

WRAP

Capital Connection

A PUBLICATION OF THE CONSUMER LEADERSHIP FORUM

Made possible by a grant from the DC Department of Mental Health



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By Leah Harris

I recently had the honor and privilege of participating with fourteen fellow peers in a Wellness and Recovery Action Plan (WRAP) facilitator training, conducted by BJ North and Alan McNabb from the Copeland Center for Wellness and Recovery, and funded by a grant from the DC Department of Mental Health (DMH). I want to express my gratitude to Ms. Galina Sergen and Ms. Frances Priester for all their work in making this training possible, as well as to BJ and Alan for the incredible circle of safety and support that they created throughout the week.

With the Certified Recovery Educator (CRE) credential we have just received, we are now qualified to facilitate WRAP groups. WRAP is a powerful, structured, and effective program to help people with mental illness issues to live self-determined, satisfying, meaningful lives and to gain a firm footing on the road to wellness and recovery. When I was first starting out on my recovery journey in 1993, I didn't know about WRAP. How I wish I had had a concrete action plan for rebuilding my then-shattered life. But the good news is that (con't on p. 2)

Pictured (top, from L.): Michael Sterling, David Goodwin, Sharon Wise, Alan McNabb, Nathaniel Stanley; (center, from L.): Ceno Dnnnington, Gwendolyn Williams, Yvonne Keyes, Dorothy Adams, BJ North (bottom, from L): Gerard Thomas, Leslie McIntyre, Leah Harris

Consumer Leadership Forum

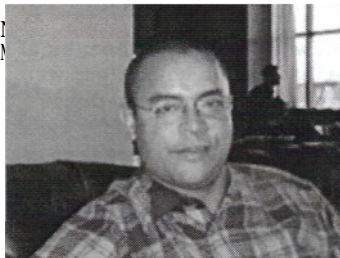
STATEMENT OF PURPOSE

The purpose of this meeting is to unite our best efforts as mental health consumers to reshape/reform/reinvent the D.C. mental health system.

We will not expect the meeting to be a place where we resolve our personal issues but will support each other and network as desirable I possible outside the meeting.

While gathered as a group, we will focus on the vision of the type of mental health system we want to create and the process for getting there.

Interview with Nathaniel Stanley, Part II



(This is Part II of an interview Leah Harris conducted with Nathaniel Stanley. Part I appeared in the Jan-Feb 2006-7 issue of *Capita! Connection*.)

LH: What today is most helpful to you and your own recovery? You've mentioned meaningful work as a significant factor, but what are the other factors in your recovery?

NS: Three things - number one is an evolving spirit and a personal relationship with God. I was raised in the church, and my father was a minister up until 2006 when he retired. Being a minister's son, my response as a teenager was to rebel. But as I have become more spiritually inclined, I see (con't on p.2)

WRAP Training Comes to DC (con't)

WRAP is here, it's spreading around the nation and the world, and we now have an increased opportunity to share it with people in our community.

WRAP was developed in the early 1990s by Mary Ellen Copeland, a woman who dealt for years with experiences that were diagnosed as mental illness. She asked her doctor for resources on mental health recovery, and he reported back to her that he did not know of any. So Mary Ellen went out and started interviewing her peers about the things they did to keep themselves well and what they did when things weren't going so well. Out of her research, WRAP was born.

To me, the most exciting thing about WRAP is that it is structured to help move us towards what is called the "wellness worldview." Rather than focusing primarily on our illness and symptoms, the plan is designed to help us see ourselves and the world through the lens of wellness. What a revolutionary and much-needed perspective!

Within the WRAP framework, "Mental Health Recovery" is discussed in terms of five key concepts— Hope, Personal Responsibility, Education, Self-Advocacy, and Support. All of these concepts were found by Mary Ellen Copeland to be essential components of the recovery lifestyle. WRAP emphasizes that recovery is an ongoing process of self-discovery and personal growth. It is a journey, not a destination. Each person's WRAP plan is unique to them. A WRAP is a living document that has the potential to adapt to meet people's changing lives and needs.

Here are some thoughts from my fellow trainees about the experience:

The WRAP class has taught me things about myself that I never thought of. It gave me an opportunity to open doors that I had not opened, and doors that I never thought about opening. It was an eye opener for me in all parts of my life. I am going to take the experience that I have learned and excel in it. I am going to give back what I have learned from this class. I want others to experience what I have from WRAP. There is no limit to where you can go with WRAP. — Dorothy Adams (con't on p. 3)

Nathanial Stanley (con't)

that there is something that transcends psychotropic medications. Something that transcends the therapeutic approach - sitting down and being assessed and otherwise. There is a transcendent spirit that allows us to break through the walls that can confine us - that has saved a lot of lost souls and lost spirits. I'm one of them, clearly. The second thing that keeps me stimulated and well is healthy holistic relationships with people. Like any other gentleman, I've had some stormy relationships [with women], but very fulfilling ones too. And other relationships - strong, healthy relationships with family members, and also strong, healthy relationships with friends and loved ones. Having that circle of support. Being around people who have a diagnosis and those who don't. People who inspire me, and people whom I can inspire as well. And the last thing is a solid Wellness and Recovery Action Plan (WRAP) for myself, being sure that I am practicing what I preach. I'm not just up there paying lip service to this whole cornucopia of different aspects of holistic mental health and healing and recovery.

LH: What do you find most fulfilling and rewarding in the work that you do?

NS: Seeing the energy that is empowerment illuminate. It's almost like potential and kinetic energy. Until there is something that acts upon something else, then it's just stagnant. Seeing motion - intellectual motion, emotional motion, spiritual motion, seeing the WRAP plan go into motion. Seeing empowerment become a movable entity. Also seeing the joy that exists when people see that their lives are becoming more enriched. In turn, I feel joy. It's not about a vicarious experience. It's a shared experience of joy and adoration. We're happy because we have a collective spirit that is joyful about peoples' success and achievement. That for me is the most rewarding thing.

LH: What advice would you give to consumers interested in working within the mental health system?

Don't be afraid to take risks. Put yourself out there. Make sure that you are healthy and well. That you are stable, and gearing yourself towards the preparation. Because, on the flip side you're going to experience a great deal of stress. Always do the research regarding the resources. There are a lot of people out there who are fully vested in consumer empowerment, and it reflects in the organizations they are affiliated with, the organizations that they have created, and the type of people they recruit. I think about Consumer Action Network, and the CLF, who also might be friends and allies. Associate yourself with people who are not trying to marginalize you, who are telling you what you cannot do. Associate with people who are willing to challenge you and to love you at the same time. Last but not least, recognize the power that is within you. And don't be afraid to allow it to illuminate. And don't ever forget that if you have done something successful in your life before, you can certainly do it again. If you surround yourself with the right people, stay healthy, and surround people who are not dream-slayers and assassins of the visions, if you will.

WRAP Training Comes to DC (con't)

The WRAP experience for me is something that I think everybody should experience. I personally liked the facilitators - they were just fantastic. What I am going to try to do - even though I will have my own personality -- is to emulate the way they presented this to me. This thing is for everybody. Forgive me for being forward and for making assumptions, but everybody needs it. I feel like it's my obligation to pass it on, and so I'm going to pass it on, and instill in other people before I give it to them, that they must give it to somebody else. David Goodwin


The training was informative, engaging, and empowering. It left me with a renewed sense of purpose and more tools to 'spread the Gospel' of WRAP. Nathaniel Stanley

I feel like this WRAP seminar was everything I expected. I've gained a lot of insight and knowledge from it. My goal is to carry this out to as many people as possible. Michael Sterling

*WRAP - it's a treatment option that worked for me.
Gerard Thomas*

*I have high hopes of being a successful WRAP facilitator in many, many areas...
Gwendolyn Williams*

The WRAP experience is something that I think everybody should experience...I feel like it's my obligation to pass it on, and so I'm going to pass it on, and instill in other people before I give it to them, that they must give it to somebody else, — David Goodwin



What I learned at the WRAP training was vast. I learned what hope can do when I embrace it. I embraced the fact that I had to take personal responsibility for a lifestyle. I have to accept responsibility for what I need, what I learn, and how to empower my peer with it. I learned to educate myself through a diverse pool of people, the internet, workshops, conferences, and reading. I know I must educate myself and then educate the people. Self-advocacy was a very important aspect, because "if it is to be it starts with me," and then I can teach it to others. I learned about support in a way that is so vast that it can't be contained in one statement. I learned to support, be supported, and I thank those who love and care for me. Sharon Wise

I will never forget the power of participating in this training. It was so beautiful and inspiring to see my fellow peers blossom and challenge themselves in new and exciting ways. Over the week, we developed a deep and unshakeable bond of camaraderie, trust, and unconditional high regard. Each of us is deeply motivated to develop and strengthen our own WRAPs and to spread the hopeful message of WRAP among our peers.

If you are interested in starting a WRAP group in your community, please feel free to contact me at (202) 236-7747 or by email at leah_ida@hotmail.com and I will assist you in connecting you up with my fellow facilitators and organizing a group.

February 2 CLF Meeting Report

During our Feb. 2 CLF meeting, we conducted a brainstorming session to help focus our testimony for the upcoming Feb. 26 DMH Performance Oversight Hearing. Below is a summary of our efforts and positions we have taken in our four task force areas, as well as in regard to the DC Core Service Agency (CSA). Thanks to Jeanne Locher for providing this summary.

Housing

We are concerned about the lack of available housing, lack of affordable housing, lack of Section 8 housing for consumers, lack of Supported Independent Living (SIL) housing, people living in cramped and poor quality CRF housing, people being warehoused in CRF housing, the process to place people in housing and the process for applying for housing.

As mental health consumers we feel passionate about recovery and helping people to rebuild their lives. We support a housing plan that moves people through different levels of care. So, ideally, if someone ends up in the hospital we want a process created in discharge planning that allows the consumer to clearly decide, to choose, for his or her own self what type of housing he or she wants to live in. Consequently, DMH must work on expanding already existing housing and creating a choice in housing.

We want DMH to create new SIL housing units for consumers of mental health. Consumers transitioning out of the hospital, or a shelter or a CRF need to learn to live successfully in the community with the necessary supports in place.

Last year the Council cut one 1 million dollars from the budget set aside for new SIL housing units. This money was never spent the year before by DMH. No new SIL housing units ever opened up. What exists is a set number of SIL slots. Most of these slots are occupied. A vacancy occurs only when somebody ends up in the hospital or if a person successfully plans to move out on his or her own, which is a very rare occurrence.

The Home First I and the Home First II programs were created to hopefully place people more quickly in subsidized housing. The application process needs to be reviewed and developed into a consumer friendly format. In addition more slots need to be made available. Right now there is a wide gap between when to move people out of St. Elizabeth's, but people don't have a place to go because the housing isn't there. We feel strongly when the city sells the West campus of St. E's; the money must be mandated for housing for people diagnosed with mental illness.

If you compare the cost of living in the community vs. living in St. Elizabeth's hospital you will see the cost of institutionalizing people with mental illness is outrageous.

For most people who are formerly homeless learning about services and accessing services is exceedingly difficult. DMH needs to focus on improving their outreach services and employing peer counselors to do that. Those who succeed in getting services and getting into housing are those people who found the determination within their own self to be their own advocate, to I go out and get what they want and need in life.

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Y° institlltionalizing people With mental illness is OUtracteous

•(Crisis Care

Ijff DMH needs to understand how awful being in crisis is and traumatizing to *ts.* the individual. Compassionate care is critical to a quick recovery process and to *TM*inimiz_e additional trauma.

The CLF Crisis Care task force is advocating for Mobile Crisis Units in the district. Homeless outreach people can't handle the work. We need dedicated crisis teams and a step down process between St. E's and the street.

••••< Mobile Crisis Units would transport people directly from their home to a

TM: Crisis House facility. People would not be sent immediately to St. Elizabeth's or CPEP. People would have the option and the choice. The CLF seeks the creation of new low barrier, low trauma crisis care. At last year's Performance Oversight hearing, testimony was presented about the inability of the Access Helpline to get people into Crossing Place and Jordan House vs. being automatically sent to St. Elizabeth's. The CLF crisis care task force was successful in lobbying one on one with Alexis Haynes, Director of CPEP, and with Steve Baron, Director of DMH, on this issue. As a result a case manager can now call a crisis house directly to get a bed.

We want DMH to encourage Provider Agencies to encourage their case managers to give people the choice to stay at a crisis house facility as opposed to being sent to the hospital.

St. Elizabeth's hospital

DMH needs to focus on improving discharge planning, and outplacement from St. Elizabeth's hospital and to improve upon the serious lack of continuity of care.

This lack of continuity of care is the number one issue DMH needs to address with our Provider Agencies and their case managers who are the front line workers in our DC Mental Health System. People are dependent on their case managers to connect them to support services in the community, (con't on p.5)

February 2 CLF Meeting Report (con't)

There is a HUGE lack of supports in place for people who are transitioning from one place to another. Case managers are failing to CONNECT people to community SUPPORTS. DMH must focus on improving discharge planning. DMH must do some interface work two or three months out. If case management is not able to find a place for their client to go, the client should not be discharged from the hospital. Otherwise they end up in the street and back in the hospital or back in the DC Jail. We are concerned about the lack of access to support groups in the community by people who live in the hospital. People would rather stay in St. Elizabeth's because they have never learned to live in the community successfully because the support just wasn't there. DMH needs to focus on providing a community support network.

We want people who are living at St. Elizabeth's to be able to attend support groups out in the community. So people at St. E's can get out and meet their friends and hopefully make new friends.

The other issue DMH needs to address and to improve upon is Court-ordered release. The major issue is, people are ordered to be released and yet are not actually released. The Pathways to Housing Program takes on a lot of these court ordered releases. The issue of recidivism is high because when people are placed in the community without supports they relapse and end up back in the hospital or in DC Jail.

Another issue needing to be addressed is coordination of care. When people transfer from St. Elizabeth's to a provider agency in the community it is a real hassle getting all your medical records, prescriptions, etc. and getting all the necessary support services in place. We have yet to see a smooth transition or to hear about a smooth transition.

We want DMH to openly support the new consumer council at St. Elizabeth's. We want staff to encourage consumers to join the new Consumer Council. We want assurances that the issues raised by the Council are properly addressed and followed up

on, not just simply dropped by the wayside.

We want choice respected by providers and their agency staff beginning with case managers who are the front line workers in the system. DMH needs to focus on creating collaboration between provider agencies otherwise they fight over who is their client. An attitude has been created between agencies telling people "you can't go back there because now you're ours."

Peer Support and Peer Specialist Training:

Last year the CLF testified at the Council hearing on peer specialist training. The CLF is working with DMH to plan a trip to Meta services in Phoenix, Arizona. Meta does a train-the-trainers program around the country. In addition, we are looking at programs in Georgia and Philadelphia. Our goal is to bring a team to DC to do a train-the-trainer's workshop here in DC. Our goal is to train hundreds of consumers to work as peer specialists. We want to see to it that Provider Agencies are required to hire peer specialists to work in their agency.

Peer specialist training teaches consumers the tools they need to go out and help their peers to rebuild their lives. Thereby assisting their peers in achieving a place of recovery in their life. Peer specialists have gotten jobs in many different levels of the mental health systems around the country. Peer specialist training is a recovery-based program that encourages independence and autonomy. A peer advocate allows the person to have a safe space to dialogue and to talk with providers, doctors, etc. A peer advocate can be used in crisis care planning & treatment etc. We would like a peer specialist training program that is about being a peer specialist NOT a case manager.

We want to make sure DMH is committed to actually hiring peer specialists and paid by our Provider Agencies. We want to see the Peer Support Industry professionalized and viewed as a valid form of treatment. The CLF supports SAMHSA's effort to create a national certification program that would standardize the training. We want a peer specialist training program that is: 1) Independently driven; 2) a Consumer-run, consumer-led program; 3) Managed by an independent contractor; 4) Money to hire someone to manage the program and to staff the program; and 5) Funding to do a training this Fall 2008 here in DC.

(con't on p. 6)

If you come to help me, you are wasting your time. But if you have come because your liberation is bound with mine, then let us work together. - Lilla Watson, Aboriginal elder

February 2 CLF Meeting Report (con't)

(con't from p.5)

Provider payments and the DC Public Core

DMH owes our community providers millions of dollars in back payments. DMH claims to have fixed their billing system and this is simply not true.

Over the years various Core Service Agencies have been forced to shut down because of lack of payment from DMH. Recently the Woodley House Core Service Agency was forced to fold and to merge with the Green Door Core Service Agency.

We want to understand why DMH is spending millions of local dollars to fund the DC Public Core?! The DC Public Core is a core service agency run by the DMH. All other Core Service Agencies are non-profit agencies run independently of DMH. The DC Core was supposed to be closed down and privatized three years ago. It hasn't happened yet. DMH will tell you the DC Public Core is their safety net. The DC Public Core will take anyone who doesn't have Medicaid or Medicare. Case Managers are responsible for assisting their client in getting benefits. Many people end up at the DC Public Core because no other choice was offered to them.

The DC Public Core drains all of our local dollars because the Core is paid directly from DMH whereas our other Core Service Agencies bill Medicaid for most of their services. DMH is paying the DC Public Core on time while seemingly not able to pay our other independent Provider Agencies the money owed to them.

The CLF is very concerned about the stories we have heard from people receiving services at the DC Public Core. Consequently, we seriously question the quality of care being provided by the DC Public Core. The DC Public Core is seriously leeching our system and their staff are seriously overworked.

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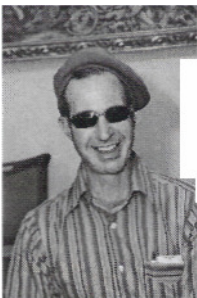
Beatniks' Corner

By Peter R. "Beatnik" Warner

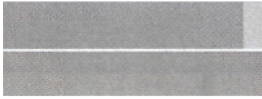
We have three major Beatniks events for March: the taping of two commercial radio specials (and quite possibly *Montgomery-Gazette* newspaper interviews as well) about the Beatniks' open mic poetry night in April, taping and interviews to take place on Thursday afternoon and evening, March 8th in Chevy Chase..."National Institute of Mental Health (NIMH) Night" at Alfio's on Wednesday night, March 14th...and a wealth of useful info for non-profit exec's and support group leaders at Beatniks¹/DCMHCL "Fundraising 101" night at Alfio's on Wednesday night, March 28th, featuring the two top mental health non-profit fundraisers in the mid-Atlantic area, Threshold's Heidi Coons and St. Luke's House's Mark Foraker.

Assuming that all goes as planned, "NIMH Night" at Alfio's March 14th should be a learning experience and a chance for consumers and mental health pro's to chat at length with recruiters for myriad NIMH clinical trials who will be on hand. Two top doctor/scientists, one from bipolar unit and one from schizophrenia branch, will discuss latest findings and field questions from the audience...

On February 14th at Alfio's, holistic psychiatrist Dr. Adam Hedaya gave a very informative presentation I about holistic psychiatry/"integrative medicine." As the name implies, these cutting-edge doctors take the whole beast into account: diet & nutrition...exercise...hormones...digestion...immune system...oxidative stress...body detoxification...genetics...psychopharmacology...plus "psycho-social-spiritual" factors. The goal is to get at the root causes of any sort of psychiatric malaise, rather than just treating symptoms with the usual culprits of psychotropic meds. Very often, this integrated approach can lead to patients substantially cutting back on toxic psychotropic meds without flipping out, and feeling much better to boot. Though very extensive initial battery of laboratory tests can run into the multiple thousands of \$\$ \$—and no, they don't take Medicare or Medicaid—ongoing fee-for-service treatment at Hedaya clinic need not be any more expensive than visiting a conventional psychiatrist, typically \$300 per visit once every couple of months, once a patient's condition has stabilized. Visit "www.functionalpsych.com" to learn more j about Dr. Hedaya's new practice.



The April 25th open mic poetry night at Alfio's is being cross-promoted with big-time "Kensington Day of the Book 2007" literary festival to take place in Old Town Kensington the preceding Sunday, April 22nd, rain or shine. More details will be available soon. ATTENTION BUDDING CONSUMER/POETS: WANT TO BREAK INTO BIG-TIME COMMERCIAL RADIO WITH YOUR BEST MATERIAL? WANT A SHOT AT MAKING IT INTO "GAZETTE" WITH YOUR PERSONAL STORY? CALL PETE IMMEDIATELY AT (301) 279-2578 FOR THE LOW-DOWN ON TAPINGS AND INTERVIEWS TO TAKE PLACE IN CHEVY CHASE ON THURSDAY AFTERNOON AND EVENING, MARCH 8TH... For complete information on all upcoming Beatniks' Events, please visit www.bethesdabeatniks.org or call (301) 279-2578.



Consumer Leadership Forum

Our Vision



1. We seek an end to our isolation and we refuse to have our existence limited;
2. We seek a community that looks after the health and well-being of each individual, that respects the choices we make about our lives and our care;
3. We seek an improved system of crisis care and continuous care, where holistic healing, progress, and recovery are the key components. We need services that are individualized and self-directed as well as community supports such as consumer-driven respite and wellness centers;
4. We seek to engage with one another and to create a grassroots movement where we can support one another and keep our morale high. To forge our own identity as individuals and as a movement, separate and distinct from the provider community, but working in partnership with those who support use;
5. We seek a system that is driven by the needs, choices, and voices of consumers, not large pharmaceutical companies, providers and others in positions of power;
6. We seek a system of natural supports, where we can recognize that it is ok to fail, to make mistakes, to test new ground for ourselves in all that we do and in safety move beyond the system;
7. We seek an end to homelessness among persons with mental illness, and the creation of a network of affordable housing;
8. We seek to support and encourage consumer-run businesses and enterprises and to foster job opportunities;
9. We seek a community that respects the diversity within our movement and protects our traditions through a culture of competency and understanding. We seek to support families, youth and individuals to prevent isolation from one another and to provide training and information so that our community is empowered to cope with the unique challenges we face;
10. We will seek support from communities that are willing to partner with us and respect our choices and goals.

Next Consumer Leadership Forum Meeting I

Friday, March 2, 12-3 pm
The McClendon Center
1313 New York Avenue, NW
Lunch will be provided.

In March the CLF will be turning its attention to the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program in Washington, DC, with guest speaker Patrick Wojahn from University Legal Services. As part of the federal PAIMI mandate, a PAIMI Advisory Council must "advise the system on policies and priorities to be carried out in protecting and advocating the rights of individuals with mental illness." Consumers and/or family members are supposed to make up 60% of PAIMI Advisory Councils, and the PAIMI Advisory Council Chairperson must be a consumer. How we can get more involved as consumer advocates to support and strengthen the PAIMI Advisory Council in Washington, DC?

Upcoming Events

1st Annual Consumer Choice Awards

Over 100 DC consumers have voted for the providers who helped them most in their recovery process. Let's come together to honor our provider friends, to have a good time, and to celebrate the spirit of recovery, healing, and empowerment.

PLEASE NOTE NEW DATE!
Saturday, April 28, 2001
5:00 to 9:00pm

The New York Presbyterian Church
Marshall Hall Room, Fifth Floor
1313 New York Avenue, NW

Please come dressed in your finest attire!! Food, drinks and entertainment will be provided.

Contact: Dorothy Adams, Project Coordinator (h)
 202/652-0605 (o) 202/661-5947 or email:
 dorothyadams2007@yahoo.com

Coffee Klatsch

Join CLFers and their friends for conversation and socializing on Saturday afternoons from 3-4:30 pm at the Potter's House. The Potter's House is located at 16S8 Columbia Road, NW. For more information, please contact Sherry McMahan at slcmahan@msn.com or 202-328-7426. We hope to see you there!!

CALLING CRAFTY CLIENTS

We are a group of clients of public mental health services getting together to collectively market our own art and craft projects through the local flea markets, consignment shops and on the Internet. By working together we hope to sharpen our art and craft skills, and support each other in creating our own income by learning marketing and small business skills. If this is something you are interested in, please join us! We meet every Wednesday afternoon, from 1-3 pm. The location is 1001 Lawrence Street, NE, room B53. This is two short blocks from the Brookland Metro Station and well served by several major bus lines.

For additional information, please contact:
 Rosemary, rperticari94@comcast.net
 Sherry, slcmahan@msn.com or 202-328-7426

Leadership Forum

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Consumers Uniting

Taskforces Under the Consumer Leadership Forum

**If you're not on one - you should be -
Great things are happening!**

Housing Regular meeting time: 12:00
pm—2:00 pm 3rd Thursday
of each month Legal Aid
Conference Room

Crisis-Care Regular meeting time: 1:00-
3:00 pm 3rd Tuesday of
each month Legal Aid
Conference Room

Peer-Specialist Regular meeting time:
3:00-5:00 pm 2nd Thursday
of each month Legal Aid
Conference Room

St. Elizabeths Regular Meeting time:
To be determined
Legal Aid Conference Room

Consumer Leadership Forum
Monthly meeting - 1st Friday of each month.
12-3 pm at the McClendon Center

