

CAPITAL CONNECTION

A PUBLICATION OF THE CONSUMER LEADERSHIP FORUM (CLF)

Vol. 1, Issue 1

October/November 2006

*Made possible by a grant from the DC Department of Mental Health
Office of Consumer and Family Affairs*

Editor's Welcome and Introduction



Hello! My name is Leah Harris, and I am the editor of the new CLF newsletter. I am very excited to be a part of this exciting endeavor. The issues of the mental health consumer community are very close to my heart. I am the daughter of two parents (both deceased) who struggled for their whole lives with mental illness, treatment, and their rights. I myself experienced abuses in the mental health system as an adolescent in the state of California. Since then, I have found healing, recovery, and empowerment through advocacy and activism. I've lived in the District for eight years, and have recently joined the CLF.

This newsletter belongs to you. Please feel free to call or email me with story ideas and calendar items at [Leah_ida\(ai,hotmail.com](mailto:Leah_ida(ai,hotmail.com) or 202-236-7747.

How to Contact Us

Galina Sergen

*The Legal Aid Society of the District of
Columbia 666
Eleventh Street, NW
Suite 800
Washington DC 20001
Tel: (202) 661 5947 Fax: (202) 727-2132
gsergen@legalaiddc.org*

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WELCOME From Jeanne Locher

It is my pleasure to welcome you to the first edition of the Consumer Leadership Forum newsletter. The Consumer Leadership Forum (CLF) is a coalition group of DC Mental Health Consumer Advocates. We are mixed group of people, men and women, rich in ethnic diversity, strengths, vision, creativity, courage, and determination.

We are bonded together by a common purpose, a common goal of wanting to reform our DC Mental Health System. Our ultimate goal is to create a system of compassionate care that is peer led, consumer driven based on a recovery model.

Each and every one of us have a story to tell based on our own experience dealing with mental illness; based on our own experience dealing with the DC Mental Health System, (con't, p.2)

Each of us have wisdom to share as a result of this experience, and to lend insight about what is working, what is not working and what can we do as mental health advocates, as leaders in our mental health community, to advocate for change. Each of us has experienced the stigma and pain associated with being diagnosed with a mental illness. It is time to put an end to this suffering. It is time to put an end to this discrimination. We, the members of the CLF, believe strongly that each and every one of us deserves to be treated with dignity and respect.

It is our collective responsibility as mental health advocates, as leaders in our mental health community to educate others about our own experience dealing with mental illness. Always remember we are people first and foremost with hearts, minds, souls, interests, concerns, talents, gifts, hopes and dreams. We must learn to own the truth of our own experience and to use the wisdom of this experience to advocate for change.

It is of personal concern to me, many of us who have ended up in the system, have lost sense of our own personal power. I assure you, the quickest, easiest way to reclaim your personal power is to simply decide, right here, right now, that:

I am going to take control of my own mental health;

I am going to take control of my own physical health;

I am going to take control of my own life;

I am going to take control of my own choices in life;

I am going to take control of fulfilling my own hopes and dreams;

I am going to take control of my own destiny in life.

We the members of the CLF seek " to empower each other and our fellow consumers in our communities through education, advocacy, and outreach. We are in the process of talking about creating our own outreach teams, to go visit people, at their programs, throughout the city of Washington DC, to introduce ourselves, to tell them who we are, what we are about, what we are working on and to invite them to join us.

Our CLF began in January 2006 and has met ever since on a monthly basis. We have started several taskforces and now work in multiple coalitions with lawyers, other advocates and service providers who share our goals and visions of a reformed mental health system. I would like to take a moment here to thank Galina Sergen, our project manager, for bringing us all together at the same table and for guiding our creative process together both individually and collectively over this past ten months of time.

Our work groups are as follows:

Our housing task force is working on developing our own plan to provide choice in housing for DC Mental Health Consumers. We intend to submit our plan to Steve Baron, Director for the Department of Mental Health. Ultimately we seek to advocate for affordable housing for DC Mental Health Consumers throughout all eight wards of the District of Columbia.

Our crisis care task force is developing a plan to improve the use of the access helpline, crisis beds, crisis intervention services, CPEP, and ACT teams.

Our task force on St. Elizabeth's hospital is very concerned about the living conditions out at St. Elizabeth's and how people are being treated by staff.

Currently, we are developing a plan to advocate for a better nutritional food and exercise program for people living at the hospital.

Our task force on peer specialists training is preparing to go with a delegation from DC to visit Meta Services based in Phoenix, Arizona. Meta Services is known as the leading pioneers in peer specialist training in the United States. We hope to invite a team from Meta to do a train the trainer's workshop here in DC. We want to train DC Mental Health Consumers to train other DC Mental Health Consumers to work as peer specialists as paid staff throughout the DC Mental Health System. Who better to learn from than someone who has achieved success in his or her recovery?!?!)

In all four of our work groups we are preparing for the spring council budget hearings for the Department of Mental Health. Last spring, we testified on peer specialist training. Thanks to the success of our efforts and those who participated, Steve Baron, Director of DMH, wants to lead the DC delegation going to visit Metaservices in Phoenix, Arizona. (GO TEAM!!!)

We have tremendous power when we join together and discuss what we want and what we need and figure out just how the heck are we are going to get it. In our work groups, in our discussions, we are in a process of developing action plans to advocate for what we want.

I invite you to take some time to read through our newsletter and to share it with a friend. Inside you will find our mission statement, our vision statement, and a statement of our goals along with other interesting articles. I personally invite you to join our Consumer Leadership Forum. I invite you to work with us. Let us together create a system of care that truly supports you and all of us

who want to find a way to rebuild our lives.

Our CLF believes strongly that recovery is possible, one step at a time, one day at a time, with the right support in place to guide you in your healing journey in life.

Our CLF fully supports the following principles of recovery:

- HOPE
- SELF-DIRECTION
- RESPONSIBILITY
- RESPECT
- PEER SUPPORT
- STRENGTHS-BASED
- NON-LINEAR PLANNING
- * HOLISTIC CARE
- * CONSUMER EMPOWERMENT
- x» INDIVIDUALIZED AND PERSON-CENTERED CARE

Our CLF meets on the first Friday of every month over at the McClendon Center from 12 noon to 3:00 pm. If you are interested in attending our next meeting, and bringing a friend or two or three, please call Galina Sergen at (202) 661-5947 - that way we can provide enough lunches for everyone. I hope to see at our next meeting:

Friday, November 3rd
12 - 3 pm
The McClendon Center
1313 New York Avenue, NW

Most sincerely,
Jeanne L. Locher
For the Consumer Leadership Forum

Interview with Toni Manning

Grievance Manager and Peer Specialist, Community Connections

Can you please tell me a little bit about the work that you do?

I started in the Women's Empowerment Center, and it was strictly for women to come and get assistance for whatever their issues were. It was kind of like a drop-in center. I then went to accounting, but I am also the grievance manager, so that still keeps me in contact with the consumer. I handle complaints, and I try to keep all grievances as complaints, if possible. The information I get from talking to consumers about issues that need to get resolved has been a little discouraging. There are definitely things that need to be changed! I do believe that we have a voice, and a strong voice, and we have to start using it. Because if we don't, the necessary changes won't take place. We'll just get what's handed down, which may not be what we need.

Can you share what you think are some of the primary issues that come up again and again on the job for you?

The main one that's come up is housing. There are a lot of issues around money - some are small, such as "when do I get my check?" as opposed to "how much am I getting?" There are issues around how much Social Security is paying, and then how much people are expected to live on. The issue is that people are just not getting enough, and it's not up to human standards. There also needs to be competitive employment in place to help

people to progress and feel better about themselves — as opposed to just staying in one place. We've got to have the jobs available without the stigma.

Have you come across any positive or success stories in your work?

Oh there are a lot of success stories. But what happens is that people reach a certain level, and they're not able to move beyond that because the resources aren't in place.

So what's really needed are jobs, housing, and those basic things that allow people to recover.

Exactly.

How can the District move closer to reaching these goals?

We need more money in all of the different areas so that we can put people in place to get the job done. I believe that the best person to help someone is someone who is already walking that road, so that's why I push for the peer support and peer specialists. Community Connections has sent me to many trainings, and the Peer Specialist training was one of them. You have to actually be there to understand what the problem is and what is needed to fix it. We need to have people [in policy positions] who are concerned about people with mental illness and who believe in the fact that we can get better and that we can do better if only given the opportunity and the resources to make the changes.

Interview with Effie Smith and Mary Blake, Consumer Action Network (CAN)

For those who don't know about CAN, can you provide a little bit about the history and mission of the organization?

Consumer Action Network (CAN) was incorporated in February 2003 by our three Co-founders. Effie Smith, Mary Blake, and Mary Hathaway. The idea for CAN was born out of the Co-Founders' shared vision for a transformed mental health system, especially in light of the Dixon Court-Ordered Exit Plan. Effie, Mary, and Mary met doing advocacy as volunteers around mental health and also had shared experiences on the receiving end of services. Effie had worked on the Dixon Receiver's Advisory Council, Mary H. had worked a lot on children's issues, and Mary B., though new to advocacy, was particularly interested in treatment rights and training. We all felt so strongly that the consumer's voice was often absent, and we wanted to find a way to bring that voice to the center of all discussions, whether that be in treatment planning, choices for treatment, protection of treatment rights, developing new programs, creating new policies, and even monitoring the system and its performance. So, we wanted to show the system that consumers can participate actively and meaningfully in all of those areas, and that our participation is necessary in creating quality services.

We were also concerned that we didn't see many other consumers getting involved in a volunteer way in working to shape the new system of care. In fact, at that time not so many people were familiar with the concept of recovery in mental health treatment. So in the winter of 2002, we decided to develop a plan for our mission to empower mental health consumers by promoting recovery and self-advocacy. While we hadn't originally thought to incorporate, it became clear in our planning process that being incorporated and tax-exempt would be necessary for us to achieve our goals, especially since there were no other consumer-run organizations at that time that were ready to move forward on bidding for competitive funding.

We networked to gather information about resources and used our business plan to apply to get into a corporate law firm's pro bono program. About two weeks after our plan was accepted, two attorneys at the law firm liked our mission and

business plan and decided to assist us in incorporating and applying for tax exempt status.

What was really important about their help is that they made us do the work and were available to give feedback, help us think through important things like whether we wanted to restrict our lobbying abilities by becoming a 501(c)(3) or whether we'd like to go for another type of tax exempt status. They helped us learn about corporate structures and the role of the Board of Directors vs. the founding Board. Once we were incorporated and all our paperwork was filed with the IRS, we applied to participate in a year-long mentoring program. The Strengthening Partners Program, sponsored by the Mayor's Office of Partnerships and Grants Development. We got in and received a year's worth of free workshops, networking events and mentoring on anything and everything that a new nonprofit needs to know, from Human Resources to fundraising to marketing to financial management to governance.

Around that time, we also saw a Request For Proposal (RFP) from the Department of Mental Health (DMH) asking for bids on the Independent Peer Advocacy Program. Well, we had a business plan all ready to go, we had already thought about our mission to promote self advocacy and recovery, so it was a no-brainer that we could tweak what we had to develop a proposal. Three months after we submitted our proposal, DMH asked us to come in and provide a "Best and Final Offer..." the rest is history. It's important for people to know how much uncompensated "pre-work" (over a year of planning) was involved in starting CAN. The one little glitch in all of this was that the RFP was for a cost-reimbursable contract for services and not for a grant. So, we have to spend and get reimbursed, which makes it really hard for a brand new organization to get its feet on the ground, not to mention hampering growth.

What are the issues of primary importance to consumers in the District? How is CAN involved in advocacy efforts in these areas?

For one thing, as everyone knows, affordable housing, choice and flexibility in types of housing and housing supports top the list. Beyond that though, consumers want a voice in what happens to them. They want to have a meaningful role in what they do, in what they plan to do. So, they want to be involved in their treatment and to be treated as if

they should be involved. But, there are consumers who have been conditioned in a different way, so they are still uncertain about what they can or what they SHOULD do. Consumers want to be treated as adults in a respectful way. Sometimes, though, they forget that they have responsibilities that go along with all that often because they are treated as if they can't be responsible. This is really unfortunate and disempowering. So, CAN tries to help in different ways. One thing is that, through our advocacy program, we really try hard not to speak for people. Most consumers who come to us with complaints don't necessarily want to be represented...they want to be "heard." They don't want to go through the rigamarole of formal grievances, they want direct action.

Sometimes we have to point out where the consumer's actions have played a part in the problem. Some people don't like to hear that, even though we always try to work in a respectful, proactive way. Mostly though, people trust us and know we've been in similar situations. CAN also does a lot of outreach: recovery and empowerment trainings, weekly self-advocacy workshops at St. Elizabeths, support for other consumers who are interested in getting more involved in advocacy, etc. We also provide resource information about other services and opportunities. Through our satisfaction initiative, we allow consumers voices to be heard through surveys, focus groups, etc. CAN works with the DMH and other stakeholders, including CEO's of provider agencies, legal and other advocates, etc. to ensure that the consumers' perspective in the broader sense is included in discussion and decisions around policies and programs. But, we'd really like to see a lot more consumers involved...even though most of this type of work is not compensated. We talk with others about the importance of networking and sitting on advisory panels to get our voices heard. We also have consumers and family members who go through the training to be certified to perform the Dixon Court Monitor's annual case-based audit of the community-based mental health system. We think that consumers need to be involved at all levels, including monitoring activities. We had to fight hard for that but it has paid off.

What are the issues that have come up in the trainings you conduct for providers and policymakers? How can consumer advocates, policymakers, and providers work together to foster a mental health system that truly

promotes rights, recovery, empowerment, and self-determination?

Providers had similar concerns as well as unique concerns. Mostly, they are concerned that the mechanisms for billing do not give them the flexibility to provide "recovery-oriented" services. So, for instance, they can't bill out for all staff when doing team meetings with psychiatrist, case manager, nurse, therapist, consumers, etc. So, real team meetings don't happen much. Other concerns are harder to define. They do touch on concern about consumers' capacity and decision-making abilities. A lot of the staff have been educated and trained in an old model for mental health care. So, getting them to buy in to recovery, especially when there's so much focus on high case loads, delinquent payments to agencies, is really hard. And, many staff don't stay in touch with those people who recover and move on. So, they think

"Most consumers who come to us with complaints don't necessarily want to be represented...they want to be "heard." They don't want to go through the rigamarole of formal grievances, they want direct action."

about the people who get stuck in the system and assume that recovery is not as common as it might be. This is understandable.

Another issue that comes up is liability: Our mental health system is "risk-adverse."

So, if someone who cycles chronically in and out of the hospital is getting ready to leave and wants to go into independent living, the automatic answer usually is: of course they're not ready. Even if the CRF has never worked well, staff will say: if we "put JD into independent living and he goes off...that's a lawsuit waiting to happen." The legal advocates don't always help. Then, you've got the legal sharks circling looking for a quick buck off of the back of consumers. So, there's a subculture for consumers who think that, when something goes wrong, they will sue. It can be a vicious cycle.

But, getting back to capacity: we believe that many people in policy positions and direct care positions really don't buy in to the strength and abilities that could be tapped into in the consumer community. There are many reasons for this that we won't go into. The bottom line is: we need to change this! This means to have a willingness to work collaboratively with providers and policy makers. Collaboration is not the same thing as capitulation! We have to be willing to hear things that are hard to hear, to say things over and over that others may not want to hear, and we need to find middle ground of mutual respect.

CAN has been able to develop wonderful collaborations with providers and policy makers. We have had to prove ourselves over and over and

sometimes it's hard to feel like you have to jump higher than anyone else. But, that's the nature of the beast. We know that when we are treated respectfully, we earned it. As hard as it is not to react impulsively to comments or situations, we always try to step away for a moment and come back to discuss things professionally. If we need to raise a stink, we absolutely will, but we'll do it with our arsenal of facts and timelines. Document, document, document! We do our very best to stay away from the rumor-mongering...and we try to take our concerns directly to the source. When it comes to advocating around rights and empowerment, we do our best to walk the walk around knowing your facts. So, we encourage people to do their homework: know the rights, know what providers must do to be certified, know the laws, etc. Most of all, it's important, even at training events, for us all to talk to each other honestly about our hopes and about our concerns. Let's put it on the table and work on things together.

What gives you hope? What are some inspiring experiences you've had in your work?

What gives us hope is really in the stories of people we have worked with. We have seen such bright lights where others saw incapacity! For instance, with one of the people we worked with, we were able to take on the DC Housing Authority and the case manager for not doing their job...but, more than that, the consumer who had been written off by so many people, got the bug to get involved himself. Even though he was very sick physically, he grew in his own self esteem and desire to get involved not only on his own behalf but for others. Another consumer we began working with now is a shining star at his job, is able to advocate for himself, and is no longer cycling in and out of crisis. A couple of years ago we began talking with a group of consumers who were concerned about services. While we don't pretend to take credit for what they've done since, we do feel that we have a positive influence in their growing passion to make a difference in policies that affect them. We have seen providers come around, too! We saw the CEO of a provider agency so wonderfully out of the box work with a consumer and develop a job description when they weren't sure it would work out. This CEO took a chance and it paid off. A

real example of recovery-oriented care. Or, when we write a letter to an agency provider CEO or supervisor because we're concerned about a situation and the consumer is afraid to speak up...and that CEO or supervisor takes direct action to fix the problem...we feel we've really made a difference. Even when we get calls from CSA's telling us that they think we could help a consumer at their agency with poor service provided at that agency: that's huge! Or, when agencies call us and ask us to come in and talk to their staff and consumers about recovery. We feel hopeful when, at the policy level, the DMH signals its desire to have consumers involved in a meaningful way. There's still so much work to be done...it's hard...but it's so worth it!

Are there any other issues or ideas that you'd like to bring to the attention of the consumer community in DC?

Yes! Right now there are so many opportunities for us consumers in DC. But, they will NOT be handed to us. We must seize them. This means that we won't always get paid for getting involved. This means that we must be willing to be accountable for our actions.

"We are all so much more than the illness, diagnoses, or labels that have been attached to us."

More than anything, we MUST treat each other respectfully, even if we disagree. We know that the one size fits all approach to treatment doesn't work. So, we have to acknowledge that the one size fits all approach to advocacy and finding our voices won't either. We talk about a consumer community, but there's so much diversity in experience and such. We have to model to others the behavior we expect. We can't go around thinking and acting like we're owed everything anymore. In a good system of care, the only thing owed to consumers is quality care. The rest is up to us. We believe in the power of the human spirit. We are all so much more than the illness, diagnoses, or labels that have been attached to us. So, while there's this fear that there's a scarcity of resources, it's really not so. We can come together to make our voices heard. And, we must use every means possible to do this. We must support each other and find common ground. Voting, speaking out on the issues, finding common ground, being willing to work together. These are all parts of the picture in order to seize opportunities.

The CLF Leadership and Effective Communication Training Institute

On Friday October 6th, at our monthly Consumer Leadership Forum meeting, Jonathon Smith, Director of the Legal Aid Society, conducted a training session with us on Leadership Principles.

Jonathon started out by saying he took some time to reflect on how he thinks about leadership. He then found himself thinking about people who he admires who are recognized historically as being leaders in our community, people such

as Dr. Martin Luther King, Rosa Parks, and here in DC, John Wilson and David Clarke. He then thought about the principles of leadership, and asked the question: what are the common characteristics in people who are recognized as being successful

leaders? Jonathon made clear he is not talking about Leadership in the military which is hierarchical. He doesn't think manipulating people into doing your dirty work in considered good Leadership.

People like Dr. King, who is nationally recognized as having been a very effective leader, had the amazing ability of bringing people together, motivating, energizing, guiding, and organizing people around a common purpose, a common goal they could all agree upon as being important to them.

Consequently, Dr. King was successful in building a movement that continues on today.



This ability to inspire people is what Jonathon admires the most and sees as a major operating principle in being an effective leader.

By Jeanne Looker

The second part of the training was an exciting and empowering interactive presentation on effective communication by Cheryl Barnes, homeless advocate. Cheryl led us through a series of exercises designed to get us thinking about how to be diplomats for our movement.

She provided some pointers on how to communicate effectively to build bridges for positive change. One of her main points was that when our speech is too angry, it can have the effect of turning people off or preventing them from being able to hear our message. Some of her tips for speaking objectively included:

Speak for yourself or use "we" language, which includes everyone; take responsibility for your feelings when you speak; avoid saying "You must, you should, or you have to;" keep a calm tone of voice; and speak directly to the person and not a third party.

Cheryl encouraged us to think through our own communication and leadership styles and skills, such as the ability to work as part of a team and to solve problems. Using interactive worksheets, we identified our strengths and abilities.

She also emphasized the importance of a clear and powerful message. Her rallying cry when she speaks to policymakers is "No more business as usual!"

By Leah Harris

FREE YOUR MIND

A DISCUSSION ABOUT PSYCHIATRIC RIGHTS AND HOW WE VALUE PEOPLE IN OUR COMMUNITIES

On Friday, October 6, despite heavy rain and winds, several dozen CLF advocates and their allies met at the UDC Law School for a lively discussion about rights and transformation of the mental health system, organized by CLF advocate Galina Sergen.

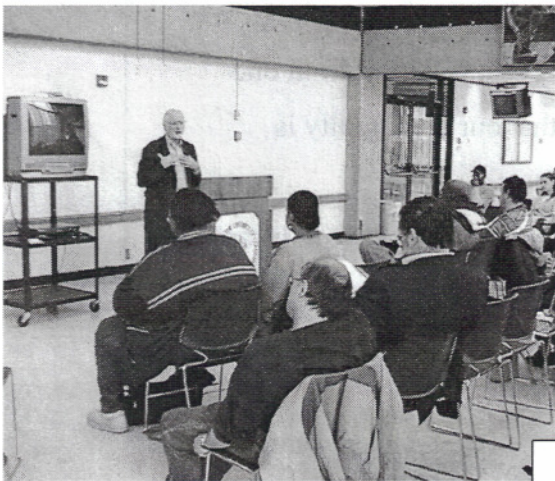
The first speaker was **Edgar Cahn**, founder of "Time Banking," a revolutionary tool for social change in which people exchange "time dollars" as a way to help one another and create community. Rather than paying for services, people barter their skills and abilities. Person A might help person B out with their garden for an hour, and Person B might later turn around and help out someone else with their grocery shopping for an hour, thus earning an hour in her "time bank." "Time Banking honors the contribution that all of us can make," said Cahn. For more information, see www.timebanks.org.

Jim Gottstein, psychiatric survivor and lawyer, spoke about his vision for transformation of what he calls the "mental illness" system and highlighted the work he has done in the state of Alaska on behalf of mental health consumers and survivors. Jim is passionate about telling the truth

about forced treatment and the dangers of psychiatric medications. His vision includes 1) changing public opinion towards people with mental illness; 2) working to enforce people's legal rights and make sure that they have adequate representation; and 3) promoting the creation of non-coercive, non-restrictive alternatives to institutions and forced medication. According to Jim, if such alternatives exist, it would be an incentive for judges to grant placement in the "least restrictive" environment for mental health treatment. For more information about Jim's work, see www.psychrights.org.

The final speakers were **Will Hall and Aby Adams**, activists with the Freedom Center, an organization run by and for mental health consumers and survivors. Hall and Adams told stories of the abuses they endured in the mental health system, as well as their journeys to recovery and advocacy/activism. The Freedom Center is a support and advocacy group which features free yoga and acupuncture classes, legal advocacy against coercion and dehumanizing treatment, and education on effective holistic alternatives. You can visit the Freedom Center's website at www.freedom-center.org.

From left to right: Edgar Cahn, Aby Adams, Will Hall, Jim Gottstein



Consumer Leadership Forum



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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 us;
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.

**Taskforces under the
Consumer Leadership Forum
If you're not on one - you should be -
great things are happening!**

Housing Regular meeting time: 3:00-
5:00 pm, 4th Thursday of
each month Legal Aid
Conference Room

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

Peer-Specialist Regular meeting time:
12:00-2pm 3rd Friday
of each month
McClendon Center

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

**Consumer
Leadership
Forum** **CLF**
Monthly meeting - 1st Friday of each month. 12-
3pm at the McClendon Center, 1313 New York
Avenue, NW



Phoenix Rising

*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 / 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.

MARK YOUR CALENDAR!

NEXT CLF MEETING:

**Friday, November 3rd, 12-3 pm •
The McClendon Center
1313 New York Avenue, NW**

**TOPIC:
"The Hero's/Heroine's
Journey"**

An Interactive Workshop on Telling Our Stories of Survival, Recovery, and Truth

It takes great courage to tell the truth about our lives and what we have experienced, but there can be great liberation in doing so. What is our goal in telling our stories of struggle, survival, and recovery? How can we tell our stories in the most effective way to achieve our goals? What are some of the best ways to structure our stories to make better sense of our lives, and to make an impact? Come explore these and other questions.

Facilitated by Leah Harris and Galina Sergen

SAVE THE DATE

National Association of Rights Protection and Advocacy (NARPA) 2006 Rights Conference:
"Social Justice: The Time is Now" **November 15 - 18**, 2006 Tremont Plaza Hotel, Baltimore, MD.

Featuring cutting-edge workshops by consumer/survivors, lawyers, and mental health workers. For more information, see www.narpa.org or call 205-464-0101.

