

Supervisor Keith Carson, District 5
Howe “The Harp” Homeless Self Help Center Planning Panel
1221 Oak Street - Supervisor’s Conference Room, Oakland, CA
September 24, 2009
1:00 pm – 4:00 pm

Attendees: Kirkland Smith; Colette Winlock; Amy DeReyes Kathie Zarkin; Yvette McShan; boona cheema; Michael (Mike) Church; Sylvia McCain; Ernest Hardmon III, Anissa Williams, James Lockett; Joseph Carter, Dayvell Rose, Cecelia Wynn; Rev. Dr. Jasper Lowery; Lt. Freddie Hamilton; Tisha Kenny; Sheila McWilliams; Marveta Allen; Sally Zinman; Reginald Jenkins, Will Pryor, and Robert W. Daniels.

(Handouts: Agenda; Day Center Schedules, Definition of Consumer Operated Programs; Theme from Howie the Harp Planning Panel Meetings; African American Utilization Study - Homeless Survey)

BEGIN AT 1:15 PM - ARRIVAL AND REGISTRATION

INTRODUCTION/Colette Winlock Health and Human Resource Education Center (HHREC)

Introduction of panel members

UPDATES FROM LAST MEETING /Colette Winlock, HHREC

- [Follow Up to Incident at September 17, 2009 Meeting](#)

Colette: The panel member that allegedly initiated the act of aggression was asked to leave and escorted to Santa Rita by Alameda County Sheriff’s Department. He was released without charges. The victim of this alleged attack left with complaints of injuries, was taken to hospital and released. It has been communicated to both individuals they are no longer members of this panel. The decision was made in accordance to the “Zero Tolerance” stance of this panel which mandates if a member is involved in an altercation in any capacity, there will be consequences. Both individuals have received letters from Supervisor, Keith Carson’s office to that effect and conflict resolution/mediation has been offered. In follow up telephone conversations with these individuals, remorse and regret was communicated from both individuals on how the incident occurred and how it could negatively impact the planning committee. However, they both stated they recognized the importance of the work and wanted the process to continue toward the goal of creating better services.

All panel members should have received from Keith Carson’s office a letter requesting their continued participation; as well as reinforcement from his office, HHREC, and Kirkland A. Smith & Associates (KASA) as to their commitment to carrying out a safe and respectable process. One of one of solutions is to add some additional observers in the room. These additional observers are here today (Jenkins & Pryor). Everyone is encouraged to openly and candidly share their thoughts in order to continue to make sure we capture as much information as possible and the additional people here will help us with any group dynamic that we might not be aware. All are also encouraged to hold themselves as peacemakers to

any action to this room. Zero tolerance stays with this group. We are to reach for our higher selves and not engage in name calling, we are not to speak in innuendoes, we will not use negative terms as it relates to past or current providers of any particular service.

- [Alternates becoming Panel members](#)

Colette: Everything that was captured on the board in the September 24th meeting as well as those from previous meetings is included in the minutes. Also, all alternates are now sitting at the table as panel members.

- [Definition of Consumer run programs](#)

Colette: I would like Sally to speak briefly to the definition of a consumer run program.

Sally: I was asked to provide a definition of consumer run program. I've provided that via a handout in this meeting, along with a weekly calendar of the Village Wellness & Empowerment Schedule in Sacramento, as well as a two page handout where myself and Margaret Walker did 4 – 5 visits of various programs throughout the Bay Area and Sacramento. This document is a summary of what we found across those counties. This document was provided to Alameda County Behavioral Healthcare (ACBHCS) administration team.

We added government national sources – the first source is Substance Abuse & Mental Health Services Administration (SAMSHA) the other source is the National Association of State Mental Health Directors. They are pretty similar as they are consumer/survivor operated self help programs or services planned, delivered, and evaluated by consumer/survivor themselves. Although some of the programs incorporate the use of professionals in certain areas. The others were put in there because those say something the first one doesn't, it emphasized self help as its operational approach.

Colette: Will we email or mail via USPS copies of these documents to the panel members. Also, if there are other providers here with schedules to present, or programs that may be a useful thing to add to our report as an example of the kinds of activities you'd like to see included, feel free to forward to me at the HHREC or to KASA. Part of the idea from gathering this scheduling piece is we would like to present them as a part of the package showing different types of scheduling programs that are currently in operation.

- [Models to be forwarded as recommendations](#)

Colette: We had some clarification from the County office that said this group was not charged with having to build a model; or to select one model over another. If there was an example of one we wanted to share, they suggested we forward it over and that would be fine. They would take a look at it. So we are leaving this open, if someone wanted to submit something to include there is still opportunity.

- [Review Minutes from September 17, 2009](#)

Colette: Were there any corrections that needed to be added to these minutes?

Corrections/Clarification: Cecelia and Kathie – name corrections

FOCUS OF THIS MEETING/Colette Winlock, HHREC & Kirkland Smith, KASA

Colette: We have three things that we'd like to accomplish in this meeting.

1. The first will be a presentation from a homeless focus group that was held in Alameda County with a variety of homeless individuals that are currently utilizing services. Kirkland will give an overview this focus group meeting as well as the survey results.
2. Next, we would also like to take a moment to review the summary of themes brought out from previous meetings that include what Tisha wrote on the board during these meetings as well as what was captured in the minutes. In reviewing the Theme from Howie the Harp Planning Panel Meetings document, look at what's missing and what needs more clarification. Ultimately, those themes are going to be what are moved into our recommendations – we'll look at that page by page.
3. Finally we'll then look at what are recommendations for organizational capacity. We spent two meetings looking at philosophy, values, interrelations, and policies and we need to take a moment to pay attention to what are the strengths, assets, and what would be the value added items that organizations would bring. We'll take a check at the end of the day to see if we feel we've brought out enough recommendations we can present to the County.

- **Presentation from Homeless focus group/Kirkland Smith, KASA**

On March 23rd we met at the Henry Robinson Center with 45 people – 41 men and 4 women that were currently homeless. There were some things they broached in that meeting we felt were very heartfelt and clear. Many of them expressed concern as to whether their thoughts and ideas would go any further than the 4 walls at the Henry Robinson Center. They stated no one had ever come down and asked them questions as it related to their center or to show they cared about the plight of the homeless. These individuals also stated they would hold us (KASA/ACBHCS) accountable to get them the help needed as well as solutions to some of their problems.

In summary, here is what was reported:

- 40% were homeless for less than a year (first time);
- Factors for homelessness – divorce, substance abuse, job loss, relocation issues, prolonged incarceration or they no longer had access to the home due to conflict.

Recommendations:

- ✚ Need someone they can trust. There are “sharks” out there that are taking advantage of those experiencing difficult times. In particular areas of transition (homelessness) they need people they can trust with their challenges.
- ✚ Want to see Alameda County get more involved with the services provided via agency checks or monitoring of these agencies to ensure they are meeting the requirements of the program for instance SAMSHA. Particularly ensuring there are protocols in place for filing grievances.

- ✚ Tracking mechanisms that complaint processes adhere to.
Sylvia: With regard to the complaint process, I used to work at the County processing complaint department. As management changed, so did some of the values. Consumers are no longer answering complaints from the consumers. I would like to see that come back as the complaints came in from various agencies; things got done and didn't fall through the cracks.
- ✚ More accountability and monitoring of how grants (SAMSHA) are being used and distributed through agencies with follow up incorporating consumers verification
- ✚ Utilization of religious/faith based organization – It is their thoughts these religious and community based programs relieved some of the burden in particular to those with families. Providing comparable services – recovery classes; food and clothing pantry; computer labs, job training seminars may be more beneficial towards helping to get their families back or to help with the families that are still together. The state may not have the wherewithal to fund all of these efforts, but the community and religious organizations, synagogues etc could partner with the shelters to provide some of these services.
- ✚ Vocational rehabilitation – addresses core values (housing and work). We can give an individual a hotel/motel room for 3 – 4 nights, the reality is by day 2 or 3 they begin to think about what they are going to do when it's time to leave.
Yvette: Sometimes getting rooms at some of these hotels are bad environment. You are glad to have a roof over your head, but sometimes these places are in areas where illegal drug use, sales and just the illegal activity is counterproductive to where a person might be in their recovery. I wish these hotels could be more monitored with more responsibility.
James: Sometimes the relaxation for those few days is a plus as it gives you time to think more about what you could have done and what you are going to do next, but when you teach someone a trade/skill, that will increase their opportunities to provide for themselves in the long run.
- ✚ Convert empty warehouses to affordable housing – allowing skilled homeless people (carpenters/plumbers/electricians) to assist with these conversions. This will allow these individuals to give back to the community as well.
Sylvia: These renovations could be more like Habitat for Humanity. It would be more satisfactory if people were able to be a part of building these kinds of places themselves. You'd get self worth, self gratification and feel like you took a more active role in your own road to wholeness in times of transition.

- ✚ Reallocating funds designated for the homeless to more useful means like home down payments and/or security deposits for those who are working but can't come up with these deposits.
- ✚ Better grievance resolution done by Alameda County – forming a conflict resolution committee. A group that meets to help mediate grievances within these shelters.
- ✚ Recognize the potential for more homeless people in light of legislation that is being bandied around regarding early prisoner release. In particular scenarios like the Mixon incident. Their thoughts are Alameda County is not prepared for these releases, but would like to see the counties work with the Department of Corrections to define placement procedures before prisoners are released. This may help. The question is where are these people released to? Some don't have anywhere to go.

Yvette: Desperate people do desperate things.

James: I work with an organization that works with the formerly incarcerated. What's going to happen with the proposed 16,000 people that are going to be released? Some of these individuals are mental health consumers. I am finding very few organizations are planning for that. If someone doesn't plan for that these people are not only going to be sleeping in doorways, but in front of businesses. We see on the news everyday people are resisting the efforts of the local police. If they don't get a handle on this before these releases, we are not going to have enough police officers to deal with these situations – there will be a lot more violence.

Sylvia: It's deeper than that for me. When you go 51/50, and get put away, when you get out and don't always have money to pay your rent. The mental health consumer may not have a place to go back to either.

Summary of homeless focus group

Kirkland: One of the men made this statement “We’ve learned to tell ½ truths (a lie) to get a bed. If being honest with you is going to deny me a bed, then I am going to lie.” This means that sometimes people have to “dance” or confess to being something they are not because just being what I am is not good enough to get a bed. I’ll do or say what’s necessary to get these services...” How do you ascertain which people are being forth right in answering the qualifying questions to receive the services, as opposed to those who are simply seeking some assistance although their need does not qualify them for a particular service at a particular agency?

Dayvell – I was at that focus group meeting and empowerment was one of the things I think is very important. I noticed those in the front row of this meeting were in their 1st year or 2 year of homelessness and were eager to participate and ask/answer questions. The ones that had 4 -5 years homelessness sat in the back rows with their arms crossed not believing things would change. There are some things that will keep peoples' hopes up... they have to believe and know there can be something done to help, I just don't have the contact. I am sure you'll find

some of the people that had hope in the front row have now become discouraged and have “moved to the back”. The mindset or belief now is there is nothing out there for us; or the world doesn’t care helps to promote mental disabilities. Some had mental health issues to begin with and some didn’t, but if you stay out there on the streets long enough you are going to develop mental health issues. We are going to lose quite a few people.

James: A lot of people resort to drugs as an escape method. What they really don’t know is after the drug is gone, the side effects last from a few days to 2-3 weeks – this is called cocaine psychosis. We as a community are not going to be safe and will have major problems if we don’t have solutions for people coming home from prison. They think either I get fed out here or get fed in there. I’d rather go back to jail than to be out here on these streets homeless. The thing is this, what am I going to do to get back to the pen? If I get away, I get away and I am cool... if not, I’ll go back to jail and they feed me. The biggest thing is going to be the impact of the violence that is perpetrated against the community. We really need more places like the Building of Opportunities for Self Sufficiency (BOSS).

Dayvell: Did you get any feedback from recommendations from the African American Utilization Study committee?

Kirkland: Not yet, the final document hasn’t been submitted or published... we are close to the finalized product.

Yvette: I would like to see professionals more educated about people in the street. I can’t tell you how many times I’ve been with professionals in meetings that have made inappropriate statements. For instance, “they (the incarcerated) love being in prison rather than outside.” I almost was asked to leave this meeting as this upset me very much. They don’t realize that anyone that wants to be locked up for the rest of his life in somebody’s program is sick in the mind. We as professionals need some kind of education because that book we’re operating under is not always telling the truth.

Ernest: As far as the mentally ill or behavioral health client is concerned they are forming a Behavioral Healthcare Court to which these clients can voluntarily go into this Court and they can receive care and outpatient treatment through a specified program. The Court sees you all the way through the process. It is an existing service although it’s very new... it is a model.

Yvette: It’s a good model, but only a select few go there. The ones that I’ve seen go there are not from the lowest of low. Some of them have degrees; some have families.

Sally: When we talk about the main themes, we need to try to incorporate summarizing these expressions from the homeless survey in our findings.

Sylvia: In speaking to incarceration, I’ve never been in jail, and there are a lot of mental health clients that aren’t in the prison system. When I hear about this is one survey taken from the Henry Robinson, as with other surveys I hear about, I wonder “Who did they ask, who are

THEY?" Mental health clients still have issues when we get out, so we have to remember this as well.

Kathie: The Henry Robinson Center used to have families too. Were the people interviewed in the survey only African Americans?

Kirkland: No, the focus group was geared toward the African American and this was the majority of the population. However, there were other ethnicities present as well.

Kathie: You said there were four (4) women present. Are there any families at the Henry Robinson Center?

James: Yes, there were women and yes, families are still very much a part of the Henry Robinson Center.

Kathie: Did the desire to utilize religious organizations come directly from the consensus present or suggestions from the survey?

Kirkland: From both. There were individuals present that specifically stated the need for clergy involvement.

Colette: We are going to ask Reverend Dr Lowery to give us input or his thoughts on the part of the question around the desire in the community to utilize religious organizations as we begin working toward our themes and what could be included in the RFP around clergy involvement.

Rev. Dr. Lowery: A lot of clergy that I've dealt with do not understand mental illness. I grew up around it, became a part of it and ultimately recovered. It's hard trying to teach a Pastor about this unless it exists in your family as it did in mine. It's going to be a little bit more than education that is going to be the key here. As I've seen some clergy that see chronic mental illness and they kind of shy away from these individuals.

Colette: If the clergy was involved is in the multi-service center, is there something the clergy can do onsite or offsite. Particularly, is there anything you know of or have experienced that could be done onsite?

Rev. Dr. Lowery: Availability and accessibility. A lot of chronically mentally ill people are more spiritually in tuned than some of the clergy I know. The voices they hear and the things they see are more real than what you can imagine. They hold these voices or things they see as true and as a form of righteousness as they are living it. So having accessibility to clergy I am finding is really good as I am out there everyday and this seems to be very important to these individuals.

James: To further answer Kathie's question around whether there are families at the Henry Robinson Center, it is their policy is that families eat at a different time. They have 1 to 1 ½

hours where they feed the homeless, people off the streets. Anyone is welcome, we have Whites, Asian, and Hispanics as well - all are welcome, but the majority of the homeless populations in Oakland are African Americans.

Yvette: The reason more Blacks are homeless is because in other ethnicities, their families won't let them go homeless. I believe the reason why we see more homeless African Americans is because the families are divided. There is a not a strong family connection.

Colette: This is a good segway into our next topic regarding themes we identified in previous meetings. It is possible we need to have more discussion on the family involvement piece as this was one of the smallest pieces in our recommendations. Think about what are themes that will support more family involvement at the Howie the Harp Center (the Center).

- **Themes from Howie the Harp Planning Panel Meetings/Colette Winlock HHREC**

When we look at this document we should do systematic, chronological order of addressing these identified themes. We will employ a "round robin" process. As we take each number in turn, please limit your comments to that particular item in what you feel is missing, what needs to be added, clarified or even omitted. For the sake of time, it is okay to pass if you haven't any changes or if someone has already stated the point you were going to make. We will go page by page to cover every page.

- **1 Important Human Relations Values**

- **Yvette:** I can't stress the importance of placing more value on having providers and consumers educated on each other and building relationships.

- **boona:** I would like to see a strong commitment be made to a partnership between consumers and service providers.

- **Ernest:** I would like to see someone greeting new clients when they come in the bldg sharing these values when one comes into for services.

- **Anissa:** It would be very important from the beginning to have some welcoming the people coming in, but also have the language to back it up – whoever comes in should be made to feel welcome. The person greeting them has to back up that person when they come in.

- **2 Policies Regarding Consumer Rights**

- **Consumer Right's– Overall Policy of Center**

- **boona:** With regard to "Clearly state Negotiable vs. Non Negotiable policies (Example: the Center's hours – when can consumers use the Center). This example speaks to non-negotiable policy; we should give examples of negotiable policies (times of community meetings).

- **Lt Hamilton:** Pardon my lack of expertise on these issues, but I would like to make a comment based on organizations that I have personally been around that seem to be operating effectively. It is important when you have policies and rules, the consequences for violating those rules or refusal to comply with them has to be clearly stated.

Policy of Refusal

Kathie: Item 5 - remove language “in order to provide stability/prolonged stabilization.” It doesn’t have to say this in order for consumers to continue to get services.

Ernest: Consumer rights: should be policies and procedures set forth in a binder that covers and communicates the rules and regulations around that center.

Kathie: Item 2: When speaking about policies regarding consumer rights, I am not against having a procedure manual, but I think that is separate. I don’t want the binder component to override the fact that people should know upfront and long before having a binder of their rights, I think that is important.

James: Item 5 – I’ve been a part of a couple of organization where they served breakfast every morning but didn’t allow you to eat if you didn’t attend a meeting. At this same facility, I witnessed the anger management facilitator fighting with the receptionist over food and yet, we the consumers still have to go to a meeting facilitated by these same people. I think we are holding people hostage to get better numbers of attendance or participation, and I don’t think this is fair. To keep it simple, people shouldn’t have to attend meetings to get services

III – Key Values of Services

Goal - Consumer Run Center

Mike: When we talk about consumer run service centers and look at the definition of consumer operated programs that Sally brought us today, it says some programs incorporate the use of professionals in certain areas of planning, implementation, and evaluation. I think we’ve talked about the consumer driver aspects of what a program should look like, maybe we want to balance that with a look at what kind of professional use could be incorporated in that consumer driven center.

Sally: I’ve always liked the words “consumer run” as opposed to consumer driven – that it is more clearly run. . This is a personal value for me. I agree with you as long as it is stated as it is in the SAMSHA definition that the organization is administered by consumers and the professional involvement is ultimately at the consumer administration. I don’t know if you can do that at first, but should be the ultimate goal eventually and it is what the SAMSHA definition says. I would underline “the goal is to ultimately provide a consumer run program” this is a key value.

Sylvia: In the section that begins “A consumer-run organization can include non consumer staffers in specialized positions...” I would like clarification here. I am a consumer that learned to be a professional so I feel like someone like myself could teach professionals how to speak to people that aren’t professionals – particularly the consumers.

Colette: I am hearing you would like to see consumers be part of actually delivering that training.

Sylvia: That is correct.

Dayvell: The agency should have its own employment training. I am not saying they set you up for failure, but after a three week course, you may get a set of clothes for an interview, but that’s all. You are still homeless; you still got to be at the shelter by 5:00 PM to get a bed. So for me, to show up (if you do get the job) for the first two weeks or

more in the same clothing doesn't make a good sense. Once you can prove you have a job there should be additional support in the way of clothing provided.

Follows a harm reduction model with harm reduction values

Sally: I totally agree with the harm reduction statement, but on the second page, as it continues, it says "Create "inclusive community", 'holistic' – address life's needs, not limited to clinical needs." This (holistic) should be a heading in and of itself as everyone here has talked about this from the start. This shouldn't be under harm reduction.

Colette: To kind of clear things up, in formatting the underline was used to try to categorize the themes.

Sally: I understand, but I think that identifying the goal to provide a consumer run program is a category. Maybe harm reduction is fine where it is or could be put under something else, but certainly "holistic' – address life's needs" meeting people where they are at, should be identified as a separate category – we've all talked about housing and jobs... all of these thing fit under a holistic category.

Anissa: There needs to be more language so people will know exactly what this means or what harm reduction is. For instance, if you say "You can only drink a little", expound on what "a little" mean? There should be a clear description. We also should be mindful of the need for people to understand they are welcome in their addiction.

James: With regard to the harm reduction language, we have to remember we are dealing with the mental health consumer. Regardless as to how far we go in school, a lot of us have language barriers. There are some that can utilize language and there are some mental health consumers that can not. Sometimes in order not to look stupid we'll just stand there and agree when the message is actually straight over our heads. So it is important to include very consumer friendly language that is easily understood.

James: Also, in reading the goal to provide a consumer run service center, I've recognized over the years the importance of working with families especially in light of prevalent violence today. We see very few organizations that have family recovery projects where parent and children are reunited and rehabbed together. A lot of our children as well as us are lost because our family structures dissolved because someone key in the family structure fell by the wayside due to drug addiction.

Colette: I believe you need to be a part of that particular training.

James: My point is family recovery is the biggest component that needs to be address in this section due to the addiction of the parent which often leaves the children taking care of themselves. The children don't learn how to respect their elders and ultimately choose to sell drugs to get the basic necessities. When a person who has been out there, decides that they want their family back, they don't have access to organizations that are designed for the family to rehab together.

Colette: That is an excellent recommendation.

Lt Hamilton: Just reading the goals as a person on the outside, that sounds like to me the importance is placed on the consumer run organization and not that it's doing any good in the community. The way it's worded, it sounds like we are missing the point. The point is to provide multi service center for homeless and mentally ill people and families in the community. How it's put together shouldn't matter in and of itself. In

reading this, what I am getting is as long as you get a consumer run organization... no matter what it does, even if you waste a bunch of money, if it does nothing, you've reached your goal. I am sure this is not what this Panel is saying. I think the wording should be tweaked a little bit more.

Cecelia: Item 3, regarding overall center decisions, I would like to see or know some people at this table are nominated or elected to be on this consumer run Board of Directors.

Colette: That's a decision which is going to be solely up to the provider that comes in. What we are saying here is what needs to be part of the RFP, which is to establish a consumer run Board of Directors.

Kathie: In harm reduction, we should go a step further by clearly defining what that means... such as what is harmful to you, do not do to another - we haven't discussed that. Another thing we haven't discussed is how are we going to serve the people that speak different languages – literally? Are we going to service people who don't speak English? If we do, how are we going to do this (interpreters)? Nor have we mentioned whether we want to have a facility that is accessible to the disabled and if so, what does that mean. That may not be a value, as it seems we are all talking about ourselves. We have to be mindful that we could be leaving out a lot of people.

Kirkland: What are some of the programs doing now that address the language barriers?

Kathie: I don't really know. I am not going to be charged with answering that. I am just raising the issues; you can get an interpreter but it's not the same as having staff available that can answer right there. There is answer to your question. I am just saying with regard to the RFP, sometimes you want specific answers to things and sometimes you want to add general things to be addressed by those designing the RFP.

Colette: This seems like two different things. One is to make sure the program has bilingual capabilities and disability access.

Kirkland: You have to define what bilingual will be.

Colette: This will depend on the target group and right now, we are not at that stage of development. However, I understand where you are going with that.

Yvette: One alternative to addressing the language barrier could be instead of having an interpreter on the phone have someone on staff.

Colette: Keep in mind the multi-service center is not residential facility even though we are going to be looking at follow ups with regard to exit plans and housing.

Sylvia: FYI, the Center is an English speaking program. There are other ethnicities that speak different languages and they are offer referrals to other agencies that can address these barriers. Another possibility or recommendation could be implementing a peer system.

Mike: In harm reduction, I would like to see the word "recovery" somewhere used as a service value. I think self paced recovery is a good concept. But harm reduction can sometime be use to perpetuate addiction so I would like to see recovery as a value.

Sally: That is a wonderful thing to say because the flip side of harm reduction is recovering at your own pace. It's a more positive way of saying harm reduction.

IV – Grievance Processes

Kathie: Complaints should be dealt with in a timely manner.

V. Utilize Committees as a Valued Component of Center

boona: I would like to add more language on the orientation and training piece “All consumer leaders, support staff and board members be fully trained in the values of the Center, the methodology of doing its work and the consequences are clear. That everyone get the same training at the same time. And that these are developed in partnership with the consumers.”

Sally: To Utilize Committees as a Valued Component of Center is very important, but the category is the next sentence which is “Consumer involvement in all activities of the Center...”and utilizing committees as well as holding general meetings describes this. The big deal is the consumer involvement. By consumer I mean the members. When we say consumer providers, we are talking about the consumers also.

VI. Value Family Involvement

Colette: We have heard that the organization should have a defined family involvement piece as a part of that project (family recovery mentioned in Section III). If you have additional things to bring forth, let’s go with that.

Sally: When talking about family involvement, I totally agree with what people are saying with regard to a support system being important to anybody’s recovery within yourself or your identified family. I want to add that in the movement I came up in, some of us had horrible experiences with our family and did not want them involved. I want that in there, not to force family involvement. That could be a problem. Language should be based on choice.

Sylvia: I am thankful for the Wellness Recovery Action Plan - I didn’t want my family involved in my recovery. However, if we could implement some kind of peer support for consumers and family, that would be great. There should be choice.

Ernest: I think we should suggest more diversity via cultural awareness activities which could include family involvement as an organization.

Joseph: I’ve been involved at the Center where diversity is important and practiced. They do it all. No one is left out.

Cecelia: I have seen the Center implement cultural awareness and I support that as a continued activity as the change over goes forth. .

Anissa: In speaking to family recovery- a lot of pieces are missing because of the family not knowing how to help. When you say to the family the words “51/50” the hairs on the back of the neck stand up as all they can think about is someone being chained or locked up because they don’t understand it. Maybe the Center could offer an evening or a schedule where families could come together and talk about how you help someone with mental illness instead of pushing these family members away. Asking family members “What piece of recovery are you a part of?” “How do you help them recover?” The family dynamics need to be addressed so the family can be comfortable in sharing. I am not saying this is forced, but only where they feel comfortable doing so.

The children need to have a venue in which they are heard – we often leave them out. For some it may be mom left and I had to assume the role of care giver for the rest of the family – what did they have to do to survive? Sell drug? What? How did they pick up their role as a child in reestablishing the presence of the parent now in the home; or having to pick up a relationship with the mother or father that wasn't there for them?

James: It starts with education we've seen a lot of conventional methods that don't work. We have to be receptive to use non conventional methods, project and programs such as narcotic history. An example would be a facility that houses families such as the Henry Robinson Center, with educational areas which include parenting, personal development, culinary development; and most important narcotic education/history on how it got to you and what it does to you – cocaine psychosis. Some people see their families are restructuring and curiosity comes into it. It starts right there. The same curiosity that got you trapped into drugs can get you legal and healthy.

LT Hamilton: I agree with the group that family is very important. I think there should be some kind of curriculum developed to education the family about what they should expect from that person. Those that are not directly affected by AOD abuse or mental health issues, do not understand it. They sometimes think "Why they don't just quit" and they believe it is just that easy for everyone to do so.

Colette: There are a number of curriculums out there like the ones described around educating the family, and I understand what James is saying about non conventional methods.

Dayvell: A lot of times people don't want to force things, but an open house or family night every 6 months may help engage the family.

Kirkland: In summation, I'm hearing we want to create something that will keep people and not loose them. No matter what you do we try to think ahead to the ultimate end goal is for everyone to succeed and not allow anyone to fall through the cracks. The thought process begins with creating a thorough and comprehensive orientation process with procedures clearly designed, defined and communicated; incorporate job training, education and family involvement. When we present the plan to the County, we've thought about what we've present and not so much that it is fool proof, but we've thought about everything we need to so that no one, IF they follow the plan, will go out through the back door.

VII. Core Competencies for a Successful Consumer Run Program

Colette: Let me share a little bit about what we are hoping to do today. We are hoping to wrap up today. There is some information that we need to get some focus intention to. This has to do with organizational capacity.

Let's spend a little time with what community report back will look like. If we go to Page 3, the information here came from a presentation boona cheema made. I mention that so that if there are questions, boona can provide more clarification.

boona: I was okay with some of what is written here, it but it will have to be re-written for our purposes. We've gone through this in other work we've done and we've gone

from blended center to consensus on consumer run which engages professionals. So I think we need to talk about a consumer run organization and then look at what kinds of capacities a consumer run organization needs to have.

Colette: Once we put all this together it will be run back to you to ensure you are okay with signing off as a committee. If we could do a couple of things with this 1) if you make comments on page 3 or page 4 as far as additions or corrections; 2) we also can begin to shift in conversation about what type of organizational capacities we are looking for. I am going to select people as they raise their hands.

Ernest: In most organizations that I've been a part of we've developed mission statements, this has not been developed here yet.

Colette: That is not our charge. We can say that a mission statement needs to be a part of that and if you have key elements that you think should be included with that mission statement we can move those forward.

Ernest: I am looking at the "Main Goal" and I don't see anything that pertains to mental health.

Anissa: One of the things I wanted to piggy back on is the religious piece, but I wanted to incorporate this in the "core competency" piece. In the leadership part at the bottom of Page 3, I wanted to see some language around drawing in the leadership from the community, particularly from the clergy. The leadership of whatever agency takes over should be willing, able, and have the experience to go out to the wider community i.e. clergy as they are well integrated in West Oakland and pull them into helping as well as other parts of the community like the neighbors and everybody else. I would like to see that leadership part specifically called out. I'd really want to see the community involved.

Yvette: Piggy backing on the clergy's involvement in the community (Fremont and Glad Tidings), they both have good outreach programs and good family structure and we could possibly use them as a model.

Dayvell: One thing with regard to the "Components to Address" on Page 3 under "Hiring and Recruiting Process, I see a lot of nepotisms going on in a lot of these agencies. How can we put something in around stopping this? We can't really tell them how they are going to run the program. I think we should make a recommendation, see if it is stated within the SAMSHA guidelines or whatever. I don't think evaluations are going along properly or the way they should. Staff/consumer should be equal and held accountable even if they are doing wrong. We sometimes see that since we work together, I am going to give you a little slack. Whatever punishment should be standard across the board.

boona: This is the question about organizational capacity. I would say "An organization that manages resources, how to manage people, creates the policies and procedures that are fair. Create and use curriculum that is appropriate to raise people skills; and an organization that understand democracy & the voice of the people."

Joseph: I would like to see something for the consumer during the winter time when they are released from the shelter at 5:00 am. I would wake up at 4:00 wanting to ensure that these individuals have somewhere to go and something to do because we don't want to see them breaking into houses or cars for shelter, or harassing people on

the streets as they make their way to work. Another problem that is a direct result is the rain brings pneumonia or other medical concerns that they bring into the Center because they have no cover for themselves. I would like to see this enforced too.

Colette: Hours of operation is an interesting topic, we'll have to revisit that more.

James: Wanted to comment to what Mr. Carter said, we had that implemented at one time through OIC. It was great and we got a lot of community support. There was a club next door they would sometimes give us food. This is an important thing especially in light of the Swine Flu. I would like to know what happens to the Center when this decision is made. Does it close and restructure or does it stay open?

Colette: This, too, is a question for County to answer but we will document. Let me ask something so we can operate in a proactive way. Do you think it should close? I hear you talking about transition and what is the best for consumers.

Joseph: The consumer comes first. If you shut the Center down, "where do they go?", "What do they do? For some, is this might be a personal thing, or is it really about the consumer?"

Lt. Hamilton: Is there going to be any mechanism for the police to make referrals?

Colette: Are you recommending that there should be a mechanism for them to be able to make referrals?

Lt. Hamilton: Yes. We come across a lot of situations where we really don't know how to deal with the situation. Is there a resource? If so, I would like the whole department to know about it.

James: Can we use you as a contact?

Lt Hamilton: Yes, that's okay in Area One as we are already getting it done, but this is needed in the entire police department. We need to talk about how we are going to education them as well as the Sheriff's department about this.

Yvette: I think that will take a lot of the hostility away.

Joseph: Speaking for the consumer we have to cater to the dual diagnosed consumer. Some of whom go into the system (prison) and back out unevaluated. Somebody, somewhere is not really focusing on that's a separate entity there. If the police officer comes across them and they are 51/50 or 51/49 and have an idea of what dual diagnosis is, they know where to place them as they need direction and guidance.

Colette: Let's brainstorm on what type of networks and what type of resources should the organization have access to out in the community to support their types of referrals? If we could do some type of listing of what those types of organizations are?

Sally: I don't mean to get off the point and not follow your directive but something is still on the table to be decided. 1) When a new provider comes in should the Center be closed until they come in. There are pros and cons to this issue. 2) You can't decide the capacity of organization until you know exactly who the target population is going to be. Is it for everybody? That has to be something talked about and decided – will this be done in the RFP. It can't be for everybody and what is also important is how they designate meeting that target population. This has to do with language too, if the target population has a high degree of people who speak Spanish; then we'll have to have people who speak Spanish there too. I think this is something the RFP will have to note and then the organization will know if they have the capacity. These are unknowns. One

other thing I think is important, the concept of being non-hierarchical, reaching across and not up and down – using a democratic approach of inclusion for everybody.

Yvette: About the program we've talked about for the last 3 weeks, I think it has got to be open 24 hours to get the support the consumers need. The homeless need support 24 hours a day, they don't need to be getting out at 5:00 am and having to come back at 6:00 pm

Sylvia: I was at the winter shelter and appreciated the fact that the Center opened their doors early as I wouldn't have been able to shower and use the other amenities. I am disappointed to hear the County has all of these services that are under utilized and they already have services implemented, but people are not educated to what is out there. I am going to give this directory to Lt Hamilton because there are 155 agencies in the County that can be utilized and it gives a statement on what every agency does. The County can do a better job at getting this information out there.

Colette: This is the point where I'll have to ask us to slow down on some of the points we are getting to as we starting to feel the passion of our work and personal experiences and how that can just cycle the room. I am going to ask us to pay attention right now, and think about what are the key points we want to make. Sally put on the table there needs to be something said about the target group that this center is going to serve. If you have something to say about that target group, bring that forward; 2) I also want to remind people of what types of strengths do you want the organization to have in terms of referrals or networks they participate in.

Anissa: I don't know if there are networks online for referrals. It's hard for agencies to be staffed 24 hours because of the cost – not so online. I don't know if this is something that can this be made available online and be user friendly. Or having someone to field those calls as well as staffing on the other end for emergency calls would be best.

James: FYI, EI&R has this service (24 hours). I also want to provide clarification on what I said about whether to close the Center during its transition. My point was not to close the Center, but to not allow what happened last time to happen this time when there was transition.

Colette: So what you're saying is there has to be a transition plan in place at the appointed time.

Dayvell: We said it's important to designate the population we are going to serve, but we haven't done that yet. In looking at the Center, the building itself is not designed to facilitate 24 hours service. I saw it when it worked well and when it didn't work well – I want to get it well again. I think the County dropped the ball here, that's my opinion. Whoever gets the place the records or books should be open for easy access. The consumers need someone they can trust. They also need to be able to have access to get their own records.

boona: I'm just wrapping everybody's comments up - identify target population; agree on hours of services; identify services needed; who best can provide them in a space that is appropriate and with adequate resources.

Rev. Dr. Lowery: Sticking to mission and vision, you've got to bring back down to why the Center was put in the location where it sits today in terms of the population served. At both locations they served the general population and you've got to let that happen.

There was a built in outreach from the beginning that stopped. They stopped doing outreach and that is what started other elements coming in. Getting back to that outreach would suffice the time that it's open. If you know how the City runs and where the homeless go at night, then outreach is there to bring them in and not have them sleeping under bridges.

Colette: We are getting into a realm where we are reinforcing points that were already made. Is there anything missing here?

Rev. Dr. Lowery: We've had people living with us and didn't speak the language. We'd take them to other resources that we'd work for or with to break language barrier and bring them back.

Cecelia: I would like to see the center be open from 9:00 to 5:00 like Howie the Harp designed it and reinstate the positions listed when it was a multi-service center.

Sally: Whatever agency gets it has to have some transition plan on the consumer affairs side as that could also change the whole culture of the program. I would hope the County would include this in the RFP.

Joseph: First, having an interpreter for any other type of nationality would be good if we could take the agency names from the network of resources. But what is going to happen when they come back you still can't communicate with them? What do you do then? At the Center we have that up and running, but nobody took time to come and see what we are doing. If it is already working, it doesn't need to be fixed.

Kathie: We have a question to be addressed on Page 4 who is going to be served? We didn't get that answered. If we are going to design a multi-service center for the homeless and the severely mental ill, this is our opportunity to have a center whose hours are greater 9 to 5. I don't know another place that is open in the Oakland area beyond 9-5. This is our opportunity to put in what we like, a wish list. For me, sometimes you want a place where you can go to and actually talk face to face to a person, no matter what time it is - especially when shelters put you out when it's still dark. Right now, they will put you out or can't/won't let you in.

Ernest: I just wanted to add to boona's synopsis, she did not add accountability to the list.

boona: I wanted to say something about the County. It has the same will and intent to make this as success in the same way its doing as a part of its systems change. That this center be perceived as a part of the system change, an integrated partner system change.

Next Steps

Collette: I want to ask Kirkland to say some things about the community report back meeting. HHREC, Tisha and I are charged with taking all of this information and creating a report. We are also charged with getting this to you with advance time for review.

Kirkland: HHREC and KASA were confident as Supervisor Keith Carson's office went through the selection process that we were going to get highly skilled people sit on this Panel to address concerns presented. This has become evident in last few weeks. Once the report is put together, and incorporating your review and comments, we can proudly present that to a

public venue or comment forum. If any one has a desire to present a portion of the report, we would love to have you. We love to have a provider there; as well as someone from the police department (LT Hamilton) as their presence will add more value to the process as he shares what we mutually agreed upon, city officers, providers and consumers etc. this would even enhance the presentation tremendously – showing one accord. Whoever would like present, please respond via email or call Colette or myself. We would love to have everyone here present, but only a few will be selected to present.

Colette: One of the key things is the October 28 date was chosen to allow us time to finish the report and for Supervisor Keith Carson to be able to be in attendance with us. He deserves to be present with regard to these recommendations/solutions. The timeline for getting the 1st draft to you is slated for two weeks. We have email addresses but not all people have these kinds of accounts, so we request you give us physical or mailing addresses as well.

Yvette: I nominate boona and Sally to speak

Anissa volunteered to speak as a family member representative.

End