges and opportunities facing Pa.'s publicly funded mental health system as Congress and state governments look to transform Medicaid and plan for the implementation of healthcare reform.

Moderated by NAMI Southwestern Pennsylvania's Executive Director Christine Michaels, an impassioned discussion ensued that Board Member Dick Jevon called "an eye opener" and others cited as one of the best presentations on the topic they had seen.



Kathy Yarzebinski,
Director of Behavioral Health,
Family Services of
Western PA

Our esteemed panelists each brought a different perspective to this complex issue. They discussed healthcare reform from the following perspectives:

- *National/Federal Perspective:* Ron Honberg, JD, National Director of Policy and Legal Affairs, NAMI National, Arlington Va.

- *State/Pa. Perspective:* Valerie J. Vicari, Director, Division of Western Operations, Office of Mental Health & Substance Abuse Services (OMHSAS), PA Department of Public Welfare



Ron Honberg, JD,
National Director of Policy and Legal Affairs, NAMI National

- *Local/County Perspective:* Patricia Valentine, Executive Deputy Director for Integrated Program Services, Allegheny County Department of Human Services

- *Consumer Perspective:* Lynn Keltz, Executive Director, Pennsylvania Mental Health Consumer's Association, Harrisburg, Pa.

- *Provider Perspective:* Kathy Yarzebinski, Director of Behavioral Health, Family Services of Western PA

- *Insurer Perspective:* Joan Erney, JD, (former Deputy Director, OMHSAS) Chief Business Development Officer, Community Care Behavioral Health Organization.



Lynn Keltz, Executive Director,
Pennsylvania Mental Health
Consumer's Association

We are grateful to our event sponsor Janssen, represented by its Health care Policy and Advocacy Director Chris Herbine. Special thanks to the esteemed panelists who presented an informative, thought-provoking and inspirational discussion. ☺

Its that time again...United Way Pledge time!

Through the *United Way Contributor Choice* program you can direct your gift to a non-profit organization of your choice.

Use agency code **885586** to designate your gift to
NAMI Southwestern Pennsylvania

Highlight of the NAMI National Convention:

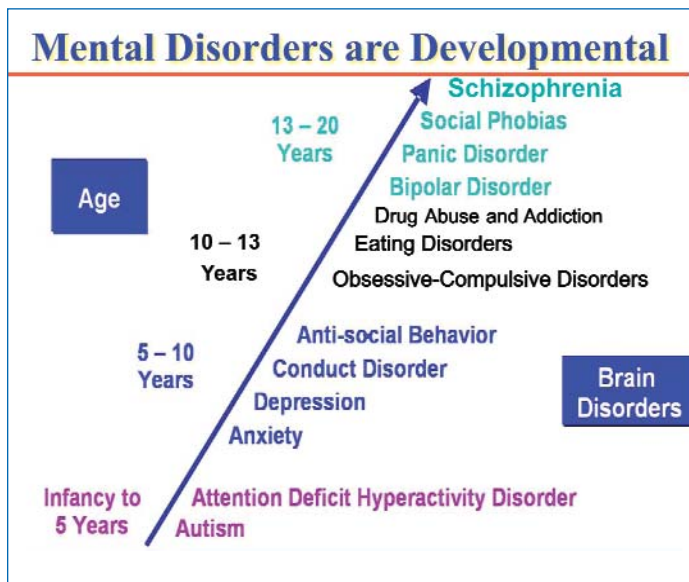
A New Way of Thinking About Mental Illness

At the annual NAMI Convention this summer held in Chicago, Thomas R. Insel, MD, Director of the National Institute of Mental Health, presented a very interesting and thought provoking presentation titled, *Rethinking Mental Illness: Research for Recovery*.

Dr. Insel began his presentation by discussing the impact of research on mental illness. He provided statistics that supported a decrease in mortality for both heart disease and cancer as a result of new and effective treatment and prevention strategies. Unfortunately, this is not the case for mental illness. Diagnosis of a mental health disorder is determined by observation, often made years after symptoms first appear. Prevention is not well developed for most disorders, and the treatment of mental illnesses is primarily made by trial and error. In contrast to heart disease and cancer, the prevalence and mortality of mental illnesses has not decreased. Insel cited a Center for Disease Control and Prevention (CDC) report from 2007 that stated there are over 34,000 suicides per year in the United States, and 90 percent are related to mental illness.

Dr. Insel presented a new way of thinking about mental illness. He suggested that mental disorders are developmental disorders that result from genetic risk plus experiential factors. This is characterized in the following slide from the presentation:

Rethinking Mental Illness: Research for Recovery,
Thomas Insel, MD, July 6, 2011



Insel used an example of the developmental pathway for schizophrenia:

- 12 years of age or younger: Stage I – Risk
- 12-18 years: Stage II: Prodrome (early symptoms)
- 18-24 years: Stage III: Psychosis
- 24 years of age or older: Stage IV: Chronic Disability

The stages are outlined based on an understanding of developmental changes in the brain at certain ages. The thinking is that medication, therapy and specific interventions targeted at the appropriate age level will help to prevent the disease as it progresses to chronic disability.

The National Institute of Mental Health has outlined the following research priorities for mental illness:

- Utilizing Research Domain Criteria (RDoC) which is a new framework for diagnosis based on cognitive science, neuroscience and genomics
- Use of biomarkers for early detection and individualized treatment
- Optimizing current treatments through research, such as the NIMH study, Recovery After an Initial Schizophrenia Episode (RAISE)

RAISE (Recovery After an Initial Schizophrenia Episode) is a strategy to test whether aggressive intervention at the beginning stages of the illness can slow or prevent long term disability for individuals with schizophrenia. Pennsylvania is participating as a clinical site for the RAISE study. RAISE interventions include individual resilience training, such as wellness management, cognitive and behavioral coping skills, restoring social and role functioning and substance abuse prevention. Other interventions include family psycho-education/treatment, phase-specific psychopharmacological treatment and medical management in partnership with primary care.

For more information on RAISE, visit the website: www.nimh.nih.gov/RAISE.

Summary written by Debbie FERENCE, Associate Director, NAMI Southwestern Pennsylvania

Holistic Care continued from first page

decades has been designed for physical and behavioral care to be separate, which is further complicated by confidentiality provisions and stigma.

“In today’s health care system of segregating physicians into highly evolved specialties, integrated care has traditionally been the exception rather than the norm,” Lovelace continues. “This method of providing care is not beneficial in the long-term to any population, but is especially detrimental to those who suffer from serious mental illness. Fortunately, a number of factors are raising the awareness that integrating physical and behavioral health care services leads to more effective care and better quality of life for consumers in various stages of recovery.”

In the summer of 2008, *The Voice* reviewed the findings of a technical report that was first published in October 2006 by the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council (www.nasmhpd.org.) This report, *Morbidity and Mortality in People with Serious Mental Illness*, documents that people with serious mental illness are now dying 25 years earlier than the general population, and that these death rates have actually increased in recent years. A key assertion

in the report stresses that the integration of physical and behavioral health care on a system-wide, national level is a vital step in improving longevity and quality of life for the nearly six million people served by the nation’s public mental health system each year.

In addition to this report, Lovelace credits mental health consumers and their family members as key catalysts in the shift toward an integrated system of care. He also acknowledges that newer generations of health care providers are now being trained to take a more holistic approach to caring for their patients.

“The consumer empowerment movement has shown health care providers across the system that people with serious mental illness have valuable opinions that are worth listening to,” Lovelace explains. “These consumers have taken a more active role in their care and recovery. Combining that movement with the advocacy from family members and organizations like NAMI has been a powerful force in working toward positive changes in our health care system for those with serious mental illness.”

continued on next page



**Classes will begin Thursday, October 13
6:30 to 9:00 p.m.
105 Braunlich Drive, Ross Township
Registration is Required**

This fall NAMI Southwestern Pennsylvania is launching NAMI Basics, a free educational program designed for parents and caregivers of children and adolescents living with mental illness. One of NAMI's signature education programs, NAMI Basics is taught by trained teachers who are the parents of children that developed the symptoms of mental illness prior to the age of 13.

The course consists of six classes, lasting 2 ½ hours each. All instruction materials are FREE to participants.

The goals of **NAMI Basics** are:

- To give the parent/caregiver the basic information necessary to take the best care possible of their child, their family and themselves.
- To help the parent/caregiver cope with the impact that mental illness has on the child and the entire family.
- To provide tools for the parent/caregiver to use after completing the course that will assist in making the best decisions possible for the care of the child.

For information and to register for the class, visit www.namiswpa.org and click on the “Education” link from the lefthand menu bar or contact the NAMI Southwestern Pennsylvania office at (412) 366-3788.

In a recovery-oriented behavioral health system, all of the consumer's needs must be considered. This can only be successfully accomplished through integration of services. Comprehensive physical care is just as important to recovery efforts as is attention to behavioral and social health needs, as well as assistance with housing, job training and education.

"All health care matters," Adamson emphasizes. "Physical, dental, behavioral and social health concerns, combined with education about wellness and prevention, are vital components of recovery, and they must be integrated and well managed to be effective. People with serious mental illness frequently fear doctors and are reluctant to enter ordinary primary care or clinical settings. They often do not trust medical systems and have difficulty following through on medical recommendations, treatments and medication management. By providing physical, dental and preventive health care within the behavioral health care environment they have come to trust, MBH hopes to reverse the trends of the past decades and improve both their physical and behavioral health."

In a study conducted by MBH in 2009, nearly 70 percent of their mental health consumers said they would be willing to see a primary care physician through MBH. Focus group results demonstrated a willingness of 100 percent. "These consumers made their voices heard loud and clear," Adamson explains. "They want to have their physical health care needs met, but in a place where they feel accepted and not segregated because of stigma."

Buy-in from consumers is necessary for integration to be successful. In addition, barriers of confidentiality need to be broken down, coupled with more widespread use of electronic medical records. Adamson and Lovelace agree that both behavioral and physical health care providers need training and education to become more comfortable working within each other's areas of expertise.

The recent movement to connect mental health consumers to the care they need, at the right time, and in the right place, by moving toward integration is challenging. Fortunately, innovative programs are already being developed in southwestern Pa. to help these consumers and their families. 🌐

UPMC Connected Care

In July 2009, UPMC implemented a new program called Connected Care™ to help Medicaid and Special Needs Plan members who have been diagnosed with serious mental illness address all medical, behavioral and social needs. Through the Connected Care program, Community Care and UPMC Health Plan staff members meet weekly to establish integrated care plans for members with complex needs. They also share information with each other and with members' providers so that care can be coordinated. The program is a collaborative effort with the Center for Health Care Strategies, the Department of Public Welfare, UPMC for You, Community Care Behavioral Health and the Allegheny County Department of Human Services.

Future goals to enhance Connected Care include: providing more structured interventions by certified peers, case management, psychiatric rehabilitation and clinical services; integrating with other initiatives focused on consumer recovery; and engaging physical health providers, especially primary care providers, into activities designed to enhance shared decision making between providers and consumers.

MBH Bridges to Health and Wellness

Mercy Behavioral Health (MBH) leaders identified a crucial need for their consumers with serious mental illness to be cared for in a non-threatening environment with a coordinated team of medical professionals dedicated to managing both their behavioral and physical health care. One way MBH is responding to this need is through Bridges to Health and Wellness, a person centered Health Home that will integrate and coordinate primary health care, oral health care, ambulatory behavioral health care, service coordination, and community and family supports—all from one location.

Additional emphasis will be placed on education, prevention and overall wellness activities. Bridges to Health and Wellness will be the first program of its kind in Pa. to incorporate a new primary family medical practice into an established, highly regarded behavioral services organization of long standing in the community. Located in the South Side of Pittsburgh, Bridges to Health and Wellness is scheduled to open this month (October 2011).

**For more information, contact UPMC for You at (412) 454-5269 or
Mercy Behavioral Health at (877) 637-2924.**



In the Spotlight...

Patricia L. Valentine, Executive Deputy Director for Integrated Program Services, Allegheny County Department of Human Services

What is your role with the Department of Human Services (DHS)?

DHS created the Executive Deputy Director for Integrated Program Services position in May 2011. In this new role, I am responsible for leading and promoting integration of all programmatic work in the Allegheny County DHS. I am also involved with encouraging collaboration among human services and other components of the Allegheny County community. Prior to accepting this position, I spent 13 years as DHS Deputy Director for the Office of Behavioral Health.

Why is integration a priority for DHS?

DHS has been focused on integrating services since before my tenure with the organization began in 1998. We serve about 230,000 Allegheny County residents every year, and many of these consumers need services in more than one area. We are committed to serving people in a holistic manner, so we are structuring our organization to give consumers access to all of the resources they need, no matter where they enter the system. Integrating our efforts internally can take the burden of coordinating multiple services off the shoulders of those individuals.

Does DHS collaborate with other area advocacy organizations and service providers?

When a person suffers in any one domain—food, clothing, housing, employment, physical health, behavioral health, education, finances, social, or spiritual—it can have profound effects on other areas of their life. Our goal is to improve people's overall health through the resources we provide, as well as by connecting them with other qualified resources that can help meet their needs. DHS has developed long-standing relationships with many

local support and advocacy organizations, as well as other agencies that provide human services, so we know where to refer consumers for additional help.

How does DHS work with NAMI Southwestern Pennsylvania?

Both of our organizations exist to meet the needs of underserved populations with special needs, and DHS and NAMI are better able to provide effective services and support to consumers and families because we work together. In my years with DHS, I have given hundreds of people NAMI's contact information, and I am sure that many, many people learn about DHS resources from NAMI staff, volunteers and members. The resources DHS and NAMI provide complement each other well, offering a stronger network of support for those with serious mental illness and their families.

Why is the movement toward integration achieving success in our region?

The partnership between NAMI and DHS is not uncommon in Allegheny County and across Southwestern Pennsylvania. Many stakeholders in the behavioral health system have become like family, and we have served in a spirit of collaboration for a long time. DHS hosts many visitors from across the nation, and they often comment on how well our area's human service agencies work together to achieve common goals. This region is home to a large number of caring, committed and hard-working individuals who embrace challenges and opportunities together. We aren't willing to sit by waiting for systems to change. Instead, we are working toward solutions while remaining accountable to the funding sources, regulatory agencies and laws that have segregated services for too long. Through integration, consumers here are living better lives.

The advocacy, education and support services provided by NAMI Southwestern Pennsylvania's staff and dedicated volunteers give hope for recovery and a future filled with promise for the estimated 600,000 people in our region who cope with mental illness. *In the Spotlight* is one way NAMI recognizes the people who so diligently work to promote improvements in our behavioral health system while championing the needs of our constituents. If you wish to nominate someone to be featured in *In the Spotlight*, send an email to dgarda@namiswpa.org.

Sunday, October 2
SouthSide Works & Three Rivers Heritage Trail
Registration and Activities: 9:00 a.m.
5K Walk 10:00 am



We walk to raise awareness of mental illness and let people know they are not alone! Mental illness affects one in four people each year, and we know that help. Treatment works and recovery is possible. Help us to celebrate recovery and spread the word.

Join us for the 5th Annual NAMI Walk

Featuring:

John Lovelace, NAMI Walk Chair
President of UPMC for You & Chief Program Officer,
Community Care

Michelle Wright, Honorary Chair
News Anchor, WTAE-TV

Jim Ehrman, Family Team Chair
Top Individual NAMI Walk Fundraiser

Walk with us and enjoy:

- Complimentary Breakfast Refreshments
- Music and Dancing ♦ Team Photos
- The Pittsburgh Pierogies ♦ Face Painting
- Moon Bounce ♦ Caricatures ♦ Balloon Artists
- Fun Tattoos ♦ And Other Surprises!



Announcing!

Team Captain Travel Incentive

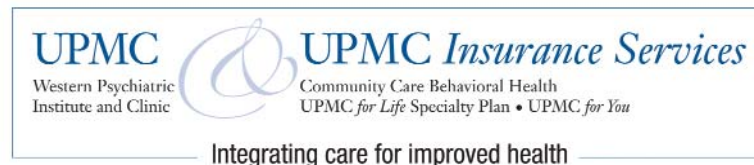
Everyone is buzzing about the brand new incentive for team captains this year. Here's the deal: every **captain** whose **team** raises at least \$1,000 online receives a three-day, two-night getaway to one of 14 destinations (travel not included). Details can be found on the walk website at www.nami.org/namiwalks/PA/SW or download an information flyer from the NAMI Southwestern Pennsylvania homepage.



Register and form your team today to earn this exciting incentive, complements of Sunrise Premiums.

Thank you to our generous NAMI Walk 2011 sponsors!

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A full list of our sponsors, including Kilometer Sponsors, can be found at www.nami.org/namiwalks/PA/SW.

NAMI Support Groups

Contact the individual support groups for information regarding time and location of meetings.

Allegheny County

NAMI Parent Support Group - Youth and Transition-Age
East Liberty Carnegie Library, 5:00 - 7:00 p.m. Contact: Linda Thornhill, (412) 403-9539 for more information.

NAMI Pittsburgh South, Mt. Lebanon
Contact Email: nami.south@yahoo.com

NAMI Pittsburgh North, Ross Twp., Contact: (Day) Dick/Sarah Focke (412) 367-3062 or (Eve) Pete/Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS, Churchill
Contact: Anne Handler (412) 421-3656

NAMI Spouse Support Group, Churchill
Contact: Mim Schwartz (412) 731-4855

NAMI Sewickley Family Connections Support Group,
Sewickley Contact: James Boaks (412) 749-7888

NAMI McKeesport, Contact: Violet Ludwig (412) 373-7977

NAMI Western PA Borderline/Personality Disorders Family Support Group, North Hills
Contact: Rose Schmitt (412) 487-2036

Minority Families of the Mentally Ill, Oakland
Contact: Wilma Simons (412) 327-4890

NAMI W.P.I.C. Family Support Group, Oakland
Contact: Merle Morgenstern (412) 246-5851

Beaver County

NAMI Beaver County, Rochester
Contact: Diane Watson (724) 774-7571

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), Beaver, Contact: (724) 775-9152

Butler County

NAMI PA Butler County, Butler
Contact: Butler NAMI Office (724) 431-0069 or Sandy Goetze (724) 452-4279

Fayette County

NAMI Fayette County, Uniontown
Contact: Carmella Hardy (724) 277-8173

NAMI-C.A.R.E. Fayette County,
Contact: Carol Warman (724) 439-1352

Indiana County

NAMI Indiana County, Indiana
Contact: James Bernard (724) 479-8824

Lawrence County

NAMI Lawrence County, Contact: Sandi Hause (724) 657-0226

Washington County

NAMI Washington County,
Contact: Tom Shade (724) 228-9847

Westmoreland County

NAMI Alle-Kiski, New Kensington
Contact: Mary K. Slater (724) 335-4593

NAMI Mon Valley, Monessen & Irwin
Contact: Harriett Hetrick (724) 872-2186

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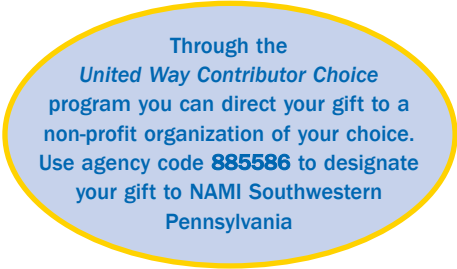
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Annual dues include access to our regional lending library, resource and referral information, newsletters, conference information, and membership in NAMI Pennsylvania and national NAMI.

- Individual/Family/Friend \$35.00
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- Consumer (minimum of \$3.00) \$_____
- Additional Contribution \$_____
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NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE (H) _____ PHONE (W) _____ FAX _____

E-mail _____ Number of family members in membership _____

- I would prefer my copy of the Voice electronically. (provide email) _____
- I am interested in receiving Call to Action alerts via email and participating in legislation and policy advocacy.
(provide email) _____

Please make check payable and mail to: NAMI Southwestern Pennsylvania, 105 Braunlich Drive,
McKnight Plaza, Suite 200, Pittsburgh, PA 15237

Membership is tax-deductible. Official registration and financial information of NAMI Southwestern Pennsylvania may be obtained from the PA Department of State by calling toll-free within PA: 1-800-732-0999. Registration does not imply endorsement.