

Capital Connection

A PUBLICATION OF THE CONSUMER LEADERSHIP FORUM

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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.

Cheryl K. Barnes: Survivor, Advocate, Leader

By Leah Harris

I met up with Cheryl K. Barnes, homeless advocate and CLF housing task force member, at her brand new digs at N Street Village. Years ago, after decades of life on the streets battling alcoholism and addiction, Cheryl experienced her first taste of recovery at N Street Village, and now she is back again—a living example of experience, strength, and hope.

Barnes was destined to become an advocate, given that she grew up surrounded by activism in the 1960s and 1970s. One of her early role models was Mitch Snyder, antiwar activist and homeless peoples' advocate, whom she encountered while she was living at the Community for Creative Nonviolence (CCNV). "Mitch had this group where he wanted to show folks how to protest," said Barnes. "He did this protest up on Capital Hill. The guys had built these six chicken coops where there was room enough for two people to bend down like chickens, and they were letting the public know 'you are continuing to warehouse homeless folks.' I participated in that with him." She was moved by Snyder's commitment to ending homelessness, and even helped take turns guarding him while he was on a hunger strike. "I saw this man care about human beings that he didn't know, non-judgmentally. And I saw him fight. I saw him do a hunger strike for folks like me."

Barnes' mother was also active with the NAACP and the civil rights movement, and as a young woman Barnes and her mother traveled to Selma, Alabama to participate in the demonstrations at Pettus Bridge with Dr. Martin Luther King, Jr. (con't on p.2)



Cheryl Barnes is a homeless advocate who works with the Interagency Council on Homelessness.

CLFers Testify at DMH Oversight Hearing

On February 26, CLF members gave moving and passionate testimony before City Council at the Department of Mental Health (DMH) Oversight Hearing. Subjects included housing, the need for an expanded, consumer/survivor run peer specialist training program, more recovery-oriented services, and the problems with the DC CSA.

Unfortunately, we were scheduled at the end of the agenda. Says CLF member David Pirtle: "The fact that the consumers were last in line to testify speaks volumes. This is why organizations like the CLF are so important. We need to make them recognize us as the true experts on mental health." Here are a few highlights from the testimony of some CLF members.

David Pirtle

Unfortunately, most housing programs will only admit those who are already long-term participants in psychiatric programs and have achieved a high level of recovery from their mental illness; but how can one recover from mental illness while they are living in a communal style shelter with no support system, where the staff treat you like a prisoner and the other clients (at best) ostracize you or (at worst) assault you on a regular basis because of their perception of the mentally ill as easy targets for theft and abuse? (con't on p.2)

Cheryl K. Barnes (con't from p. 1)

Her mother also did temporary work for JFK as a stenographer. "I saw Kennedy fight against poverty, Martin Luther King, and Mitch Snyder. I grew up with that. Even when I was out on the streets, I was always trying to help somebody, even if I couldn't help myself."

She told stories about the seniors who used to be on the streets, including one woman who slept on the steps of the Treasury Department. Barnes remembered asking her, "why are you on the steps?" "Honey," she said, "When those good government people get up and step over me, they'll know I need a place to stay."

"Even now, I'll go out and talk to my buddies in the parks and on the streets," said Barnes. "Gesturing to her new home, she said, "Being here makes no difference. I'm still a homeless advocate...and that's my life." Barnes is a member of the Interagency Council on Homelessness and is dedicated to making a difference in the lives of the people who have been most marginalized in our society. "Poverty may not end just like that, but it can be worked on much harder than it is now."

One issue she is passionate about is promoting a higher standard of living for people in public housing. "People don't deserve to live in public housing in filth," said Barnes. "I don't care if I'm paying a penny for rent," Barnes told Michael Kelly once. "We deserve much more than you're dishing out."

Another issue she feels strongly about is providing wraparound services in shelters. She talked about people who are working two or three jobs and live in the shelters—how they receive no opportunities to learn about money management or how to achieve financial independence. "All they have is just a place to stay. And if the staff doesn't feel like being disgruntled that night, they might have a good night."

Barnes has a holistic approach to improving conditions in shelters. She knows the importance of supporting the staff who work in the shelters, mentioning that she agrees with initiatives to increase salaries for shelter employees (con't p. 3)

CLFers Testify (con't from p.1)

I was housed in November as part of a pilot program run by the Department of Mental Health in conjunction with the Community Partnership called the Chronic Homelessness Initiative. Through this program the Partnership covered my rental costs, enabling me to move into housing immediately, without having to wait for approval from DCHA for a housing voucher. After moving out of the shelter system, my physical and mental health improved dramatically. I have finally been able to achieve a level of stability that a year ago I would have felt was impossible. I have also been approved both for a housing voucher, as well as Social Security benefits, meaning that where as I used to cost the District a great deal of money to house, today I cost them nothing. That's my definition of a win-win scenario.

The program which housed me was only able to assist 25 applicants last year. While I am grateful, I believe the city can and should do more. The way that Washington has dealt with housing mentally ill residents in the past has not worked well for either party. In Boston two weeks ago I spoke to a group of 375 college students, and I told them, "the way to eliminate homelessness in America is to put people into homes." I'm crazy and even I can figure that one out.

David Goodwin

I'm here today to speak on the issues of CRFs and SILs. Imagine if you can, living in a house where you are told you must leave certain hours during the day. And pay no less than 900 monthly. Imagine living in a small room with all your possessions with another person who you may not know anything about and no voice in the selection process. At the cost of 900 monthly. Think about something as personal as the food you eat. Your basic likes or dislikes are not considered. The manner in which the meals are prepared or the quality of the food i.e. can, frozen or fresh. These choices are not yours to make at the cost of 900 dollars monthly. In these houses personal and private space are non-existent. After consumers pay their portion of the rent they have maybe 100.00 dollars left for the entire month. I believe they deserve more for their 900.00 rent payment.

Frederica Gonzales

I want to tell you about my experience of receiving mental health services from the DC CSA, or DC Core as it is sometimes called. I received services at the DC CSA's Spring Road clinic for many years. I have been hospitalized many times - subjected to the rough warehousing and locked wards of St. Elizabeths, struggling each time with the huge disruption it caused to my life. Re-entry into the community was always so hard. Every time I went to the hospital I was forcibly injected with Haldol - over my objections. It would stay in my system for months afterwards - turning me from someone who can live independently and go to school into a zombie who could hardly brush her own hair. No one ever told me (con't on p.3)

Cheryl K. Barnes (con't from p. 2)

which would raise morale and potentially decrease turnover. She also supports initiatives to reduce the loads on case managers. "You build your staff up." For example, she believes in offering things like self-esteem classes – not just to people living in the shelters, but to the staff as well. Barnes believes in the philosophy of "happy staff, happy facility."

On the issue of "housing first," she agrees that housing is the solution to homelessness, but feels that it is important that people are given sufficient support as they are working on transitioning from street life to being in housing. She told a story about a woman who was given housing, but didn't know how to cook for herself or use a microwave. Barnes recalled another woman, in addictions recovery, who was housed in a building that used to be a crack house. While she was trying to live clean and sober, people were knocking on her door all hours of the day and night. Eventually she went back out, and is now in the DC jail. "They failed that woman," said Barnes.

"There's so much still keeping people hopeless," said Barnes. "And having a house is not enough." Barnes is in favor of creating more SROs, with a range of services available to people and families, like employment, mental health, housing assistance, and childcare. She cited DC Village as a program that is heading in the right direction in terms of providing wrap-around services.

She supports the integration of homeless services with mental health. Very often when shelter workers encounter someone in crisis, they can't access services for that person, and they have to release people back to the street. "The city really needs to reinvest," said Barnes. "Mayor Fenty is making the right promises, but let's hope he has the dollars to back this stuff up."

Of her work with the CLF, Barnes said: "I sit at tables with big lawyers in DC, people from DHS, city administrators. I'm so glad to be in the Consumer Leadership Forum, because not to be judgmental, but we [in the CLF] have more sense than those people do. I want to tell them, 'if you guys could just come and sit at the table with my buddies and just listen...'"

"Poverty may not end just like that, but it can be worked on much harder than it is now."

— Cheryl K. Barnes

CLFers Testify(con't from p.2)

I had choices, no one ever talked to me about recovery....(About her experience at Crossing Place): My experience there was life-changing. I was able to feel what a true supportive and therapeutic setting was like. So different from the hospital. I was able to leave after 14 days and get on with my recovery at home. I changed core service agencies so that I would never again have to experience the ignorance and lack of caring that came from the staff at Spring Road.

Gerard Thomas

In 1972 after years of untreated psychiatric symptoms I finally broke completely down and started down a road of homelessness and untreated mental problems that lasted 35 years. Thirty-five years homeless and mental ill. That's from the time of Richard Nixon to the time of George W. Bush. 35 years on the streets of Washington, DC.

Gerard's recommendations include:

a need for us all to reach out and reform and fix our broken health care delivery system so that it reaches all our citizens;

to reach out and reform and fix our broken housing situation for everyone's peace of mind; (con't p. 4)

CLFers Testify (con't from p. 3)

and to stop treating human beings like throwaway people.

What we can do to help:

Make sure that people have choices for their holistic well being • Housing first – you can't get your life together if you don't have a clean, quiet place to sleep and call your own. • Nothing About Us Without Us – we're tired of decisions being made in our name without us at the table

Street life renders people incapable of managing the most basic daily routines, and affords people little room to contemplate matters such as treatment or recovery. We need to provide people with an apartment of their own first, so that they may find a reprieve from the war zone that is homelessness. We need an end to homelessness among persons with mental illness, and the creation of a network of affordable housing. We need drug-free housing; we need peer-support to create clean, sober environments where we can live safely and on our own terms.

“Nothing about us, without us. We're tired of decisions being made in our name without us at the table.”

— Gerard Thomas



Jeanne Locher

The DC Public Core is called a safety net because it provides services to people not covered by Medicaid. All other community agencies are required to bill Medicaid for reimbursement of services. How is the warehousing of people into the DC Public Core providing an open and honest choice?

The DC Public Core is spending millions of precious funds. This is money that could be spent on creating new housing units, expanding rental subsidies, ACT teams, Crisis Intervention Teams, community crisis facilities and peer supported services.

Leah Harris

We call on the DC mental health system to align itself with the vision proposed by the President's New Freedom Commission on Mental Health: "a future when everyone with mental illness will recover" (Commission Report, pg. 1), and that "care must focus on facilitating recovery and building resilience, not just on managing symptoms" (Commission Report, pg. 5). Within a recovery-based, consumer-driven system, everybody wins: recidivism and therefore costs are reduced, and consumers witness a vast improvement in the quality of their lives.

The DC mental health system is appallingly anti-recovery. DC lags far behind Maryland, Virginia, and much of the country when it comes to transformation. System transformation is hard work and it will take much more than lip service to make it happen. We must overcome the culture of apathy and ignorance that pervades the system. Consumers, providers, and administrators need to start holding ongoing work-groups immediately to develop a functional "Recovery Initiative" for DC.

Galina Sergen

One member of the CLF reports that his intake with the DC CSA took several weeks (while he was homeless, experiencing severe symptoms and facing shoplifting charges) because his case manager continually failed to show up for work when he was scheduled to meet with her. He told his psychiatrist that he was entertaining serious thoughts of suicide. The psychiatrist responded by reminding him that he had another appointment in three months time. He survived with the support and friendship of the other men in his shelter. You have heard some of the other cases from the CLF – and there are countless more.

March CLF Meeting Report

By Sherry McMahon

Our guest speakers included Patrick Wojahn from University Legal Services, who spoke about the work of the PAIMI (Protection and Advocacy for Individuals with Mental Illness) Council, and Mary Ann Luby with the Washington Legal Clinic for the Homeless. Mary Ann addressed the group about outreach to the homeless and shelter population, as well as plans for the budget hearing to be held by the DC Council April 5, 2007 regarding the Department of Mental Health.

Patrick Wojahn spoke on behalf of ULS, explaining the mission of ULS, and of the PAIMI Council. In addition to individual consumers, ULS also represents the consumers at St. Elizabeth's, and has brought suit against the hospital on behalf of the consumers at St. E's. Some of the issues being addressed by the suit are the loss of the hospital's accreditation, the death of a patient in January of this year which has been ruled a homicide, and the lack of improvement despite promises made, and the long standing resolution of the Dixon suit, as well as the recent investigation of the situation at St. E's by the Department of Justice. The suit is currently in discovery, with ULS working to take depositions from hospital staff and patients.

Note was made of the fact that the new hospital, for which ground was recently broken, may provide resolution to some of the problems that exist at St. E's, but it will accommodate only a portion of the current population, and do little or nothing to improve the attitude and treatment of patients by staff at the hospital. Also discussed was the situation at Riverside Hospital, which provides children's services. ULS is looking into the conditions at Riverside, as well as the possible loss of accreditation by that hospital. The ULS is also investigating the conditions at Community Residential Facilities (CRFs) where many mental health consumers reside. Another situation that the ULS monitors on behalf of consumers is the Special Education programs within the DC Public School system, working to ensure that all students are provided inclusion in the DCPS programs.

The discussion then moved on to the PAIMI Advisory Council, and the need for consumer participation. The council acts on behalf of consumers to bring issues to the attention of ULS, which need to be addressed. The council meets four to six times per year. The recommendations of the council are presented to the Board of Directors of ULS, which then review the recommendations and acts accordingly. A quarterly report presents review of issues being addressed. The Advisory Council also does outreach to the MH population, advising consumers of their rights as consumers, and of the grievance procedure.

A former Chair of the PAIMI council spoke of her experience, and encouraged interested CLF members to get involved. Patrick Wojahn made note that a brochure outlining the role of the PAIMI council and providing orientation for new member was in the works at ULS. CLF members expressed interest in becoming more involved with the PAIMI council in the future.

The discussion then proceeded to a list of problems at St. E's. A consumer living at St. E's provided a list that detailed the grim to dismal to appalling conditions that the patients live with. From the lack of heat, hot water and soap to inadequate food, staff disinterest, and outright abuse, the situation at St. E's has not improved in spite of the existence of the Dixon exit criteria, and the DOJ report, which provides graphic details of the appalling and inhumane conditions.

The CLF will be moving forward with its task force on St. Elizabeth's, with Lew Ecker and Sherry McMahon initiating the development of said task force. The priorities developed at the meeting included:

- 1) **Training** – Staff need to be trained by consumers. A mandate will require that all staff are required to attend training. This training is seen as being vital to a change in staff morale.
- 2) **Media work** – "If it bleeds, it leads"; an unfortunate but accurate assessment of contemporary journalism. Witness the current response by the nation to the news that the medical services returning Iraq veterans receive is less than top notch. Consumers will need to be willing to stand up and speak out – to tell their stories, thereby providing the human face to a situation which has been waiting resolution for over thirty years. Several CLF members expressed interest in renewing the work of the St. Elizabeth's task force – please get in touch if you wish to join.

During the second half of the meeting, Mary Ann Luby of Washington Legal Clinic for the Homeless began the discussion on outreach methods. Her first comment was, "Go slow". Reach out gently, and be accepting of whatever response you get. No offense should be taken, regardless. What should be communicated is concern: "Do you have what you need to take care of yourself." Outreach should be done regularly.

David Pirtle and Mary Ann plan to begin a lecture series in May, at Martin Luther King library, on mental health. The library is a place for homeless people to go. The librarian at MLK and the staff do engage homeless people, and will receive outreach training in mid-March.

The meeting drew to a close, with mention being made of the upcoming DC budget hearings; the DMH hearing is scheduled for April 5, 2007 at 10:00 am. All are invited, as always, to the informal koffee klatsch, which meets Saturdays at 3:00 pm, at Potter's House at 1658 Columbia Road, NW.

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 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.

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

Next Consumer Leadership Forum Meeting

Friday, April 6, 12 – 3 pm
The McClendon Center
1313 New York Avenue, NW
Lunch will be provided.

Reach Out Your Hands!! — Outreach Strategy Session

Spring is here and it's time to get out the word about the CLF! The April meeting will focus on deepening our outreach strategy in order to grow our organization and to empower as many District consumers as possible, especially those living in shelters and CRFs as well as those attending day programs. CLF members' outreach plan will be proposed, and we welcome each and everyone's ideas as to how to further spread the word. We'll also discuss peer support to build our internal strength. Finally, stay tuned for a fun social event for new members taking place in May.

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, 2007
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: dorotheadams2007@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 1658 Columbia Road, NW. For more information, please contact Sherry McMahon at slmcmahon@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:
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Consumer Leadership Forum

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Consumers Uniting for Freedom and Choice

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:

To be determined

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
1313 New York Avenue, NW

