

**Supervisor Keith Carson, District 5**  
**Howie “The Harp” Homeless Self Help Center Planning Panel**  
**1221 Oak Street - Supervisor’s Conference Room, Oakland, CA**  
**September 17, 2009**  
**1:00 pm – 4:00 pm**

Attendees: Colette Winlock, Kirkland Smith, Amy DeReyes; Kathy Zarkin; Sally Zinman; Mike Church; Sylvia McCain; Joseph Carter; Abdul Kazeem; Anissa William; boona cheema; Sgt K. Coleman; Cecilia Wynn; Dayvell Rose; Ernest Hardmon III; Yvette McShan; Darnell Livingston; Mike Bell; Robert Daniels; Marveta Allen; Sheila McWilliams; and Tisha Kenny .

(handouts: 9/17 agenda; and 9/10 meeting minutes)

Begin 1:20 pm

**Welcome/Introduction of Panel Members:**

**Collette:** My name is Colette Winlock with the Health and Human Resource Education Center (HHREC) the facilitator of these meetings along with Kirkland Smith of Kirkland A. Smith & Associates (KASA). As we took the roll call for today it became aware to us we actually have a planning member that was selected that has missed the second meeting by not arriving here today. What I’d like to do is acknowledge Mr. Joseph Carter who will represent the “neighbor” and “Provider” category on our planning panel. I apologize for the musical chairs, but we didn’t realize it until after you had changed your position.

Can we do a quick introduction again around the room as we have at least one new face with us today?

Kathy Zarkin: System Liaison for Alameda County Network of Mental Health Clients.

Sally Zinman: A longtime consumer advocate, working in the Consumer Relations team in Alameda County Behavioral Healthcare Services, which is the consumer management department in Alameda County.

Mike Church: City of Oakland, Department of Human Services

Sylvia McCain: Consumer

\*Joseph Carter: Supervisor, Howie “The Harp” Multi-Service Center (The Center)

Abdul Kazeem: Consumer as well as Provider at The Center

Anissa Williams: Neighbor and consumer family member

boona cheema: Executive Director of Building Opportunities for Self Sufficiency (BOSS)

Sgt. K. Coleman: Oakland Police Department (OPD) sitting in for Lt. Hamilton.

Cecilia Wynn: Consumer and recent graduate from Best Now.

Dayvell Rose: Consumer

\*Ernest Hardmon: Commissioner, City of Oakland on Aging; member of the Behavioral Health Board; Pool of Consumer Champions (POCC) Steering Committee

Kirkland Smith: Co-Facilitator/KASA

Amy De Reyes: Supervisor Keith Carson’s Office

\*Yvette McShan: Volunteer for San Quentin Re-Entry Program; member of (POCC)

Darnell Livingston: Consumer and member of POCC; African American Male Issues Committee; member of the Black Male Speakers Bureau

Mike Bell: Consumer and member of POCC  
Robert W. Daniels: KASA  
Marveta Allen: KASA  
Sheila McWilliams: KASA  
Tisha Kenny: HHREC  
(\* denotes alternates)

**Colette:** There are a couple of housekeeping things for us to be mindful of today. We have about 4 panel members that have to leave early. The other thing is to make sure we are out of here by 4:00 pm as there is another group that comes in directly after us and we need to make sure we give them some time so they can make their transition in the room. So be mindful that today. I'll probably be pushing a little bit more for us to get to our points and be brief in our statements.

Before we get started, Amy are there any comments you'd like to make to the group based on our meeting from last week?

**Amy:** I appreciate everyone coming back again and your willingness to work on this. We have been getting comments from the community in terms of some confusion about the process and we are trying to work with those folks on that.

**Colette:** This again reminds us that we are not alone sitting in this room that there are other people very concerned about what is actually going on here.

**Ernest:** As alternates, which we are, and since Lt. Hamilton is not here, shouldn't a panel alternate be able to sit in the seat?

**Amy:** The position of representatives from the city and from the police department can be filled by whomever the city or police department asks to come. It was unreasonable to think Lt. Hamilton could be here for every meeting as he has other responsibilities.

**Ernest:** What is the reason for an alternate if the alternate does not sit in the seat in his (Lt. Hamilton) absence.

**Amy:** We used an alternate today because a member was not able to be here and so Mr. Carter who represents the same category of the absent panel member was seated.

**Yvette:** How can he be an alternate this week and a panel member last week. I just want clarification on what is an alternate's job.

**Amy:** That was an oversight on our part.

**Colette:** I talked to Mr. Carter about that oversight in terms of him sitting at the table.

**Ernest:** I just want clarification as I don't understand. I want to be clear on what is an alternate's job? When a member of the panel is not here, then the alternate could sit in for that person.

**Colette:** You are correct with that. As Amy was explaining some positions on this planning panel are categorical. We have a categorical position for making sure we have representation from the police department.

**Ernest:** My category is not here at all – I represent the city. I don't understand.

**Amy:** We have Mr. Church here who represents the city.

**Ernest:** Okay.

**Colette:** I want to appreciate the difficult role that alternates are put in as it is very similar to when a jury selection has been made and you have people who are alternates to the jury. They are basically there observing and are aware where the jury is at in the process in the event of an original juror is not able to continue on. So we do recognize the difficult role you're in and also the value of the roles you guys are serving.

**Joseph:** I want to know what position I am filling right now.

**Colette:** You are serving as a consumer provider. Michael Bell was here as a provider, but he has not shown and since you have a dual roles a consumer and provider, that was an easy step to move you to.

**Joseph:** So now I am a member of the board, is that correct?

**Colette:** Yes, in terms of being a member of the planning panel.

**Joseph:** Okay, thank you.

**Colette:** We asked when you arrived that you take a look at the minutes. The minutes are going to be very important to us today in terms of pulling out what are already some of the recommendations that we fell into discussion around last week. What I'd like to do quickly is remind us about our rules of engagement which said that we would respect everyone and not talk over each other; that we would take turns in how we're speaking and recognize all ideas have worth. Please set cell phones to vibrate or turn them off.

**Kirkland:** Also, when we leave the meeting we would leave on one accord. Whatever decisions are made we would embrace those decisions as a team.

**Colette:** The first agenda item we'd like to do is to give updates.

**Sally:** What about reviewing the 9/10/09 minutes, I have some problems with things in the minutes. What are we going to do about that?

**Colette:** Okay, why don't we just take a few minutes to review the minutes and if you have some clarifications or corrections, let's just raise our hand for that.

### **Review of 9/10/09 Minutes**

**Dayvell:** Page 3, the grant award criteria where it says:

“You then have to create a plan to implement a program. With that you have to monitor that plan, evaluate it and finally report out to SAMHSA.”

Who is going to report it out? Everybody tweaks their reports. You may say I have trust issues, I have seen people not being totally honest with their reports.

**Colette:** That was on page 3 Dayvell is referring to. I hear your question about how will things be monitored that may be something we could include when we get into our recommendations. Is there anything in the way it is written that doesn't stand true for you?

**Dayvell:** No

**Colette:** Basically when we are reviewing minutes, whether or not it stands true from what you remember occurred in the meeting or whether or not it needs clarification

**Sally:** These are very exhaustive transcripts and hard to read in a few minutes. I was looking at something I was supposed to have said and I don't think it's too important to go into as there is so much detail that we all could go into that and say, “that's not exactly what I said.” So it's not as significant and in terms of this week, I wrote down, and I thought this second week we were going to go into the kinds of programs that would be offered and the values and principles would be in the third week and you have it in reverse. We were saying let's wait until the third week to talk about values and principles.

**boona:** Except for one value which was to come first and that was choice.

**Kathy:** I didn't call it choice. That it is going to be up front, whether clients or persons served have the opportunity to say “No” at all without coercion. If they don't, that's the decision. But it should be spelled out.

**Sally:** Colette that is the reverse of what I remember the end being which was that we were going to do the characteristic and program descriptions like the kinds of services we want this week and next week with that one exception we were going to do values and principles. You've switched it. I don't care that you switched it from what I thought the decision was last week.

**Colette:** Okay Sally, let me make sure we are clear as we've got two things going. Kathy you're making a comment about the minutes that you wanted to see shifted? Sally I hear you speaking about the agenda.

**Sally:** It is also reflected in the minutes because in the minutes you have the same thing – to discuss the values and philosophical structure. I thought we were going to discuss the services you wanted and the third week, when we have the opportunity to get the drop in center and other people in here, we would discuss the philosophical structure and values with the exception of what Kathy has raised. So it does affect the minutes too.

**Kathy:** Under "Meeting Content" (page 5) it states:

"Panel members will support the decisions and recommendations made as a group. Each meeting will have Q&A time to ensure harmony and unity (one accord).

I wouldn't be on a committee where I felt I had to be silent or couldn't speak my mind. Certainly not in this time in this country – not yet. I find that actually stupid.

I know we can try to back all the decisions, but I thought we'd still have room for dissent if necessary

**Colette:** What I was trying to share with the group was how do we make sure we represent the minority voice, if there is one, and that there doesn't have to be all agreement in order for a recommendation to go forth. Knowing as I do Kirkland, to ensure harmony and unity is around the minority voice being expressed is important. (see Colette's first statement, 2<sup>nd</sup> paragraph of 9/10 minutes regarding consensus building on page 15).

**Kathy:** So there could be room for that.

**Colette:** Yes. Sally, getting back to your piece which does impact the agenda today

**Sally:** Yes it does, which I don't think was accurate and reflects what you put in the agenda today.

**Colette:** It's always good to get that clarification about that. So the minutes you are saying are reflective of what should happen in the third week. Actually, I thought it was the second week. But I could stand corrected if that was the case.

**Cecilia:** I don't want to sound confusing. The agenda we see today, I believe it said we were going to be talking about the services at the Center. I can't find it. I must have left it at home.

**Sylvia:** Are we still talking about the minutes? I see some of it seems a little redundant. For instance, the concerns around the HIPAA rules and how peoples' information is going to be protected and how you exchange it from agency to agency. There is already protocol around that kind of thing.

**Colette:** So you are saying the representation in the minutes are redundant. These minutes, you're right, are close to transcription and many times you guys speak and reinforce ideas or take an idea and develop it a little further. It could seem it may be a little redundant, but it also furthers the conversation.

**Sylvia:** The HIPAA rules if they were iterated or reiterated to people there wouldn't be any confusion about peoples' rights being protected. Every time we go to the doctor we have to pull out how HIPAA protects your rights as you exchange information from agency to agency without signing a release or something like that.

**Colette:** Not to belabor, but if there is something specific you see or want to have shifted in the minutes, that is what this conversation is about. Our conversations kind of kept moving away from let's get this clarification on the closing comments that are in the minutes now. It seems to be the structural thing that we can decide is are we going to talk about values and philosophies today or are we going to talk about in the third meeting and whether or not we represent that in the minutes.

**Sally:** And what we are going to adopt – we've changed the agenda.

**boona:** I just wanted a time check... whichever one we do.

**Colette:** I want you to hold that piece for a minute. I'd like to give some of the updates I have that could have an impact on how we feel about whether we are going to do today or next week.

Last week when I left the meeting there were two things up in the air for us and that had to do with Alameda County looking for us to send them a model. I talked to Carl Pascual who is the lead county person for this as well as Gary Spicer. This is why I need to share with the group. As they are seeing, they don't want or expect us to build a model for them to move forward. They are very clear this is their responsibility and they are going to take elements of what we forward to them. If there is a model that we would like for them to look at, we can attach that as a part of our final report – if this is a model program that we feel is important for them to pay attention to. What was interesting is something we have to continue to hold is basically they are looking from our group broad, sweeping recommendations on what they think are guidelines or key components that should be part of the RFP they are developing. I think we have to read through the lines a little bit, they are holding to their responsibility to design the program

**Tisha:** They will design the RFP, not the program.

**Colette:** Exactly. I'm bringing that up now in lieu of making the final decision on the minutes on whether or not we want to hold off for another meeting to begin to start to talk about what our guidelines and principles around what should be included in a consumer empowerment program.

The other piece that came from Gary Spicer. He is very adamant that we need to hold the line towards what's the intended federal guideline for who this project serves - it serves homeless,

severely mentally ill individuals. That is very key for him, as well in terms of what they will be viewing and in terms of our recommendations and whether or not it's addressing that population.

**boona:** Does that mean it will be folks sent by the county who are already aware of the status of the homeless person that's mentally ill; or the person that walks in off the street that has never been diagnosed and is homeless and comes across as mentally ill?

**Colette:** I think that is a good question. Is that something we're asking in terms of when people do assessments, who receive services or what processes are used to assess their eligibility to receive services. That's the question that I am hearing.

**Sally:** Given what you said, it sounds like they are saying the panel is to do the detail of the program; more on the services and they want broad guidelines from us. So maybe going right into the guidelines, principles and values is what we can offer to the process. And we may need more than a week to do that also. Maybe that is what they want, not the nitty gritty stuff we were going to get into. Despite the fact, in my opinion, the minutes were wrong.

**Colette:** Any other burning questions about that. Moving on, Pastor Lowery could not join us today and has sent a representative on his behalf and I am not sure who that representative is.

**Tisha:** He's outside the door.

**Colette:** One of the things we want to recognize is that we do have categorical positions such as the police and city officials that need to come directly from that. As far as the other planning panel alternates, if Pastor Lowery is not going to be here, we'd like to open it up to our alternate. We know Pastor Lowery is a consumer as well as a representative of the clergy. To look at who we have as alternates, we don't have any other clergy representatives, but we do have consumer representatives – Yvette, will you join us at the table.

**Yvette:** I thought I was last on the list, but I will do my best. I am grateful to be here.

### **Update from 9/10/09 Meeting**

**Colette:** Before we get started I wanted to ask the panel members if they had any follow up they wanted to share with us. There were a few assignments given at the last meeting.

**Abdul:** Just an update on what happened two days ago.

**Colette:** Let me just clear up what we are looking for. At the last meeting you had mentioned you'd bring forth some demographics of who has used the Center.

**Sally:** There was something that I probably didn't follow through, it doesn't have my name here, but more than likely I was going to do the Berkeley drop in schedule as well as other drop in

schedules. I can get these and make sure I have them next week as they are very easy to get a hold of.

**Colette:** I think there were a number of people who shared they would bring in day schedules. If we could get you to bring them next week that would be great.

**Yvette:** About the center that could be used as a model. Sacramento has a center right down the street from the Capitol and it's a functional program for the homeless. I think we should get that model. It's ongoing. When talking to the people that use it and what I've heard in meetings they are doing good things.

**Sally:** Some of the self help centers have two recovery centers.

**Colette:** That Sacramento model is one we'll want to get some type of paper work on and maybe forward to the county.

**Sally:** I can do that. I can bring in Santa Rosa as well as the Berkeley drop in center. I should have done that but I didn't get the minutes until now, I forgot what I was supposed to do.

**Yvette:** San Jose also has a lot of programs that do this kind of thing.

**Colette:** You guys were selected to be part of this group as you are the experts. You are the people that experienced community empowerment; you are the people that understand consumer self help. If I can ask you to be okay to be the experts and know your recommendations are exactly what we want to hear. As you begin to start making your recommendations on what you think needs to happen – that's what we are going to start recording. If there is some tweaking that needs to be done back and forth, that's two experts having a conversation. What I was hearing last week was we needed other people to come in and tell us. No, you guys are here because you know. What we are asking now is let's bring forth that knowledge, do the best that you can in terms of making it clear in how it looks like it would happen.

#### **Development Guiding Principles/Values**

**Colette:** What we are talking about here is a consumer run, self help consumer empowering program. What those key guiding principles should look like.

**Joe:** First of all, I'd like to know if this includes protecting the people already at the Center?

**Amy:** No, the process that we are doing now has nothing to do with the staff at the Center.

**Joe:** Thank you. That's what I needed to know.

**Amy:** We are talking about working to make recommendations to ACBHCS that bring the program at the Center in compliance with the federal grant requirements. Without doing that there is not enough money to run a center.

**Cecilia:** I am aware we have three meetings to talk about SAMHSA grants, RFPs and things to this nature. When is an okay time to talk about the services that were at the Center and hopefully implemented back into the program? Are they in the SAMHSA requirements? I have some stuff here, and I am not trying to go back into the 80's, but if these positions and services would be opened back up, however you do it in the hiring process with whoever gets it, could these services come back like they were in place 2003 - 2005?

**Colette:** We have the bigger picture around asking you to give recommendations.

**Cecilia:** This was a multi-service center then, which means exactly that -- multi-services. Not having something with the phones not working; and not with rooms upstairs, in the whole building not functioning with computers in them.

**Colette:** You can make recommendations about what will be the quality of the people.

**Cecilia:** Look at the people on this piece of paper, I am trying to cover up their names, forget that, and let's look at the services that were in place. Where are all of those?

**Colette:** Let's get into start talking about the guiding principles and you can also make recommendations about the kind of principles should staff be looking at. What kind of principle should be in place for hiring?

I want to bring our attention to the minutes where boona made quite an impressive presentation on consumer empowerment. When we go to that page when we have that discussion, as you begin to read through, you can glean some principles and guiding values she spoke about at that time. Tisha Kinney and Sheila will be recording what we are saying .

What do you guys think is so important that an organization that is going to run the Center has as their guiding philosophy and principles?

**Sylvia:** Non violent

**Kathy:** I thought we were going to decide whether a person would have the right to say "no" before we went to the design of the service center. I am really confused about that.

**Colette:** That's a guiding principle.

**Kathy:** I want it phrased correctly. I want to know will a person have the right?

**boona:** We don't have the answers is what Colette keeps saying. We are not the people who have the power to answer the question.

**Kathy:** This is very important.

**Colette:** Kathy can I help you with this? I want to ask you to say it in the most empowering way for yourself what you'd want that to say.

**Kathy:** I don't know about using the word empowerment cause that is not my style. I want to know and I want the entire community that means all of Oakland. all of Berkeley, all of family members and potential clients to know whether a person who is a candidate for services, if that person decides, is accepted and they say, I don't want to take medication or I don't want to be in a program that says I have to quit drugs or I don't want to go to school. Will that person be served? There are lots of programs right now that have guiding values and we can just take it from another RFP. There is another program that serves under MHSA homeless mentally ill where people say "Oh yes, it's all voluntary." Then you talk to people, off the record, they say "They kept hounding me to take medication. They kept saying I had to." I don't know how you say that. I want it know if it's really not good values then that is meaningless – at least it is to me.

**Sally:** There is a long time health consumer principle of a right to refuse service, but still be offered others. In other words, you can go in and say I don't want "A" or "B", but I want "C." That could get added. It's a right to refuse, but at the same time you can get housing but I don't want drugs so you can still get your housing. Right to refuse is perfect.

**Kirkland:** If we use the term right to refuse, it wouldn't encompass everything. You may say everyone has to be in by 10:00, if you're not in by 10:00 you get dropped from the program. You don't have the right to refuse that, but you have the right to refuse going to the class that day but maybe get in on another one.

**Sylvia:** I heard refusal to take medication. I'm kind of torn about that. In some instances some people can be coherent enough without medication, but other people in their mental illness can't. Where do you draw the line of administering or not administering because you have the right to refuse medication?

**Cole:** You are asking some big issues that people have been trying to solve for years. Tisha can we get a parking lot on some of these big issues that we need more time to work through. That seems to be the right to refuse medication. Parking lot means we can't solve it at the moment.

**Sylvia:** I am also speaking from experience as having a drug history and when I refused to do certain things it prevented me from being where I need to be.

**Colette:** I understand your experience is different. Let's have a couple more comments on how to wordsmith and Kathy we'll let you have the final say to see if we've accurately captured what you are saying.

**Joe:** I certainly feel no client should ever be rejected from the center, because they don't want to take a certain thing. I think it should be a referral within the building in the center or outside agency so they have options to getting that help they seek.

**Yvette:** I have worked in agencies and the patient's rights people come and say "you are patients, you have rights, you don't have to take your medication." But they do take them and they might not take them that day, but before you get out of the program every client has an exit program. They give them a goal on how to get out. You have to walk through that goal. If this one doesn't want to take their medication, you're not getting out of this facility or either you'll get kicked out and you've got to start over again. The thing I have a problem with is the patient's rights coming to the program.

**Colette:** What is most valuable about what you are saying... around a person getting good services.

**Yvette:** Do you not understand me? They say they have rights, but they don't. Somebody in government is paying them to go to these places and it doesn't have to be a non-profit. I'm upset right now and can't find the words I want to say. They even go up to John George saying "These are the rights you have." I think this is what we are talking about.

**Colette:** Okay, everybody let's do this. Let's take a breather. What I love about you is you care and have compassion. This is about people's real lives.

**Yvette:** Joe was saying the same things as I was, but you didn't understand him.

**Colette:** This is something you are going to have to bear with me as your facilitator. What I was trying to do, and I am going to keep doing it is to try to wrap it up in some type of saying that we can put right here on the paper on the wall. That's what I am doing when I ask you that. I am not discounting what you are saying I am trying to put it up on the board in a way we understand.

**Kathy:** People always go to the medication, and that isn't really my point. My point is again... is the person going to be able to refuse services and still be served. The problem with saying the right of refusal with some and not other is not going to be specified. **The person and the community should know up front which ones can you refuse and which ones you can't.** It isn't just right of refusal. I have a lot of preferences and I think what we all are talking about and this is a different thing and I want to clarify this as part of the breadth is **that people should know there is a difference between having a right and having the opportunity to exercise that right.** I'm sorry for yelling, but that is what is so frustrating to many people.

**Colette:** boona is working some language.

**Dayvell:** It should be **consumer friendly** off the top. I am going to look you in the eye and meet you right here. I do have a mental disability, but if you talk to me bad, I am going to see about walking away. If not, I am going to talk to you bad right back. I wouldn't say it's my fault, but I know I am wrong, but I am not going to let you keep talking to me bad. If we could have some **type of training where you know how to talk to people with disabilities.** It seems once people get the letters behind their name, they talk to people differently.

**boona:** One, I think we need to start, as we work these, with what are the negotiable and the non-negotiable. That would make it easier. For instance if the center opens at 10 to 11 and if you're not there between 10 to 11 it closes to provide services to the people. Whereas if you come at 11:15 you don't get services. That is the side of the non-negotiable. The negotiable is everything else.

The beginning of the **language** is: A center in which all consumers have a right to engage in the services which they decide what best serves them at this time in their life. They have the right to refuse certain services, but keep the right to participate in the center.

**Abdul:** As an update on what boona said about participation, I encourage you to pick this up because some clients tend to use this as a reason to get over on social workers. On top of that we need prolonged stabilization.

**Kathy:** People knowing up front which services they can refuse, that needs to be inserted because it is not in there. If the word "all" isn't in there; and it may not be "all" because we might disagree on that. The point is people know what they can and can't refuse and if it's not "all" then it's not "all". That needs to be inserted because it isn't there.

**Colette:** Let's get a new voice.

**Anissa:** I would also like to see the center be a place where **harm reduction is a value**. For some people, telling them abstinence will not get them where they want to be.

**Dayvell:** We also need some sort of a **grievance process**. If we are going to be able to refuse some services our voices need to be heard as a consumer. When I said, I'll refuse this they told me I couldn't have this service or that service and once you take it somewhere else they don't really listen to the consumer. They may be afraid they might get kicked out because they refused the services they had a right to refuse.

**Colette:** I want to make sure we got Dayvell's language because that was a key piece for what we are trying to achieve.

**Marveta:** We really cannot capture the notes correctly with everyone talking over each other and it's going to be more confusing when you get the minutes next week because Sheila may capture what you said Sally with a piece of what someone else said. Can we agree to be more mindful of that?

**Colette:** We'll keep working on it and we'll keep trying. Before we move on I think it's important that we've captured what Dayvell said. I know you've got more things you want to say, but can we put some more language to the grievance process. There's grievance processes all over the place, but what's a grievance process that is consumer friendly? That maintains consumer empowerment and dignity. I think we need to add more language there and not leave it up to their interpretation. What would a grievance process with consumer comment look like?

**Yvette:** I want to speak as a consumer and a provider. We were talking about before Dayvell, about the people. I think we all as providers should take in consideration that we are working with consumers. Their needs are why we are working. I don't care what it is, if we don't understand it we should find someone that does. Don't over medicate and do not kick them out, but work with them because that's the reason they are there.

**Colette:** Client first. Thank you.

**Sylvia:** In the past I worked for the county as a consumer and my colleague and I were consumers answering the complaint line for consumers which the knowledge and awareness was not wide enough. We went to different agencies, some fell by the wayside but they don't do that anymore. The information needs to be out there for people to know they have utilization services. We used to take the complaints of the consumers because we are consumers and we understood what people were saying and it made it easier for us to take it back to our supervisors on a level where consumers and administration could come together.

**Colette:** Why do you think you were successful? Why do you think it worked for you to do that? Tell me what made it work.

**Sylvia:** My colleague and I had been there and we had experienced being hospitalized, knowing what it was like to be misunderstood by not being able to put it in terms easily understood by others. We were able to break it down in layman's terms to the administration.

**Colette:** I am hearing we should add language that incorporates **peers**.

**Sally:** Piggybacking on that it's because peers were part of the implementation and grievance process. I want to add something as a devil's advocate. I think going into what the grievance process is going look like is going into details that are certainly beyond the scope.

**boona:** They would probably, as it relates to an RFP say to the organization, if you are applying to attach your grievance procedure to see if what you are attaching really speaks to the consumer. If consumer wording isn't in it then clearly someone is lying.

**Sylvia:** It was also our job to go to other agencies to explain the grievance process to everybody so that everybody could be on the same page; the consumer and the administration at John George and the other 155 organizations that are covered under the county. This information is to be posted in the lobby and talked about it at both ends of the spectrum.

**Colette:** We've worked through some language that stayed in that consumer friendly mode. Does anyone else have something to say to this or do we want to move on?

**Anissa:** What I wanted to say is my recommendation would be that an ombudsman be assigned. That's the position that needs to go forward so a consumer person represents the consumer.

**Joe:** I wanted to add you have to have compassion and patience with consumers. You have to be able to understand in order to do that you have to have been there to deal with that situation. If not, you'll make the wrong decision.

**Dayvell:** It should happen in a timely fashion. As me being a consumer it's really frustrating trying to do this by procedure and protocol; then I don't get any services at all. There should be some sort of timeline to get this done.

**Colette:** Let's move on as we have worked some consumer friendly language. What are some other values and principles?

**Sally:** For me, to be **consumer run or have the goal over time being consumer run which does not exclude having non-consumers working in certain positions under the management of the consumers.** Want to make sure this language gets in there. For instance psychologists, therapists, bookkeeper, those with specialized skills come in but they are under the management of consumers. This would be a big value of mine.

**Colette:** Utilize SAMHSA's definition around this.

**Sally:** This language is out of SAMHSA's description/definition. I can get you the definition.

**Yvette:** I may not be able to explain this the way boona said it in our last meeting but I think the lay people that work there all need to be on the same page. Can you explain that better for me?

**boona:** I said two things: all the different parts of the center that do different pieces of the work all need to have the same information; and when decisions were made, those decision need to go to the consumer board or whomever to be ratified as yes, that is the position of the center

**Yvette:** They need to have regular meetings and weekly meetings and everybody is on the same page doing the same thing.

**boona:** I am assuming there will be some kind of consumer run board of directors.

**Joseph:** I am in agreement to speak on what's going on in the center daily to deal with the situation on hand.

**Abdul:** Anissa said on harm reduction. I am certified on AOD education. We are doing that in regular meetings Monday through Friday. But some people walk in these meeting, sign in and walk right back out. We talk more of client respect. What about staff being respected.

**Colette:** **Respect for service providers.** Let's have a little conversation on what that looks like. You're talking about a two way relationship. boona, can you bring this along a little more?

**boona:** A value for the center is a true partnership that exists between consumer and the staff. Out of that community standards are developed as a collective body. You don't just say here is our center and here are our standards, but you have your staff hired which will be consumers and then you have consumers coming in that everybody puts those standard together so they belong to the center and not one side or the other.

**Colette:** Can we pause here to make sure both Tisha and Sheila have this as it is very important.

**Sylvia:** Sometimes I sign in walk in then back out because I need to eat and I have other appointments (doctor/lawyer). I want it to be understood that I want to eat, but I need to take care of my affairs as well.

**Colette:** There are all kinds of circumstances that come up why somebody does what somebody does, but this particular piece where it's a community standard that everyone is a part of then there would also be a part of the community standard that you're doing what you need to do to take care of yourself.

**Sylvia:** If I don't sign in and I don't attend the meeting then I can't eat.

**boona:** That's not a standard; that is a procedure.

**Dayvell:** I'm hearing the word community. Back in the old day we used to have community meetings every Monday, not run by staff, but by one of the volunteers and the community was invited to see if there were services they or their family member could benefit from. **Community meeting run by clients.**

**Cecelia:** Community meetings that's good. I am glad harm reduction came up. Unless we just flip the script and change the policy procedures the Center is run by committees. My question is doesn't every non-profit agency have to have a board of directors?

**Colette:** Yes. That's a requirement for legal standing. We'll get to that, but you were talking about being run by committees. What's the value?

**boona:** As part of the structure a strong committee teaches leadership; facilitation; conflict resolution. A committee can be a program committee, standards, safety, and hospitality.

**Yvette:** Men are having hard time getting housing when they get out of prison. I would like to see the program house those getting out of prison.

**Colette:** Housing can be part of the exit plan. The last one we looked at had to do with diverse participation and we listed all the various ways we thought this could happen. Now we have a comment that housing is a part of the follow up plan. Are you speaking to the language of the things we've already put up?

**Sally:** I want to add something. What you are talking about is consumer involvement and all the activities of the center. This is really significantly important and that is probably the overarching principle. It's really significant as I've seen in my 20+ years in watching consumer run programs, even when they run a program they can exclude the numbers that are coming in. Why are we sitting and copying what we've experienced instead of trying to create this inclusive community in what we are trying to say. In piggy backing on what Yvette was saying regarding housing, I think a basic principal would be dealing with people in a holistic way. Which is housing, food, and all kinds of services as they define them; but housing is certainly one of them. That to me would be a guiding principle in dealing with people's life's needs and not just limited to their critical needs.

**Kathy:** My comment is on the committee/community meeting. My concern is I think there are people who want to go to a community meeting who might not want to be on a committee. I can only speak for myself, there is a difference between a committee meeting every Monday where we talk about logistics and having all issues decided by a committee. I don't know how we word this, but I wouldn't want to have to go to an organization that runs everything by a committee. It gives me a different feeling. I'd like to have a community meeting too. So I don't know how to say it.

**Colette:** Can we add it as voluntary participation so it's not coercive. We are almost set to take a break and during this break let's talk to each other about clarification on what you mean.

**Sylvia:** I like the word circulation better. I learned life skills and social skills from BOSS and wrote down some things on the way here. At BOSS I learned in the house meeting that the same person wasn't the facilitator all the time. They were very democratic. By rotating facilitators, everyone got the chance to learn how to speak in public among other things.

**Colette:** Circulation leadership, democratic committees. We'll take our break and come back for additional comments.

**Anissa:** The last community or committee I'd like to see would be for families. Whether it's for parents or children. Somewhere the families that are being served by this, the agency, could come and talk with other families.

**Colette:** You said something very specific about family. What's a value or value principal to support family involvement?

**Anissa:** That the agency would value the role the families would play; could hear their voices and help them. They are not being served but they are going to be served.

**BREAK 2:38 pm.**

**Colette:** One of the things we talked about when we started was about safety. Not just physical safety but emotional safety as well. If we can all take our seats and try to talk this through on what maybe we can do.

**Kirkland:** Another thing we understood was that this was a very stressed environment. Even in the Supervisor's chambers there was a lot of passion and misunderstandings of what we were trying to achieve. We recognized the very diverse and experienced panel and this was going to ultimately help the Center to work better. We do understand on the panel there are different factions. What we asked everyone last week was for everyone to be willing to put these personal challenges aside. This table is a subtotal of individuals who are putting their heads together to place some guidelines to make the Center run better, regardless of who is going to be charged with overseeing the Center.

I know there are some strong feelings one way as well as the other way. What we are trying to put together is a process at the Center that will promote wellness. We have the opportunity to ensure someone on the outside that may one day need a place to live is made to feel comfortable and welcomed and ultimately provide the services they need in a holistic manner. That by the time their stay is over they are much better than when they came in. If we keep bringing up what happened previously we'll never be able to meet those needs.. This is not why Supervisor Carson's office or the county brought us together – to talk about those things done in the past. They brought us together to put together a plan of action for those that are coming and for the future of those that are currently there. If you can't seem to get past what happened yesterday or last year, then maybe you shouldn't be a part of this process. That is the bottom line. If we can't put our own feelings aside, just sit down because it is impossible for you to share anything of value when you walk around mad at the man or woman next to you.

From my perspective, we have to do some soul searching to see if we are mature enough, healthy enough to be a part of this team? If you can't unequivocally say "Yes I am" then maybe this is the best time to step away. That's why we have alternates that may be able to step in who are healthy enough and neutral enough to see the greater good and we can still put this process together to help those in the future.

**boona:** I hear you Kirkland, but the folks that need to hear these words are not here.

**Kirkland:** But they are.

**Mike Bell:** Being human it is difficult to set old violations down. But we must, the reason for this panel is still transpiring. As the panel works, some of the violators that are here on the panel are trying to keep the old stuff going. I apologize for being late, but I had a couple of emergencies. Hopefully next time or maybe even today we can close in prayer... for those who don't mind.

**Joe:** I want to make a statement here. As long as you have people vendettas like you stated earlier, I don't care where these meetings are placed, if certain individuals attend meetings they will disrupt. They've done this in every meeting I've gone to. That's why I walked away. I'm in the health business for consumers. This is very juvenile. I am very angry right now – I am going to try to tough this out as my stuff is way up here right now. If you can't have protection wherever you go to have a meeting with somebody to help some other people in the future, then the reason for coming together will be destroyed. If it can't be controlled and dealt with I don't want a part of this. Assault on anyone is wrong.

**Kirkland:** We never anticipated or expected anything like this. We may have expected differences of opinions. But we never thought anything like this would get to this magnitude. Now we know.

**Joe:** I expected that, some people's true colors have to come out eventually.

**Colette:** I am going to ask that we slow down and breathe.

**Sylvia:** I've detected a lot of hostility from Abdul and Darnell. Everyone is entitled to their opinion, but striking somebody is not acceptable. How do you police such a thing? Will a person be dismissed and an alternate take their place? There has got to be some rules and consequences. That this is a no nonsense environment and there are some expectations around that.

**Colette:** At the end of this meeting we will have a conversation on what these consequences would look like.

**Yvette:** Ever since this came about these people have been involved in conflict before we came here together. But for you to even put together a board with all of these people... this isn't new, you probably didn't think it would go to this level. One thing I do know, the people that are running the Center need to know it's not their Center. Somehow they have in their mind that it is their home. They work and pay rent to be in that building. They do not own that building. It's a business. And these people take the Center as their property and it's not.

**Kirkland:** That's an opinion.

**Yvette:** Do they have the title? Do they have the title? Then it's not their property. These people are going to meet again. You are putting fuel on the fire, you know these individuals. If they don't go to jail today, there is going to be another opportunity for them and I am just being real.

**Kirkland:** This is the real setting where we were supposed to be addressing what just transpired. This is not for innuendos and finger pointing.

**Yvette:** It's not about finger pointing, it's about the truth. You've got to be real.

**Kirkland:** But you are pointing fingers

**Yvette:** If you think I'm lying, I'm not... I'm telling the truth. That's what I'm doing.

**Kirkland:** It's not about truth. The question is, "Are we working toward the solution?"

**Yvette:** You all let Darnell come to the meeting and each and every one of you knows how Darnell is.

**Mike Bell:** On this panel whatever transpired between Abdul and Darnell is in the past and has become personal. The purpose of this panel is to keep these kinds of situations from reoccurring and to better the organization for the community and not the crooks.

**Colette:** Here's the deal, in our conversation we would like to do a process to acknowledge the work we've done today and end this meeting. Many of us should go away and think about whether we should show up. There are some issues that we as a team need to talk about as a result of what happened, I do think we are going to have to walk away and think about am I ready for this and want to come back in a way that continues to move us forward. I wish we had a video tape that showed the meeting notes that Tisha took on how and why we got all of that stuff up there. I am excited to get it, work it and get it back to you guys in a way that reflects what you are looking for the future. It's more than individual opinions here. People on the street are asking me how the Center is going. And I am very convinced this is bigger than all of us and we have to continue to . There are more than opinions at stake.

### **Closing and Recap of Guiding Principles and Values**

**Colette:** We will ensure minutes will be submitted in a timely matter. Guaranteed! We can no longer tolerate name calling referring to anyone in or outside of this room. We can't use these kinds of terms to describe another individual. Come back and be a person that can share your ideas and names the pejorative names – we welcome you. If you cannot -- and you know yourself -- It is very important that you do that –I mean that.

**boona:** I am going to go home and think about it and so are others here. A violent action took place, how are you going to ensure we are safe and prevent that from happening again? You're asking us to come here and be a certain way. What kind of security are you going to provide?

**Kirkland:** We have a security team, but didn't feel the need for it. However, we will have security at future meetings, in the past we've always had that.

**boona:** My belief is some process work needed to have been done between the people who had some differences over the Center and the community beforehand. Some healing needs to happen. Moving forward, both of the people in the incident were in this room participating, how do we bring them back to the table?

We're talking about conflict mediation, let's pretend for a minute we are the Center and something happened here. How are we going to address this?

**Kirkland:** If we were the Center those guidelines would have already been established. We will continue to discuss this in the next few days. We will express what the repercussions of bad behavior will be via email, text or phone call if not by the close of business today then certainly by tomorrow morning. It should be communicated, what types of consequences or repercussions will come forth as a result of this altercation, and/or what would be the next steps.

**boona:** Or reconciliation. They both are valuable members of the community – unless the law is involved.

**Colette:** Some of our hesitation is finding out what the law is going to do. The biggest piece that I hear is what type of healing process are we going to, holding ourselves accountable for with these individuals who have clearly moved into a personal thing; but has impacted the entire community.

**Kathy:** With me, what the whole thing spoke to getting all things resolved and not trying to sweep differences under the table. This was so obvious and it can happen anywhere with different people. It is just human nature and not making judgments.

For our schedules, we need to know We all are going to come at 1:00 next week and we are going to get things wrapped up. You said it's because we are experts that we're here and it's our experience. I still want in there, if you can't say no to particular services, this is made known before any agreements are made.