

Program Manual for a Consumer-Run Drop-In Center

based on the Mental Health Client Action Network in Santa Cruz, CA

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Introduction – Why this manual is needed

The Mental Health Client Action Network is a consumer-run community organization / advocacy network for adults with a serious mental illness. MHCAN is located in a part urban and part rural county with a population of 134,753. Santa Cruz is second only to Marin County in being the place with the highest cost of housing in the United States. The traditional System of Care serves only about 1,600 outpatients out of close to 4,000 eligible for MediCaid mental health services. Since its inception MHCAN has served not only those formally diagnosed by professional providers, but also those considered by the mental health community to have emotional and cognitive problems. Part of the Mental Health Consumer Self-Help movement, MHCAN gives clients an opportunity to help themselves while assisting others in navigating through the treatment system and community environment.

Our program has developed over 10 years of trial and error without an operations manual to follow. In 1991 when a cluster of consumers in Santa Cruz County, California, wanted to start a drop-in center there were no consumer-run listservs where questions could be asked. Technical Assistance Centers did not yet exist, but consumers around the country did participate in the monthly teleconferences out of Boston University Rehabilitation Center with Judi Chamberlain who had started the Ruby Rogers Drop-In Center in Cambridge, Massachusetts. Alternatives Conferences once a year were the chief opportunity we had to meet other consumers with similar projects already in operation. The Mental Health Client Action Network in Santa Cruz parallels in name the California Network of Mental Health Clients (CNMHC) which began in 1987 with regional meetings and self-help and legislative teleconferences. We added the word “Action” to make our name include the word “CAN”; we wanted to be active, to be doing for others, not only sitting in a circle complaining. In the 1980’s and 90’s, many ideas were borrowed from the 12 to 20 newsletters that came from advocacy centers all around the country. Drop-In Centers and other consumer-run organizations now post job notices and share information through electronic mail. Many active participants on national listservs are people who reject traditional mental health services. For mental health clients who want to be an adjunct to professional services a practical manual is necessary that details the nuts and bolts that hold the structure of a Drop-In together.

As a Drop-In Center, our goal is not to alleviate symptoms of diagnoses in psychiatry books. Our goal is a better society. We believe in the 1948 World Federation for Mental Health’s definition of mental health as the “ability to live peacefully with others, and the capacity to empathize, to relate and to collaborate.” To the extent that cognitive and mood symptoms get in the way of living peacefully, being able to empathize, relate and collaborate, we support the best treatments that medical science offers to enable individuals to experience community and social support.

Section 1: RESEARCH ON DROP-IN CENTERS

Research supports consumer-run services as valuable and effective. Drop-ins have the lowest threshold for participation of all consumer-run programs. There is no triage to belong. Treatment is conversation or respect for someone who seeks silence. Participants are not required to show up at a particular time or to read classroom material. One is not considered a failure if he gets a cup of coffee and sits in a chair or goes to sleep on the couch. It's okay to draw or sing all day. It's okay to play games on the computer. It's okay to do absolutely nothing but think and decide what you want to do later. On the other hand, drop-ins offer the greatest opportunity for volunteer and paid work and skill development from payroll to driving to reception to arranging furniture.

The purpose of Drop-Ins is five fold:

1. To provide a safe place where those economically disadvantaged by their mental health status can be off the street.
2. To provide a place where people with common treatment experiences can talk freely and be understood.
3. To provide grassroots gathering to address improvements that can be made in the system, to address wrongs, to have a common voice that will be given attention because it comes from the rubric of an organization.
4. To provide a place where usually a phone, bathroom, and information, sometimes food, is available.
5. To provide a place where people can be natural without being watched for symptoms, where usually records are not kept about behavior, only attendance.

Historically peer-run Drop-In Centers were set up as alternatives to traditionally provided services, not as adjuncts to treatment. The classic statement of this function of the Drop-In is found in Judi Chamberlin's *On Our Own*. Today Consumer-operated Service Programs are part of the continuum of community mental health care. The consumer-mental health movement is now 20 years old and the drop-in has survived from the early days of the movement when current or ex-patients might meet in someone's apartment or at a community center or in the basement of an urban church.

Self Help Agencies called SHA's by some researchers [Segal, Hodges, Hardiman, American Journal of Orthopsychiatry (Vol. 72, 2, 2002)] are being studied today because they have always espoused the belief that consumers can re-cover from the marginalization and stigma of mental health diagnosis; SHA's historically have viewed the act of labeling and subsequent shunning by society as the main cause of long-term disability.

Ed Knight has called Drop-In Centers a form of "self-directed rehabilitation" (Special Edition). Self-directed rehabilitation. Albany, NY: Mental Health Empowerment Project. <<http://www.rfmh.org/csipmh/>> . If one accepts the argument that people who call a suicide hot line want to be prevented from killing themselves, then a similar argument can be made for a mental health patient or ex-patient who seeks out a drop-in center: they want to be around people even if communication is a problem or difficult for them. For

this reason it is debatable whether or not drop-in activities should be “prescribed” for consumers of mental health services in an effort to socialize them or adult-sit them.

Forquer & Knight, Ed (2001) looked at Colorado’s Mental Health Assessment Agencies which created between 1997 and 1999 seventy self-help groups and four consumer-run drop-in centers. They found a decrease in suicide rate, substance abuse, and hospitalization and an increase in social contacts and ability to carry out activities of daily living. Another state that decided to finance drop-in centers was Michigan.

Mowbray C. T. and Tan, C. (1992) "Evaluation of an Innovative Consumer-Run Service Model: The Drop-In Center," *Innovations & Research* 1 (2):19-24. This study evaluated six drop-in centers in Michigan started with the assistance of the Michigan Dept. of Mental Health. Experience at a drop-in center was associated with high satisfaction, increased quality of life, enhanced social support and problem solving (1993). The definition of a drop-in center used by the parent group, Justice in Mental Health Organization was “a place which provides a critical social support function for high-risk hospital users with both organized and informal recreational and social activities where individuals and center staff assist each other in solving their social, recreational, housing, transportation, and vocational problems.”

In a study of 10 agencies in the Bay Area, Steven P. Segal, E. R. Hardiman and J. Q. Hodges, (2002) found that clients of community mental health agencies had more acute symptoms, lower levels of social functioning, and more life stressors in the previous 30 days than clients of self-help agencies. The self-help agency group, connected to drop-in centers, showed greater self-esteem, locus of control, and hope about the future. Clients of self-help agencies had also received more services from facilities other than self-help or community mental health. Self-help agencies deliver services aimed at fostering socialization, mutual support, empowerment, and autonomy. (*Psychiatric Services* 53(9), 1145-1152. 2002)

Previous studies have identified the characteristics of people who choose to participate in these programs, the processes that lead to change, and service recipient program satisfaction (Chamberlin et al., 1996; Kaufman, Schuldberg, & Schooler, 1994; Luke, Rappaport & Seidman, 1991; Mowbray, Chamberlin, Jennings, & Reed, 1988; Mowbray & Tan, 1993; Segal, et al., 1995; Van Tosh & Del Vecchio, 2000. Mowbray, Chamberlain, Jennings, & Reed’s study (1988) studied 1800 consumers who used the Daybreak Drop-In Centers that provided recreation, cooking, housing and employment assistance They found high client satisfaction and a cost per person of \$470 a month for average of 150 persons a month.

Some research that looked particularly at Drop-In Centers as examples of Consumer-Operated Services are listed below:

Carpinello, S., E. Knight, and L. Jatulis. (1992). A study of the meaning of self-help, self-help group processes, and outcomes. *Proceedings: Third Annual Conference on State Mental Health Agency Services Research and Program Evaluation*, Alexandria, VA: NASMHPD Research Institute

- Chamberlin, J. (1978). *On our own: Patient-controlled alternative to the mental health system*. New York: Hawthorne Books. This book is now in reprint.
- Clay, Sally, and Dianne Côté (1992) *Drop-in Center Training* (Video of all-day training to PEER Center given in Fort Lauderdale, FL.
- Clay, Sally, *Crisis intervention and alternative treatment*. (Video: Interviewer: Pat Deegan., *Learn from Us, Series #1*, National Empowerment Center; 1994)
- Hodges, John, and Markward, Martha, "Effects of self-help service use upon mental health consumer satisfaction with professional mental health services," *Psychiatric Services* (summer, 2004)
- Kaufmann, C.L., Ward-Colasante, C. & Farmer, J. (1993) Development and evaluation of drop-in centers operated by mental health consumers. *Hospital and Community Psychiatry*, 44 (7) 675-678.
- Knight, E., () *Self-Selection Distinguishing Factors: Participants and Non Participants of Mental Health Self-Help Groups*, NYS OMH - <http://www.rfmh.org/csipmh/>
- Long, L. and Van Tosh, L. *Program Descriptions of Consumer-Run Programs for Homeless People with a Mental Illness* (Vol 11). Rockville, MD: NIMH, 1988 (Report 15 pages. site visits to 8 programs including two drop-in centers.
- Meek, C. *Consumer-Run Drop-In Centers*, Philadelphia, PA: National Mental Health consumer Self-Help 1988 Booklet 14 pages. The 2000 Edition is 18 pages, \$3.00 Order from National MH Consumers' Self-Help Clearinghouse, 1211 Chestnut Street, Suite 1207, Philadelphia, PA 19107. On line it's www.mhselfhelp.org
- Zinman, Sally, Harp, H. and Budd, S. (1987). *Reaching Across: Mental Health Clients Helping Each Other*. Riverside, CA: California Network of Mental Health Clients.
- Zinman, Sally and Harp, Howie T., editors *Reaching Across II: Maintaining our roots/The challenge of growth* (1994). Sacramento, CA: California Network of Mental Health Clients. Order from CNMHC, 1722 J St., Suite 324, Sacramento, CA 95814.

Annotated bibliographies on consumer-run services have been compiled by The National Resource Center on Homelessness and Mental Illness in July 1993, by Denise Sommers, Jean Campbell & Teresa Rittenhouse for the Program in Consumer Studies and Training in 1999, and more recently (1993) by Ruth Ralph.

The perfect research design to capture the outcomes of drop-in centers may not have been devised. Randomizing subjects to attendance at a Drop-In nullifies an essential ingredient of Drop-Ins, which is self-selection and self-determination. Doing intensive outreach and public relations, followed by tracking those who come for the first time might yield more promising results. The issue is whether the researcher would not really be getting a picture of the type of person who chooses the drop-in experience. Doctors, however, prescribe a particular drug for patients who fit a particular set of algorithm of characteristics or properties. If doctors were better at matching treatment to symptoms and personality, they would have better compliance. Mental Health workers, including consumers, are beginning to question having Drug Courts prescribe the AA Self-Help experience as being beneficial long term. If research would tell us who is apt to take the

risk of going to a Drop-In and who is most apt to benefit, then foundations and government agencies that fund Drop-Ins could better target their outreach and publicity. Further research also needs to be conducted on the positive outcomes for mental health clients who work at Drop-Ins creating a special place for their peers.

Consumer-Run Drop-Ins escape the problems that consumers frequently feel when employed and supervised by non-consumers. Our job titles describe what the person does. We do not use the word “client” or “consumer” in job titles. Laurie Curtis, Director of Training and Program Development at the Center for Community Change, Burlington, VT, in an institute at IAPSRA, addressed the relationship boundaries that cause critical problems in organizations that are not consumer-run. Boundary issues arise when a client visits in a person’s home, when giving others a choice in what they do, in relationships with staff, in social integration and fraternization, in being considered a colleague. To the extent that a diagnosis creates expectations of functioning, to what extent does calling a consumer worker Peer Associate (COPES in Santa Fe, NY) or Peer Specialist as opposed to Mental Health Specialist or Lead Driver predict how well someone functions at their work? This is another area that merits research and study.

Section 2: Setting Up a Drop-In Center

First you need a place. That place could initially be someone's apartment, a meeting room in the public library or community center, or an available space in a public or private mental health clinic.

You need a consistent, reliable schedule. It is more important to be open every Tuesday afternoon from 2 to 5 than to offer a bunch of varied hours when a room may be locked with a note posted on the door that says the meeting has been cancelled.

You need leadership, whether one person, a small committee, or a large advisory council. They must have passionate commitment to the value of mental health clients being able to meet and talk and listen.

Leadership and passion are more essential than a budget. Sometimes government entities decide that a drop-in center is a good thing, budget for it, and then send some case managers out to organize it. This is a prescription for disaster. The expressed need and commitment must first come from the people to be served. It is preferable if they then seek out traditional providers to work with them or give budget and organizational advice.

The Principle of Self Help/ Mutual Assistance

Unlike any service that makes up mental health services, a drop-in center is distinguished by the fact that it is not prescribed for anyone by anyone. Clients self-select to attend, and this step is an act of self-determination that accounts for the value of the enterprise.

Consumer principles of self-help are captured in our Mission Statement, first written in 1992:

The Mental Health Client Action Network of Santa Cruz County
is a client-run organization
designed to reclaim our dignity through self-help.

We do this by:

- Providing mutual support and networking;
- Having a voice in all matters which affect us;
- Creating programs controlled by clients;
- Advocating for the right to choose our own life path;
- Educating the public from our perspective, and

- Confronting discrimination.

A Typical Day

WHAT A GUEST CAN EXPECT AT MHCAN

1. Two staff members have opened the center and made coffee by 9 a.m. A driver is available to bring clients who need a ride to the center.
2. The client checks in with the receptionist. If client is new, he will be asked if he has Medicaid and whether or not he is homeless. Receptionist points out the client phone, and coffee and bread in the kitchen. The receptionist mentions special programs happening that day, meetings or focus groups.
3. Options the guest has:
 - Read the paper or books and magazines or use the phone.
 - Use the computer lab, play games, check e-mail, receive instruction on computers.
 - Print out homework or employment applications or housing applications and make copies.
 - Play chess or ping pong in community room.
 - Sleep if tired on four love seats.
 - Play piano, guitar; listen to tapes, or radio.
 - Watch cable TV.
 - Use art materials: pens, acrylic, and charcoal.
 - Talk to others; ask advice about problems with Social Security or landlords or case managers.
 - Get a ride to medical appointments or payee's office.
 - Attend 2-3 peer-counseling groups scheduled each day run by other consumers.
 - Walk to fast food establishments, grocery store, or pharmacies alone or with other clients.
 - Use center as a mailing address and/or have messages left there if looking for housing.

- Smoke outside at a picnic table, talk, and listen to others.
- Be told twenty minutes before closing so they won't be surprised and will have time to get their stuff together.
- Get a ride home or to the homeless shelter in the late afternoon.

Who will you serve?

Much discussion by an Advisory Council, a Board of Directors, and the consumer staff needs to concentrate on whom you want to drop-in to your Center. Who is the service intended for?

MHCAN initially took the definitions of the California Network of Mental Health Clients, which said the state group was for people who currently have a serious psychiatric diagnosis and/or anyone that the majority of other people consider a mental health client. Therefore, during our organizing years, many of our leaders were no longer receiving mental health treatments of any kind. Moreover, many of our members did not receive psychiatric services through the public mental health system.

When the bulk of our funding came from the County Mental Health System, the county naturally expected that we would primarily serve mental health patients in their system. We said fine, but we wanted the freedom to open our doors to anyone in Santa Cruz who was having emotional or thinking problems, whether or not the county was giving them services.

Between 1993 and 1998, we only asked people their name when they came to the receptionist desk. Then in 1998 we added a question asking if the guest had Medicaid, Medi-Cruz (for indigent citizens), or Medicare, or Other insurance (such as private or group coverage). This enabled us to report to the County how many clients we were serving who had Medicaid (Medi-Cal in California).

MHCAN's policy now is to welcome any new guest with a schedule of our activities. If the individual says he has never been a mental patient, we offer a cup of coffee and ask him not to come back on following days. We are especially cordial to people who are homeless until we see if they want to participate in our programs and treat others with respect. If it turns out that they seem most interested in taking more than their fair share of food or computer time or only watch TV all day, or continually leave a mess of food and trash for others to clean up, we ask them to leave. We tell them about the Homeless Persons Health Project and Homeless Resource Center as referrals.

A special problem is individuals who are receiving SSI for a psychiatric disability, but have not been in treatment for many years and seem to victimize other mental health clients by talking down to them or stealing from them. In this case, we pose the question "Can you tell me why you are here?"

In summary, we want to be a safe, nurturing, and learning place for the following people:

- Clients that are currently involved in the county system of care.
- Friends and/or significant others of the system clients.
- Adults who are trying to access the mental health services in this county.

- Adults who have a diagnosed psychiatric disability, have private insurance and/or pay for their own care.
- Clients from another counties interested in services from our county.
- Dual-diagnosis clients (mental illness and an addiction disorder). They must be clean and sober while at the drop in center.
- Young clients (17-25) who may still be under their parents insurance for mental health care or be in transition between the Children's System and the Adult System.
- People who do not want mental health services, but whom the community agrees has emotional problems that prevent them from keeping appointments, having clothes, food, or having any friends.
- College students and community members who want to spend some time with patients of the mental health system.
- Parents who want to volunteer so long as they do not accompany their son or daughter.
- Homeless persons with a talent we all appreciate and need such as gardening or piano playing or cooking for others.

Standards of Conduct for Guests

A sign is posted at MHCAN which says that MHCAN cannot tolerate behavior that makes others either feel unsafe or disrespected. For years we only had these standards of conduct posted on the wall. A police officer suggested to us that we have new guests, after a tour of the Peer Support Center, read over the rules and sign them. Then we keep these in a folder with a date.

Here are the Rules that we did not write until our fourth year of operation.

- 1 **Name-calling, Swearing, & Cursing** someone else who is present or on the phone.
- 2 **Excessive borrowing** without returning, handling stuff on someone else's desk or chair, going through someone's backpack. Stealing.
- 3 **Harassment** (emotional, sexual, or physical), badgering, hounding, nagging someone to buy or do anything, such as dating, sharing housing, doing schoolwork.
- 4 **Failing to be quiet** or leave another person alone when asked to do so.
- 5 **Use of alcohol** or illegal drugs before coming to MHCAN, staggering, passing out on floor or couch.
- 6 **Pushing or shoving** objects or people.
- 7 **Failing to share** by taking more than your share of food, supplies, clothes, or phone time. Refusing to take turns.
- 8 **Habitually leaving a mess** for someone else to clean up.
- 9 **Badmouthing** other clients behind their back to influence others to not like or mistreat them; malicious gossip.
- 10 **Showing disrespect** for another person's disabilities, gender, religious beliefs, interests, chosen work.
- 11 **Any show of force:** firearms, weapons, fighting, wheeling influence.

Reasons for Eviction

Reasons (since 1994) that we have evicted people for a day, week, month, three months, or a year:

- Smoking marijuana in the bathroom
- Setting up falsified phone account on MCI using our phone number
- Charging 900 number calls on MHCAN's phone and denying it
- Charging long distance phone calls to Oregon and denying it.
- Continued pattern of mouthing off to staff and disobeying rules
- Taking all the used clothes to sell at a flea market repeatedly after being asked not to
- Giving unwanted attention to women that they complained about, after being asked not to
- Playing a boom box on the side walk during a funeral across the street
- A pattern of showing up smelling like alcohol because it is a temptation to those who are struggling with sobriety.

- Making inappropriate remarks and conversation with people about their gender, supposed diseases, germs
- Continually mooching cigarettes and money every day
- Closing someone's computer files without saving when the person goes to the bathroom. Further deleting another person's files.
- Pushing AVON or Mary Kay products or vitamins on others to buy
- Getting in a physical fight with another client and refusing to back off
- Snatching and tearing up signs and flyers posted on the walls
- Making abusive remarks to driver after unreasonable demands for chauffeuring
- Returning sets of our door keys after making copies of them and lying about it.
- Stealing coffee cups and pots and pans out of the kitchen.
- Taking a receptionist's indoor plant out of her pot and planting it outside without asking.
- Taking all the purchased refreshments for a special event from the refrigerator when the refreshments had a sign saying Please Leave This Alone; it is for a focus group.
- Repeatedly showing up for focus group and piling up a plate of refreshments, then leaving, never participating.
- Carrying tales about people that are erroneous and serious, i.e. that people are dead or convicted of a felony
- Writing name with permanent marker on every upholstered chair in giant letters.
- Hiding stolen bicycle parts under furniture and behind books
- Stealing someone's prescribed medication.

Incident Log

The receptionists can keep a simple log in a spiral bound notebook to put down the facts about incidents. First column has the client's name and date. Second column says what the client did and who the witnesses are. Third column shows what you did about it. The first few times it is to issue a warning and point out the rules for being at the drop-in. Make sure all key staff read the Incident Log weekly and initial it.

By keeping this log, if the times comes that the individual's behavior doesn't improve, you have evidence upon which to ask him/her to leave. If the individual files a complaint against your organization for refusing him/her services, you have the details that justify your position.

The incident log should be locked up at the end of the day with the attendance sheets.

How to tell people they can't come back and need to leave:

In the event that some people are, breaking rules (mooching, stealing, and name-calling) and are not in the county system of care, it is easiest to ask them to leave by saying they are not county clients [or the target population of the entity providing your funding] and

need to leave immediately since the county pays for the program. This avoids arguments over their behavior.

“Suzie Q. I see from the sign in sheet that you have been coming here for a week, but the county doesn’t have a record of your receiving mental health services in past five years. All of our funding comes from County Mental Health to be a drop-in for their clients. I know you need a place to be and a phone, etc., but we have to ask you not to come here anymore. I’m sorry.”

If Suzie Q. argues,

“You can have a case manager or nurse call us and tell us you are receiving mental health services or have an evaluation scheduled.”

(IF she keeps arguing).

“If you come back we will consider you to be trespassing and have to call the police. We need you to leave now.”

The rule of 3: If possible have 3 staff members standing together when asking someone to leave, especially someone who is drunk or obviously “high” on amphetamines.

For ACCESS [an 800 number set up in some states for people trying to access services]—“if they don’t give you an appointment in a month or don’t think you need an assessment, we’ll have to ask you to leave. I’m sorry.”

However, if the person is not causing others trouble and is in fact helpful to others, we don’t pay any attention to whether or not the county is responding to requests for services unless the participant wants us to.

For Clients will problem behavior: “Suzie Q, the things you do (fingering everything that belongs to others and on staff desks and not leaving on time when we need to close up and repetitively being accused by others of stealing from them and not being quiet when the receptionist is trying to answer the phone) are interfering with our ability to pay attention to other mental health clients. We are not professionals, and you don’t seem to fit well in our program. Everyone here needs to take the responsibility to be part of a trusting community. We need you to spend the day somewhere else. I’m sorry.” No more discussion. If the client attempts to change the subject or argue particulars, keep repeating the decision: “You can’t come here anymore.” Be a broken record if you are not too young to know what a record is.

Special Populations

Family Members and Significant Others:

MHCAN has family members on our Board of Directors and a family member has taught crochet and knitting for eight years. Family members are tenacious advocates when they are functioning as advocates and not as parents of a “love one.”

Parents sometimes bring in their son or daughter and speak for him or her. This is an awkward situation. It is best to try to direct the conversation to the potential drop-in participant by asking direct questions about interests. It is embarrassing to the son or daughter to be brought in like a child in front of other adults. The son or daughter will rarely come back when this happens and then the parent seems to want appreciation from all they put up with in being a conscientious care taker. Their behavior insures the result they complain about.

When parents call for information about the drop-in, I frequently tell them not to suggest the drop-in as an activity, but to leave our literature on a counter in the home, even to make remarks indicating that the program is only run by patients, not by professionals. This is based on the observation that the quickest way to solidify a teenage romance is for the parent to be against the object of affection.

Family members should not be allowed to attend support groups with their son or daughter, sister or brother. They should be referred to coping groups or other support from the National Alliance for the Mentally Ill. A wise, caring parent will come in alone and talk to drop-in staff about your organization and what it does. They will make donations or bring second hand items to the center without the presence of their son or daughter. If they provide transportation, they will let their son or daughter out of the car, but not follow them in. All the relationship dynamics of teenagers and parents seem to apply because independence and a separate personal identity are still the critical issues.

Sometimes the drop-in center staff have a special role in insisting on private space for a client. It is never appropriate for a father, for instance, to hover over a female daughter and want to go to women’s group meetings or hover outside the door where what his daughter might want to share could be overheard.

Besides parents, another presenting problem is the female client who seems afraid of her boyfriend who is always checking on her. If she comes in beat up or crying, drop-in center staff can tell her about Women’s Crisis Support Services, but you cannot make her use them. This takes time. You can say that no one should be physically assaulted and that the client is worth too much to you for you to want to see her hurt. Frequently female mental health clients who have been homeless, are bonded to a non-client who provides them security on the street. The cycle of abuse and apparent love is cyclical, bound to the first of the month when the mental health client receives a government entitlement check.

Occasionally family members call seeking our help in getting their relative into services. Sometimes it is not clear to them at all that the relative is an adult and must request services themselves. Family members also complain that case managers won’t talk to them or that hospital staff snub them or won’t discuss their relative’s case. You have to

gently say to them that communication is up to the son or daughter or spouse to permit or not and that perhaps when the relative is feeling better they will make contact.

Some consumer-run services refuse to post a Missing Person's Flyer from another county or another state on the premise that the relative must have had a reason to want to disappear. MHCAN does post these notices since we are a town that attracts travelers (being near San Francisco and Berkeley) and tragic things can happen to young adults without any money in a strange town. We would not however report the person if he or she came into the drop-in, but ask them to call home so the family would not worry and the police would stop hunting.

Hispanic families, as a general rule, do not want their unmarried daughters in a co-ed setting. If the drop-in serves Hispanic women, it is a good idea to have a women's only day as well as separate support groups for women only. Family members of young Hispanic adults, especially women, may park in the parking lot or on the street and wait for their son or daughter to spend time at a drop-in center or come to a meeting. This is cultural and not over-protection. Thank them.

The chronically homeless: Drop-ins across the country become a hang out for the chronically homeless who are primarily male, accounting for up to 75% of the "regulars" at a drop-in. Some homeless clients have been driven away from the city's regular homeless services because they talk to themselves or have peculiar habits like walking in circles or repeating phrases in loops. In this case the drop-in is the perfect place for them to be safe and escape harassment, and eventually perhaps seek services.

In other cases homeless people who show up at the drop-in have been evicted from regular homeless programs for stealing or lying or doing illicit drugs or generally causing a disturbance. These clients usually have a tale of woe about how they have been misunderstood and mistreated. These people are distinguished by their very good social skills and gift of gab. Sometimes they ingratiate themselves by immediately volunteering for gardening or kitchen duty in order to stay around. Sometimes their contribution is very welcome. All too often they are soon preying on very vulnerable people, borrowing money from them or moving into their room, which usually jeopardizes the housing of the mental health outpatient.

A very modern problem is a population of adults who were treated for ADHD as kids and prescribed Ritalin or Adderall. The adult mental health and substance abuse systems do not at the present time treat ADHD and some adults are very desperate for this amphetamine like drug. Sometimes these homeless clients are also looking for major tranquilizers or narcotic pain relievers and they solicit the drop-in staff to advocate for their need for these drugs. The best solution might be an astute Primary Care Physician who has experience in serving adults without a fixed address who may arrive for an appointment with many bags and backpacks and who may not have had a recent shower. The need for good and willing Primary Care Physicians is great.

Section 3: What skills do you need to operate a drop-in center?

Volunteer or paid, the essential skills are program planning, reception, and clean-up. Whether one person or a committee, the organization needs a spokesperson who interacts with a landlord, funders, the media, other agencies. How the phone is answered, and that it is always answered during open hours, is essential. Bathrooms, coffee cups and doorways have to be kept clean. Orderly bookshelves, art supplies and videos are secondary concerns.

If the organization is able to buy a new or used van, then drivers are necessary. If the organization is interested in a peer counseling program, then requirements and responsibilities of peer counselors are created.

The job descriptions in the next section are many and varied, depending on the funding, interests, and talents of your group. Every job description can be customized to the strengths and shortcomings of the employee or volunteer.

Some boilerplate language about definition of mental health client and accommodations are these:

We are a client run organization providing peer support, advocacy, and training in social, organizational, imaginative, and everyday survival skills. We do not discriminate based on appearance, gender, ethnicity, or religious beliefs. Preference will be given to persons who have experienced severe emotional difficulties for which they were given a major psychiatric label and treatment and who have achieved significant recovery. [Employee description from Daniel B. Fisher, Consumer, MD, Ph.D., National Empowerment Center]. Knowledge of some elementary Spanish is desirable.

We are willing to make reasonable accommodations by modifying job duties, hours, or work environment, providing extra training and tolerance to the extent that the accommodation asked for at the time of application or initial employment does not cause a major hardship to the work of the consumer-run service or its budget.

Executive Director, half time

Program Responsibilities: Under the supervision of the Board of Directors, the Executive Director has the responsibility to provide strategic leadership for a new non-profit organization, to see that the operation of the program is conducted in an effective manner and that the employees and volunteers receive appropriate supervision and support.

Duties include (but are not limited to):

Administrative

- oversee and coordinate daily operations of client-initiated psycho-social recovery program.
 - Staff meetings and training to create a learning environment
 - Monitor creative arts instructors for quality and student nurturing
- recommend policies and programs and procedures to the Board for the effective operation of the organization that carries out MHCAN's mission.

Contracts Management

- coordination of contract with County Mental Health Services
- marketing of the program within the mental health system and the community, pursuing grants, recruiting participants, and developing volunteer-transitional employment opportunities

Community Representation:

- attendance at all required Santa Cruz County meetings (Contractors, Adult Planning, LMHB)
- liaison, spokesperson and public relations representative in community/political/budget forums.
- maintenance and development of effective relationships with other mental health and community organizations, and business and government . [CMH, CIL, Human Care Alliance, Career Services, MHRC, locked unit facilities, CASRA, and CAMHRPA, NEC West, CALMB, CPVAW.]

Personnel Management:

- staff recruitment and hiring, affirmative action policies
- staff development based on principle of teaching a person to fish
- staff evaluation, discipline and termination
-

Financial Oversight:

- in conjunction with the Treasurer of the Board, administer the funds and physical assets of MHCAN
- oversee appropriate financial and budgetary procedures to maintain financial controls.

- coordinate with the Board in planning for resources needed to accomplish MHCAN's mission including fundraising, leasing space, insurance, capital expenditures.

REQUIREMENTS:

Diagnosis and treatment for serious psychiatric disorder with at least four years demonstrated stability.

High level of comfort and effectiveness in working with a diverse participatory network of people and providers/professionals of mental health services.

QUALIFICATIONS:

Must be knowledgeable of client-initiated, peer support program models.

Must have demonstrated some steady management and/or supervision experience.

Must have exceptional interpersonal and communication skills both written and oral.

Must have knowledge of desktop publishing and office and file management.

MINIMUM EDUCATION AND EXPERIENCE: BA in human services, liberal arts or behavioral science and two years experience in the delivery of mental health services, paid or unpaid. Prefer Master's degree or six year's experience.

Frequently instead of one Executive Director a Drop-In Center might have two Coordinators. Here is a job description for such a position:

**Associate Managers, Coordinators of Advocacy and Drop-In Center
40 hr. week total to be job shared**

Requirements:

- Ability to negotiate with a co-worker so that all responsibilities for MHCAN's programming are accomplished and to be able to assume total responsibility in a time-off period by the other manager.
- Demonstrated communication skills, both written and oral. Pleasant to be around. Capacity to be clear, concise and considerate about problems or issues or goals.
- Two years of college level work successfully completed in any subject area or ability to read, keep notes and accurately present information to others. Four years of employment as a regular employee will substitute for two years of college.
- Actual experience in organizing and actively supporting a group of people, a team, or project longer than six months. Ability to supervise others without being bossy or wishy-washy.
- Significant recovery as demonstrated by at least 2 years without hospitalization longer than 72 hours and consistent social and health management skills. and life management skills.
- California Driver's license. May be waived. Reliable transportation to job site.
- Be able to support MHCAN's Mission and Goals.
- Ability to maintain files and paper work which are retrievable to answer questions promptly and be useful to others.
- Ability to handle personal behavior under stress, to be flexible, forgiving of self and others, to correct mistakes and move on to next task.

Duties:

- Initiate, coordinate, implement, and evaluate MHCAN's services to mental health clients as specified in Service Provider Contract for current fiscal year.
- Maintain a dynamic, positive outlook in public about MHCAN and clients.
- Ability to observe and find opportunities for talented people to use their gifts.
- Effectively address patients/clients/survivors' needs and desires to other county programs and to community forums. i.e. Public Relations Skills.
- Prepare write ups, flyers, promotions and distributions of MHCAN events to housing and community service sites. Celebrate everything we do ourselves.
- Return phone calls from clients and providers who want information or help within 24 hours. Follow up. Develop good working relationships with private and public agencies to get assistance needed.

- Get on mailing lists of state and national drop in and advocacy groups and read their newsletters for ideas.
- Keep Advocacy and Drop-In Site a safe place for all i.e. no drug dealing, verbal or physical harassment, thievery, violence or name-calling.
- Provide Advisory Board with monthly budget status report by expense category, bring program or personnel problems to Board's attention.
- Keep all information current, for personal use and for others, on meetings at MHCAN, programs, activities, committee meetings of County and community agencies and groups.
- Coordinate activities of volunteers . Follow up on inactive volunteers.
- Demonstrate problem solving and dealing with conflict among staff or members in a calm and non-intrusive manner.
- Avail yourself of all the leadership skills and management training you can find which relate to directing Non-Profits and meeting the expressed needs of consumer/survivors such as knowledge of SS benefits, housing, rehabilitation services.
- Attend or send an MHCAN representative to meetings of Local Mental Health Board, Resource Center, Adult Planning, Managed Care, Human Care Alliance, Harbor Hills, SART, Disabilities Commission, CPVAW, etc. Represent and advocate for concerns and needs of mental health clients at these meetings.
- See that provisions concerning petty cash, presenting requests for reimbursement and salaries are followed as detailed in contract between SCCCC and MHCAN.
- Hold scheduled reliable office hours.. Be dependable.
- Plan ways to elicit feedback and input from client community on MHCAN's hours and programming.

DEADLINE Open until filled. Submit resume of education and previous paid and unpaid work with cover letter. If you would like assistance, contact Supported Employment, Phone.

SEND TO: Personnel Committee, Organization, Address

HOST/HOSTESS/RECEPTIONIST

Hourly:

\$5.25 to \$8.50 an hour, (depending on education, ability, and experience). This job can be for 2-3 people.

Morning and Afternoon Shifts: 8 – 12 hrs per week. 9-12 or 10-12 & 2-3

Need an On-Call person for the afternoon.

This is a part time regular position available after a ninety-day probation period. At will, employment is subject to Personnel Policies of the Board of Directors.

REQUIREMENTS:

- High school or G.E.D. and some college level work.
- Enough cumulative volunteer or paid office work to show familiarity with returning phone requests, accuracy, punctuality, and courtesy.
- You must have volunteer and/or on-the-job experience. Clerical work, typing or filing, or receptionist experience needed. You must have an above average grammar and spelling knowledge.
- Sensitivity to the problems, hopes, and rights of persons with psychiatric disabilities based on personal life experience.
- You must have the capacity to participate in disagreements in a respectful manner.
- You must have the capacity to follow instructions with whatever coping strategies that involves for the individual.
- You must be willing to be non-judgmental of those with unfamiliar religious backgrounds, different attitudes toward housing and private property, choice of significant people in their life, and current chosen paths to healing and recovery.
- You must have effective and pleasant interpersonal communication skills.
- Good judgment-- to know what is an ASAP message and what is a crisis, when to question a client and when to let him/her alone.
- You must have the ability to maintain composure with varied levels of energy and number of people doing very different tasks at once in a community center environment.
- You must be a self-starter and demonstrate a commitment to mental health clients learning and struggling to manage their own recovery by doing the same.
- You must have the ability to prioritize and organize office support work needed by the Executive Director and other staff members such as preparing mailing, stapling, sorting handouts into staff boxes.
- You must have the confidence in decision-making skills and the willingness to debrief and learn through each situation.

- You must do neat work that others can follow and read.
- You must have at least two-year continuous history of no drug (including marijuana) or alcohol abuse and five years free of any jail time.

DUTIES :

1. Answer the phone. Know where staff members are. Give and/or deliver all messages promptly. Take and/or deliver the messages for the clients at the drop-in center.
2. Always get name of the caller and his/her return phone number accurately.
3. Answer inquiries about the schedule. You must mail out all the schedules every month. Give copies of addresses for the schedule to the computer room supervisor.
4. Track the attendees, asking their name or asking them to sign in themselves and fill out columns.
5. Never leave the phone without asking someone else to sit at the desk.
6. Be alert for burning smells coming from kitchen and check on it. If an empty coffee pot is on the burner, remake the coffee or ask someone in the kitchen to make the coffee for the center.
7. Look over the calendar for the day so you can let people know what groups are meeting that day. Know where and when the meetings are.
8. Provide information and orientation to all Drop-In Center visitors. Ask a volunteer to cover the phones while you show a visitor or first time person around. Review the touring procedures with the supervisor.
9. Attend all staff meetings; read the staff calendar for key dates that affect you.
10. Keep busy straightening the center during slow periods—newspapers, coffee cups, books back up, bulletin boards, dusting your desk and shelves around you, filing behind reception desk, etc.
11. Beside people's names, make a note if they are volunteering to do work; even if they do not tell you but you observe that they are working—such as if, they are washing dishes, straightening up, helping someone else, emptying garbage. Why? We have to keep track of number of hours people help others for a grant and report it at the end of each month. We also keep a list of all items donated. Try to get name of donator so we can write them a thank you note for large donations.
12. Work under the supervision of the Floor Manager.

ESSENTIAL GUIDELINES FOR THE RECEPTIONIST

1. You may be the first contact with the community—your voice, your attitude. It is OK to ask someone to repeat what they say if you don't understand. Especially their phone number or the agency they are with.
2. Turn on the lights and make regular and decaf coffee.
3. Morning receptionist will take early messages off the phone and write them in the logbook or deliver to the drivers. If any of these messages sound urgent, call the person from the number you have on them from the rolodex and relay that message.
4. All messages must be logged in. Who called. Their number. Who did they want to talk to? What did they want?
5. Look at the calendar to see what classes and/or meetings are scheduled for the day. Mention these classes and meetings to the appropriate people.
6. Look at the staff schedule for the day so you can inform all people when the staff members will be in if you are asked.
7. Inquiries about groups should be given to the Peer Support leader so he/she can call the person back and invite them to the group.
8. Introduce yourself to all new clients. Give them a copy of the monthly calendar and the rules of conduct. Give them a guided tour of the premises.
9. At the end of the day, put the roll sheet away. Never show a list of who was there on a given day to a member of the public (non staff member). Even the police must have a subpoena to see it.
10. When you answer the phone say, "Good Morning," this is ____." If they ask for someone, don't shout out the person's name across the room. Say, "I'll go see", then get up and go look for the person. Switch the call to the phone staff member is on.
11. NEVER give out a staff or any client's home phone number to ANYONE. Just say you will have the person return the call.
12. Call people for meetings or classes when asked to do so.
13. Keep the rolodex up to date so you and staff can find numbers.
14. Call Director with messages at home and leave on machine.
15. Give staff members messages in writing and verbally.
16. Saying "_____ is not in the office now" is better than saying "_____ is on a break."
17. If something looks messy or unclean, report it to the janitor.
18. If something is broken or looks unsafe, report it to the Maintenance Man.

19. Keep bulletin boards neat; take down things out of date on a slow day.
20. Mail needs to go out promptly. Keep track of when we need stamps so we can go to Post Office.
21. Be polite. Ask guests, after they are at ease, if they get our newsletter. Do they want to? Hand them the phone message book so they can write their own name, address, zip and phone. Ask them what kind of classes they would be interested in and write it down. If they don't seem to want to talk, drop it immediately.
22. Keep your nose alert for burning smells and check kitchen.
23. When you leave on a break or to go to the restroom, ask someone specifically to answer the phone for you and tell them when you come back.
24. Who can come in and who can't—avoid an argument over this. Better to let person stay for one day and have Executive Director ask them to leave later.
If person has case manager or county psychiatrist or is Meds Only by County M. H. psychiatrist, they're welcome.
If person has Medicare and goes to a primary care physician for mental health care, they are in probably.
If they have been seeing the Access team to try to receive mental health services, they can stay until it has been settled by the county.
If they do not have Medicare and they do not receive any mental health services from the county, they cannot stay.
25. If they smell like alcohol and start yelling at you, go get two other staff members to stand with you and all 3 of you ask the person to leave. Stand. Give the person 5 minutes or you will have to call the police. SAY: "This is a program funded by county mental health for county mental health clients". That will usually send the person on their way. Do not stand close to someone who is yelling at you. Stay calm, even if you don't feel calm. This is a rare occurrence. There are a few homeless regulars who come in only when they are sober to see friends of theirs who are clients. You will learn who they are. They stay for a short time, conduct their business and move on. They protect us from robbers by putting out a good word about us on the street. Some people come in just to pick up their mail who are not allowed to be there otherwise. They will quickly move on also.
26. Never stay behind at the end of the day unless give permission by the Director. Please call the Director when you arrive home.

Maintenance/Janitorial Person: This position is for the Drop-In Center. The hours are Eight hours per week @ two to three hours per day, three days per week. Review in 90 days. This is an opportunity for growth and training. Work for your peers to keep us safe and attractive. We make accommodations for most anything except sloppy work. Van transportation is available.

QUALIFICATIONS:

- Candidate can demonstrate a sense of responsibility and initiative.
- Candidate has knowledge of cleaning equipment and a safe cleaning solution.
- He or she is capable of friendliness to the volunteers.
- He or she has clear verbal and written communication skills, with basic phone skills.
- You must be alcohol and drug free. You must be trustworthy.

DUTIES:

- Sweep the facility sidewalks and the back door area of debris and cigarette butts.
- Empty and replace the cigarette cans twice a week.
- Vacuum all carpets once a week:
- Clean all bathrooms. Mop the floors once a week. Scour the sinks and toilets once a week. Clean mirrors, walls, and stalls twice a month. Replace the toilet paper and paper towels.
- Recycle plastic, newspapers, cans, and glass. Put the garbage out for pickup. Pickup day is _____. Keep all cars from parking in front of the dumpsters.
- Clean kitchen counters, coffee area, sink, and stove, if used.
- Mop the floors, more often in the rainy weather. Do not mop the floors when the clients are walking around, they might fall.
- Clean out and wipe down the refrigerator with baking soda.
- Dust cabinets, bookcases, chair rails, and coffee tables. Leave all the individual desks alone.
- Wipe doorknobs and telephones with disinfectant.
- Dust and clean the windows and windowsills monthly.
- Lock computer room, office, group room, and all back doors when you are finished.
- If you are working before and/or after our regular hours, do not let anyone else in.
- Participate in at least one of our groups or classes; or ½ of a day drop-in time.
- Replace the light bulbs, Kleenex, and the paper towels, in kitchen as needed. Replace the batteries in all the smoke detectors.
- Notify the receptionist of cleaning supply shortages.
- Maintain a neat work area in the Janitor's closet.
- Ask any questions if or when you are uncertain.
- Report all unsafe conditions and all illegal behavior to the Executive Director.
- Attend the bi-monthly staff meetings.

Other duties as assigned will need to be completed.

FACILITIES MANAGER

Hourly Rate: \$6.00 to \$8.50 per hour. This depends on your education, ability, and experience.

Part time Regular position: (90 days probation). Employment is subject to Personnel Policies of the Board of Directors.

REQUIREMENTS:

- High school or G.E.D., and, some college level work.
- Enough cumulative volunteer or paid facilities work to show familiarity with security, safety, consumer-run services, accuracy, punctuality, and courtesy on the job.
- Sensitivity to the problems, hopes, and rights of persons with psychiatric disabilities based on personal life experience.
- You must have the capacity to participate in disagreements in a respectful manner.
- You must have the capacity to follow instruction.
- Possess coping strategies for crisis intervention.
- To be a non-judgmental person at all times to all persons at the center.
- You must have good judgment. To know what a crisis is and is not. To let the Executive Director or property owner know of a situation or condition of the premises when deemed.
- Possess the ability to maintain composure during varied levels of energy at the center.
- Possess the ability to maintain while groups of people are doing different tasks at the same time in a community center environment.
- Must be a self-starter and demonstrate a commitment to all the mental health clients.
- Possess the ability to work with volunteers.
- To be a confident person and to be able to make decisions wisely.
- The know how to de-brief and learn through each situation.
- You must be able to do neat work that others can follow and read.
- You must have at least two-year continuous history of no drug (including marijuana) or alcohol abuse and five years free of any serious jail time.
- Employees are welcome to be multi-talented: to be peer counselors, facilitate groups, help clients with special needs. Make notes on time card.

DUTIES:

12. Check over the building's windows and doors to see that locks are not broken or tampered with.
13. Check with the dishwasher, the kitchen workers, and the receptionists for possibilities of any malfunction of the dishwasher, stove, small appliances, and/or refrigerator.
14. Make sure all chairs and tables are stable and safe. Eliminate any that could cause someone to fall or be injured.
15. Annually make a chart of who has keys to the building and rooms.
16. When working, wipe up spills in the kitchen and the bathroom.
17. Do a weekly check of the kitchen drawers and cupboards for odd items. Put supplies back where they belong.

18. Do a weekly check on all supplies. Make a shopping list. Ask the janitor what he needs for his supplies. Ask the other staff members to put in their purchase requests, dated in a particular place for you to see. Leave messages on the phone or on paper for the floor manager so they can arrange the shopping.
19. Set up for special meetings or events: the tables, chairs, charts, heat, refreshments, assistance, etc.
20. Overall, be responsible for all areas of client involvement. Have all materials needed and have an attractive set-up. TV area should have the following: Page from Sunday's newspaper, videos organized, and, chairs and couches arranged. Client phone: Have paper, pencils, and phone book supplied. Peer Support Room: Free of miscellaneous paper. Put all pillows in order and check lamps for working light bulbs. Art cabinets should be orderly. Show receptionist box of markers and papers to put out each day.
21. Be aware of the fire exits: There is 3 feet required in all places for people to get out.
22. Plan all the fire drills with Drop-In Floor Manager.
23. Check the smoke alarms every six months for active batteries.
24. Keep the planter boxes neat and free of dead plants. Be alert for hidden tools for any pre-planned break in. Check for any marijuana growth in the garden or anywhere there is dirt.
25. Periodically check the electrical closet and furnace room for any potential fire hazards.
26. Provide information and orientation to all Drop-In Center visitors.
27. Attend all staff meetings; read the staff calendar daily.
28. Maintain an e-mail address or check your box regularly.

If you need advice on any problems you encounter see the Executive Director.

Kitchen Monitor/Organizer

REQUIREMENTS:

- High school or G.E.D. and some college level work.
- An ability to see the whole picture.
- Sensitivity to the problems, hopes, and rights of persons with psychiatric disabilities based on personal life experience.
- Ability to work around varied levels of energy and people doing different tasks at once in an office/activities center environment.
- To have a capacity to participate in disagreements with a respectful manner.
- Willingness to be non-judgmental of those with unfamiliar religious backgrounds, different attitudes toward housing and private property, choice of significant people in their life, and current chosen paths to healing and recovery.
- At least two-year continuous history of no drug or alcohol abuse, and five years free of jail time.

DUTIES:

- Observe what clients do in the kitchen, flow of coffee cups, garbage, supplies, re-cycling.
- Organize drawers for ease of finding cooking, serving, and plastic, garbage bags, storage supplies.
- Organize foodstuffs.
- Organize secured coffee supplies.
- Organize re-cycling containers.
- Have the kitchen signs that you need made by Computer lab.
- Make a note of cleaning chores not completed and tell the janitor.
- Discuss any problems with the drop-in floor manager.
- Discuss all personnel issues with the Executive Director.
- If initial flow plan has glitches, re-do it based on client suggestions.
- Encourage as many volunteers to help you as you can tolerate. However, be able to say when you need to work alone. Use staff to bounce off ideas to.
- Attend staff meetings as much as possible.
- Let drop-in floor manager know between nine and noon when we are out of a staple item: coffee, (regular and decaf), creamer, sugar, peanut butter, jelly, ketchup, mustard, margarine, dishwashing liquid, sponges.

HOST/HOSTESS/ OFFICER OF THE DAY

DUTIES:

1. Turn on the lights.
2. Make coffee, regular and decaf. Check during the day and if coffee pot is empty, re-make it.
3. Check the phone messages by hitting Play button. Write them down on the message book. If any of them are for transportation, tell driver right away. If any sound urgent, call the person from number on Rolodex and relay the message.
4. Learn the phone Intercom system. Until then go, take your phone to the person to talk.
5. Check bathrooms to make sure they have toilet paper.
6. Make sure kitchen desk with client phone always has paper, pencils, and a phone book.
7. Look at calendar to see what classes or meetings are scheduled for the days you work so that you can mention them to people who come in.
8. Look at the staff schedule so you can say when staff members will be in.
9. Introduce yourself to new people and give them a guided tour. Give out the monthly calendar. Give out the rules of conduct.
10. If the art tables, eating/meeting table, or the kitchen counters or refrigerator or bathrooms do not look clean when you come in, leave a note for Janitor in his box. If you have time, do some cleaning yourself.
11. If you see maintenance that needs to be done - missing screws, loose nails, lights out, leave a note on bulletin board on door of janitor's closet with a date.
12. If you notice, we are out of something or getting low in supplies, make a note and leave it with drop-in floor manager on a post-it.
13. Once you have seen people dropping in a few times, ask if they have ever gotten our newsletter. Do they want to get the calendar of next month's events? If so, hand them the phone message book so they can print their own name, address, phone, and zip.

WHEN IT IS SLOW:

- Take any paper or plastic stuffed in coffee cans/ashtrays and put the trash in a wastebasket so we will not risk a fire or poisonous fumes from melting plastic.
- Pick up magazines or books on tables or couches. Watch for full coffee cups left sitting on carpet or chairs.
- Straighten up materials on art shelves.
- Look over bulletin boards. Remove dated material. Try not to put one announcement on top of another. Strive for neatness and order within the boundaries of the bulletin boards or they will look messy and nobody will see what they say. If new job or support group announcements have come in, call people's attention to them.

LAST PERSON OUT:

1. Close the front door, then, push on it to make sure it is locked. Vertical bar on right side must be firmly down. Close all windows in front, if it is rainy.
2. Turn off copy machine, computers, and printers if they are on.
3. Lock the office always.
4. Make sure kitchen cabinets are closed.
5. Lock all other rooms.
6. Check all doors to make sure someone has not propped them slightly open with folded paper.
7. Make sure the coffee pot is off.
8. Never stay behind to work alone unless someone knows it. If you stay after hours, please call the Executive Director when you arrive home.

Van Driver

Hourly Rate:

\$_____an hour depending on experience driving groups. A driving day is from two to 8 hours.

Requirements:

- Familiarity with the location of mental health programs, contract agencies, and supported housing.
- Capacity to show respect and courtesy to others because the Driver represents our facility.
- Firmness about safety: seat belts must be worn, no smoking in van, and all passengers must be sober.
- A current DMV report approved by the auto liability insurer.
- A phone number or agreement to call in daily to check for assignments.
- Attendance at staff meetings.

We have a van used to transport persons with psychiatric disabilities to and from events at the Drop-In Activities Center. The van is also used for special events and doctor's appointments in the community. With prior approval, the van is also used to take clients home from the grocery store, the hospital, and assist in moving belongings from one apartment to another.

Guidelines:

1. In no case is the van used for personal business that is not directly associated with office operations and does not have prior approval of the Executive Director or in his/her absence the approval by two regular staff persons.
2. An on-call driver will return checked-out keys immediately after the event or the following morning in case of an out-of-county conference.
3. The driver will confirm pick-ups by phone before setting out.
4. Driver will preserve the privacy of passengers by not revealing addresses or phone numbers to others without permission of the person.
5. Driver will not encourage or tolerate verbal or physical abuse by passengers. The driver has the right not to transport those in any state that does or may cause the driver concern about being able to give full attention to the road.
6. The use of alcohol, amphetamines, or any illegal drugs, or selling or bartering illegal drugs while serving as on-call driver will result in immediate dismissal.
7. If staff or the Executive Director ask you to drive to the airport or outside to another county, and you do not feel confident enough to make the trip or if you are tired, it is just fine to say "No, I can't do that this time."

Office Manager

Requirements:

- Consistent, cooperative, courteous, and patient attitude to consumers and providers calling.
- Ability to listen, and observe confidentiality, about those seeking services and personnel.
- Two years of college completed successfully in areas requiring a spreadsheet account. Three years of full time office and/or bookkeeping experience.
- The knowledge of Microsoft Excel, P.C.software, and Word for letters.
- Applicants must have been clean, sober for two years, and free of jail time for 5 years.
- The ability to prioritize demands in a chaotic environment.
- Trustworthy, responsible, and bondable

Duties:

- Develop and then monitor office procedures that enable MHCAN to operate smoothly.
- Take phone messages accurately when staff is involved in peer counseling, training sessions, or attending meetings.
- Keep close control over checkbook and bank balance weekly. Ensure proper signatures. Balance checkbook with receipts for each check. Keep Executive Director notified when the money needs to be transferred.
- Pay bills on time.
- Attend bi weekly staff meetings when possible and meetings with contract monitor.
- In the fourth quarter, work with the Executive Director on the budget development for the following fiscal year.

DEADLINE: _____. Submit resume of education and previous paid and unpaid work with cover letter written or typed. References required.

Art Program Coordinator

REQUIREMENTS:

- Enough cumulative personal or academic art training to give substantive instruction to others.
- The ability to handle varied levels of energy and large numbers of people in a classroom/workshop setting. You must be a self-starter and have a commitment to mental health clients.
- The ability to handle conflicts in a respectful manner.
- The experience as a client/consumer/survivor of mental health services is preferred.

DUTIES:

1. Teach regularly scheduled classes in fundamentals of drawing.
2. To be able to be prepared for the class to begin at the hour announced in the schedule.
3. To provide an opportunity for varied expressions and talents.
4. To be able to maintain a safe environment for all individuals.
5. To understand creative expression.
6. To be able maintain a non-competitive climate.
7. To inform the class and the staff if an absence will is necessary, and, if at all possible, to arrange for class to continue.
8. You must take reasonable care of the art materials. Inform the bookkeeper and executive director when the materials need to be replaced and/or purchased.
9. Keep abreast of gallery showings, which are free or affordable, and inform the class about them.
10. Work with the executive director in finding venue for the students work to be seen.
11. Bring any special problems to the attention of the administrative staff.

Client Rights Information Specialist

Requirements:

- Interest (not anger) in mental patients rights, legislation, and, principles of advocacy.
- The ability to demonstrate communication skills, both written and oral.
- The ability to listen and observe.
- Willingness to effectively address patients/clients/survivors' concerns as a whole about rights within the system to boards and committees and in writing.
- The ability to train consumers and/or survivors in advocating effectively for themselves.
- Two years of college.

Duties:

- Read and organize all material on seclusion and restraint, Conservatorship hearings, hospital confidentiality, informed consent into notebooks.
- Schedule monthly visit by Ombudsman/Advocate to have them answer questions. Pick topic and publicize through our newsletter or flyers.
- Be available to return phone calls from clients who want information. This is not a position in which we represent anyone. Problems must be referred to the ombudsman advocate office, public defender, or county counsel.
- Get on the mailing list for Protection & Advocacy, Inc. and read their newsletter.
- Make sure that the staff have the permission to advocate form filled out for anyone for whom staff is requesting help from providers for housing, medication assistance, Team Coordination, SSI help, etc.

(Suggest those interested to come to the drop-in site. Look at the material in the notebooks to see if this kind of reading is palatable.)

DEADLINE: _____. Submit resume of education and previous paid and unpaid work or projects with cover letter. Alternatively, fill out any generic employment application, attaching additional information to indicate your suitability for the duties listed.

PROGRAM PUBLICATIONS ASSISTANT

Responsibilities:

Type and Edit and Design program minutes, flyers, and newsletters

Assist the Executive Director in the following:

- Some correspondence and some cover letters from drafts.
- Note taking at staff meetings, followed by a “to do” list.
- Learn Microsoft Publisher on the DELL Computer in the Labor at home if not already familiar with this program.
- Careful editing, some writing work on our newsletter and other special publications; plan for four issues a year.
- Coordination of mailing labels with our computer lab manager.
- On site general assistance with planning and promotion of special events such as focus groups, site visits, and joint meetings with other community open houses, etc.
- Other duties as needed.

Requirements for Job

- Knowledge of consumer self-help movements and their philosophy; participation in local consumer affairs.
- BA in liberal arts or social sciences.
- Computer and office skills.
- A demonstrated willingness to work and succeed.
- Work out the best method for communication with the executive director: e-mail, phone, verbal, written or combination, and continually revisit until it works.
- Sensitivity to the problems, hopes, and rights of persons with psychiatric disabilities.
- Some experience with word processing. Prefer knowledge of Microsoft Word. Typing at 45 w.p.m. or more.

- Ability to work around varied levels of energy and people doing different tasks at once in an office/activities center environment.
- The capacity to participate in disagreements in a respectful manner.
- Willingness to be non-judgmental of those with unfamiliar religious backgrounds, different attitudes toward housing and private property, choice of significant people in their life, and current chosen paths to healing and recovery.
- At least two-year continuous history of no drug or alcohol abuse and five years free of any jail time.

Become a Hospital Volunteer

Visit in-patients at the Behavioral Health Unit who ask for someone to come to see them.

Requirements:

- A negative TB test.
- Being friendly and a good listener.
- Ability to observe confidentiality.
- Short orientation by volunteer services staff.
- Willingness to share your struggles and success with someone else, to offer hope.

**Time Commitment: one hour bi-monthly or weekly.
Transportation is available.**

Interested? Leave a message at our drop-in center with the receptionist.

Information Coordinator

Hours: 10-20 per week. Pay scale: based on experience and skills.

1. Sets up a reading, browsing, reference library at MHCAN. Utilizes volunteers to maintain it under supervision. Makes purchases for library within the budget.
2. Works on patient reading shelves at Dominican Mental Health Unit- general reading, patient rights and self-help books.
3. Works with Executive Director under direction of the Board of Directors to identify policies to be included in a manual for staff reference.
4. Keeps track of dates, events, and important topics for future issues of *We Can Courier*. Fills out production calendar for WCC after staff meetings.
5. Keeps track of newsletter and magazine subscription and in-kind trades, dates of renewal and makes recommendations for any changes.
6. Maintains VCR; obtains list of VCR tapes available from libraries and other human service and employment agencies. Previews and arranges showings and discussion.
7. Maintains list of audio tapes by subject and whether they are good or not.
8. Coordinates disbursement of newsletters and flyers to Emeline (Health Bldg. and M. Health and contractors, Community Organizers) to community (Louden Nelson, Bookshop S. Cruz, Logos). Utilizes volunteers with bikes, cars as much as possible.
9. Circulates information about all conferences and training events so that news gets beyond staff; especially to South County and to Community Organizers.
10. Provides system management of the organization of information on main office computer. Consistent file identification. Instructs the rest of staff.
11. Keeps Executive Director informed of any practices or overlooked information which could effect the organization.

Inside Bookkeeper

This position is responsible for writing payroll checks and paying all bills and making reimbursements. MHCAN is a small non-profit organization with less than 15 employees.

1. Responsible for collecting time cards and generating new one numbered by pay period. All time cards must be seen and signed by employee and ED
2. Responsible for employees' receiving annual and sick leave benefits statement at least quarterly, preferably in first week of new quarters.
3. Set up simple forms for on-call maintenance, extra drivers, peer counselors, guitar teacher, writing teacher, etc. to use as their invoices if they don't have their own.
4. All invoices for labor, once approved, must be paid fairly in a timely manner and mailed if person will not be dropping in within 3 days.
5. Responsible for setting up Personnel file on all new employees including application, emergency form, W-4, I-9.
6. Review annually the accuracy of Emergency Form and W-4 on each employee.
7. Handle Worker's Compensation requests for information twice a year.
8. Outside bookkeeping firm will figure all deductions, taxes, benefits.
9. Copy of check register will be forwarded at end of month to outside Accountant. Bank monthly charges and budget codes for each check must be in register. Accountant will figure and type paperwork for 941, DE6, DE88, and federal tax return, 990.
10. Will record all cash receipts and deposits and annotate source carefully and legibly.
11. Responsible for writing check to bank for 941, Worker's Compensation, EDD when paperwork is completed. If illness or schedule is going to prevent check being written and taken to bank, please notify Lead Driver or Executive Director.
12. Accounts Payable: except for pay checks all other check register entries will be written with a line between each. Print. Make sure budget line to debit is recorded. Give detail WHAT and WHY on reimbursements. Receipts that did not have prior approval of Executive Director will not be reimbursed.
13. Track bank balance in pencil. Notify ED when balance falls below \$500 to transfer money from savings to checking.
14. Any changes or corrections in check register should be initialed by person making them.
15. Record all transfers and bank charges in register.
16. When bank statement comes, check deposits against the register, then fax copy to Accountant. File cancelled checks in cabinet in monthly order.
17. Leave any bills with any special instructions that you don't get to in the top box on your desk as a reminder.
18. Put all correspondence to vendors or other organizations on MHCAN letterhead and make a copy for the Executive Director.
19. Use tactful, effective, appropriate telephone skills with vendors.
20. Double-check all computations; strive for accuracy.
21. If you experience confusion or get tired, come back to the job the next day after a break.

MUTUAL SUPPORT SPECIALIST

1. Sit with, engage drop-in participants in conversation.
2. Find out someone's interests and direct him/her to art materials, books, needlework, puzzles, or suggest resources in the community for their interests.
3. If the person is angry about recent treatment in some program, listen. What clients seldom hear is "I'm sorry that happened to you."
4. Check that peer counselors, including Mood Matters, are recording their attendance.
5. Maintain all peer support group fliers in a folder on computer/or desk; update when necessary; arrange (delegate) for distribution with drivers or mail to places where you want them posted.
6. Stay current on county and contractor's programs so you can make suggestions to clients on services they might want.
7. Give participants at Drop-In helpful tasks to do such as making coffee, cutting up food, cleaning up, arranging books, sorting clothes, etc. so that clients won't always be on the receiving end.
8. Distribute to guests/participants and peer counselors notices of all conferences and workshops with request for their response if interested. Remind them of deadlines.
9. Maintain confidentiality of concerns of individuals confided to you in person or in a group (that do not effect safety or liability for the welfare of others at MHCAN as an organization). You are required by law to report suicidal plans even if confided to you. And you must tell the person that you have to report their intent.
10. Keep aware of noise level, agitation, escalation of tempers directed at a particular person & intervene.
11. Weekly ask different groups of participants how they like how the place is arranged or the groups and classes offered. Do not become defensive if you get negative feedback. Simply respond that you'll pass on the information and do so, to ED.
12. Direct volunteers, court referral, stipend people to fill out time sheet, make them a file folder, and remind them to enter hours. Final Court Referral forms must be signed by ED.
13. Assist Hostess in tracking persons who do not have MediCal and might want to apply. Or for MediCruz Stay current on any changes to MediCruz, Family Services, MediCal eligibility, and homeless health programs.
14. If a client gives you his/her phone number, do not share it without permission.
15. Smile if you see a client on the street or on the bus, but don't stop and talk about mental health matters unless the client initiates the conversation.

Ideas for Volunteer Jobs

Master Weeder: Keeping weeds off edges of parking lot, around trees, in flower beds, etc.

Book Clerk: Keep books sorted and neat on all bookshelves. Keep most books in the hall. Make an *Okay to Borrow* Sign. Dust shelves. Keep Art books and Poetry Books and Science Fiction and Self-Help books separated. Put dictionaries and Diagnostic and Statistical Manuals back near the receptionist desk.

Kitchen Storage Monitor: Clean refrigerator once a week, check shelves and drawers for miscellaneous things out of place. Wipe off shelves and drawers with baking soda as necessary. Keep pans and pots and plastic storage things in order. Ask questions of staff if you think something should be thrown out or given away.

Outside Garden: Prepare bed. Go shopping with check for seeds or already started plants. Water bed according to the weather. Keep weeds out of window beds. Trim dead limbs or flowers.

Game Coordinator: Play Ping Pong with other mental health consumers. Look in game closet for other games to get people interested. Put out chess board and pieces. Set up a puzzle on a card table and start putting it together.

Bulletin Board Monitor: Make labels for job opportunities or health information. Take off old flyers every month. Add new things. Keep boards neat. Make a jokes and cartoons section.

Regular meeting participant: Go to Women's, Men's and Dual Recovery meetings to add a participant.

Art Cabinet Monitor -put out art materials and then put them up. Keep watercolor sets with their brushes. Put loose crayons into one box. Stack up National Geographic's for collage work.

Office Supplies Clerk: straighten up supplies. Keep like things together. If there are only a few pieces or half a box of something left, tell the receptionist to put item on To Buy list.

Window washer

Straighten up first aid box and make list of supplies that are low such as bandaids.

Standards of Conduct for Staff

DRUG-FREE WORKPLACE POLICY

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at any MHCAN workplace or function for all staff, board, consumers, and volunteers. Being under the influence is specifically prohibited. An MHCAN workplace or function is any place an employee represents MHCAN, is considered an agent of MHCAN, or receives compensation or reimbursement. All employees must comply with the terms of this statement.

Failure to adhere to this drug-free workplace policy may result in disciplinary action and in referral to local authorities.

A copy of the drug-free workplace policy will be posted at all times at the MHCAN worksite.

STANDARDS OF PERFORMANCE & PERSONAL CONDUCT

Like all other organizations, MHCAN needs help from each individual to succeed and to promote efficiency, productivity, and cooperation among employees. For this reason, it may be helpful to identify some examples of types of conduct that are unacceptable and that may lead to disciplinary action, including official reprimand, suspension without pay, demotion in job title and hours, or removal/immediate discharge. The following are examples of misconduct which may be subject to disciplinary action. This list is intended as a guideline for conduct and does not supersede the provisions of at-will employment at MHCAN.

Examples of Unacceptable Types of Conduct and Behavior

MHCAN staff serve as role models of the self-help and peer support philosophies of recovery to the general community at large.

- Employees are expected to be **courteous, helpful and professional** at all times. This includes contacts with the public, fellow employees, and volunteers and other groups in the community. **Dress should be appropriate** to an office serving the public and reflect the community's service agency business standards.
- **Partisan Political Activity:** Employment may not be offered as a reward for supporting any party or candidate for public office. No person, as an employee, may engage in partisan political activity during work hours or in work areas. No employee will speak on behalf of MHCAN in any political context without prior written permission of the Executive Director.

- **Failure to notify** the Executive Director within 5 working days of changes in name, home address, telephone number; marital status and number of dependents for tax purposes; persons to notify in case of emergency; emergency medical information; driver's license or non-driver identification card; auto insurance coverage, if applicable.
- **Falsification** of or making material omission on forms, records, or reports, including timesheets, application materials or client records.
- **Actual or threatened physical violence** towards another employee or client.
- Possessing firearms or weapons at the worksite or at an MHCAN event.
- **Unauthorized possession** or removal of MHCAN property, records or other materials.
- **Absence** for one or more days **without notice**, unless a reasonable excuse is offered and accepted by the Executive Director.
- Violating safety or health practices or engaging in conduct that creates a safety or health hazard.
- Using, possessing, distributing, transferring, or being under the influence of alcohol or illegal drugs on or surrounding the MHCAN site.
- Excessive absenteeism.
- Violating client or co-worker privacy and confidentiality. Employees should limit discussion of client information with other staff members to what is necessary to ensure coordination of services. All information about clients is confidential and may be disclosed to other agencies or individuals only with the written consent of the client.
- Repeated infractions of job duties or policies regarding leave, hours of work and/or rules of MHCAN.
- Unethical or unprofessional relations with users of MHCAN's services.
- Fraud or dishonest activity.
- Behavior or actions that would discredit MHCAN.
- Failure to inform immediate supervisor in a timely manner in the event that illness prevents the employee from reporting to work.
- **Insubordination** that undermines teamwork and unity of the workplace, refusal to follow a supervisor's instructions when they are reasonable and within the scope of the employee's job duties, or when the refusal to comply interferes with MHCAN's functioning. Insubordination can also mean excessive arguing with a supervisor, the use of obscene language or gestures toward a supervisor or a lack of response that undermines the supervisor's authority.

- Repeated **failure to back up staff in an emergency** situation potentially involving the safety of others, failing to come to the aid of staff members, failure to check out observed or overheard threats of potential violence.
- Failure to report to the Executive Director or Board Chair any behavior of others that has the potential to put the safety of the drop in or any other person at risk.
- Unlawful Harassment: It is the policy of MHCAN to provide a work environment free from harassment. MHCAN employees cannot discriminate against clients or their co-workers because of race, color, political or religious affiliation, spiritual beliefs, gender, sexual orientation, national origin, ancestry, age, citizenship, marital or veteran status, disability, or medical condition, or any personal characteristics.

Harassment includes making derogatory remarks about such characteristics, making jokes about ethnic or other groups, and other verbal, physical and visual behavior.

Sexual harassment is also prohibited. Propositions, repeated requests for dates, dirty jokes, sexually provocative pictures or cartoons and other verbal, physical and visual harassment of a sexual nature are prohibited. Accessing web sites that display pornographic materials featuring men, women or children on MHCAN's equipment is strictly forbidden. Any sexual harassment by a staff member will lead to immediate disciplinary action up to and including termination.

Any staff member who feels harassed has the right to file a charge with the Equal Employment Opportunity Commission, and with a state agency. Before doing so, we ask that you first speak with your manager. If your manager is not appropriate, then speak with our Executive Director or a member of the Board of Directors, so that appropriate internal action may be taken. It is the responsibility of all managers to listen to such complaints and to refer them to the appropriate authority. We will not retaliate against any staff member who makes a claim of harassment.

WORKPLACE CONDUCT

We have developed certain guidelines to reflect what we believe are good business practices. We strive to develop and maintain a pleasant, efficient and fair work environment that fosters cooperation and understanding.

All staff members are expected to be:

- On time and ready for work at the beginning of their workday
- Careful and conscientious in the performance of their work
- Respectful and considerate of others
- Courteous and helpful, both when dealing with other staff members and with volunteers, supporters and the general public

OPEN-DOOR POLICY

All staff members are encouraged to provide input and suggestions concerning the overall operations and programs of MHCAN. Staff members should initially bring their comments to the drop-in manager or the peer support program manager. When that may be inappropriate, staff members may speak directly with the Executive Director.

We operate in an open-door manner. MHCAN will attempt to keep all expressions of concern, their investigation and the terms of their resolution confidential. However, in the course of investigating and resolving concerns, some dissemination of information to others may be appropriate. No employee will be disciplined or otherwise penalized for raising a concern in good faith.

DISCIPLINARY PROCEDURES

Disciplinary Action

The primary objective of any disciplinary action is to improve job performance. Actions by a staff member that are inappropriate for the work environment, are a hindrance to effective job performance or violate agency policy constitute improper conduct and may be cause for disciplinary action.

MHCAN maintains a progressive and participatory disciplinary process, which may include all or some of the following steps:

1. Documented oral warning to improve performance and develop a solution to misunderstanding.
2. Written warning with time frame for correction.
3. Final written warning
4. Suspension with pay pending an investigation of a charge of serious misconduct.
5. Dismissal

Based on circumstances, a manager may choose to enter into disciplinary action at any step in the process, including immediate dismissal. All disciplinary action beyond oral warning requires the approval of the Executive Director.

Examples of conduct that may require beginning the formal performance improvement process are failure to carry out job responsibilities, inability to work effectively with others, excessive absenteeism or tardiness.

COMPLAINT PROCEDURES

Employee Appeal Process

As a matter of general policy, managers and supervisors will provide an open door for discussion and a receptive ear, and will review all staff member suggestions or complaints concerning our work practices and procedures.

If a staff member wishes to make a formal complaint, it should be done within a reasonable time after the incident or issue has occurred. We consider an open discussion between employee and manager as the first step of the complaint procedure. The manager must respond to the complaint in a timely manner. If the complaint is not resolved by the manager within a reasonable time frame, or if the staff member disagrees with the manager's solution, the staff member may appeal directly to the Executive Director.

At this point the complaint must be written down, with the nature of the grievance clearly outlined. The Executive Director will investigate the complaint and notify the staff member, in writing, of her/his decision within a reasonable amount of time.

As a last resort, a staff member may take her/his complaint to the Board of Directors. Their decision constitutes the agency's final word on the matter.

VOLUNTARY TERMINATION OF EMPLOYMENT

Any staff member may voluntarily resign her/his position at any time and for any reason. We will also consider that you have resigned if you:

- Fail to return from an approved leave of absence on the specified return date
- Fail to report to work without notice for three consecutive days

All staff members are asked to give a minimum of two weeks' written notice of resignation. If a staff member is required to leave our employ before the duration of her/his notice (if, for example, a replacement is hired) the staff member will be paid for the two-week notice period.

Staff members are required to turn over all keys and other agency property to the Drop-In manager before leaving on their last day of work, before being paid.

INVOLUNTARY TERMINATION

This agency reserves the right to terminate any employee at any time, with or without cause or notice. Generally, when an employee is believed, in the opinion of his/her supervisor, to have a job performance problem or to be engaging in behavior that is unacceptable or counterproductive, the employee will be given an opportunity to improve his/her performance or behavior to an acceptable level by means of a formal disciplinary action process. However, the following list, while not complete, gives examples of behavior that can result in immediate termination of employment:

- Breaching confidentiality

- Violating the drug- and alcohol-free workplace policy
- Theft—including, but not limited to, the removal of agency property or the property of another employee from agency premises without prior authorization
- Walking off the job without supervisory approval
- Working for another employer while on a leave of absence without the prior consent of this agency
- Fighting, roughhousing, abusive language or conduct that is hostile or disrespectful toward a co-worker, supervisor, board member, volunteer, or any person(s) associated with or served by this agency
- Disregarding established safety procedures; knowingly creating an unsafe work situation for self or co-worker
- Falsifying or altering records or time sheets
- Refusing to perform a work-related duty when directly instructed to do so by a supervisor or member of management
- Possessing weapons or firearms on this agency's property
- Unauthorized use or dissemination of sensitive information
- Violating this agency's equal opportunity or harassment policies
- Unauthorized use of agency property, including vehicles

All involuntary terminations require review by the Executive Director and the Board of Directors.

Staff Meetings

Staff meetings are essential to keep up the morale of people doing very hard work and interacting with challenging people. If you start noticing that usually efficient and caring employees seem slow to finish their work, not interested in talking with their friends, showing signs of emotional stress (crying, getting irritable, being very clumsy, slamming things), or suddenly have many physical complaints, look at the Organization. It is easy for people to lose a sense of pride and accomplishment if they aren't complimented on their good work or handling a tough situation. One budget cut after another can sometimes be taken personally.

At least every other staff meeting should have a time of sharing feelings about a topic such as "how full is your plate?" or "What are your worries in seeing your family over the holidays?" or "What did you eat this morning?"

The Executive Director can have staff meetings lasting an hour every other week with as many staff and volunteers as can come. On weeks in between the ED can meet with core staff. Every month hand out a calendar that shows staff meetings and any special holidays or focus groups or special events. Also put on the calendar any time staff will be out of town in order to plan who will cover. Indicate dates of any free web casts that staff can access for training in the computer lab. If the staff meeting is going to discuss a particular topic, put notice of that in staff member's boxes. Examples might be rumors someone is breaking in on Sunday, training in Motivational Interviewing, training on developing possible solutions to a difficult situation.

During MHCAN's first four years, we did not have regular staff meetings. Staff never arrived into the meeting room at the same time. There was a lot of cross talking. People would get up and go out to smoke in the middle of someone else describing a problem. In 1998 we hired a communication and conflict management consultant to help us. After observing some of our meetings she helped us produce a list of **Ground Rules for Staff Meetings**:

Be prepared; Study the agenda

Know the schedule

Start at the designated hour

Finish on time

Recognize the leader

Have a back-up person for leadership

One person talk at a time

Give everyone a chance to talk

Include time for brainstorming

Don't make everyone listen to a task that only involves one or two people

No outside interruptions

Inform others when you need to leave

Keep personal problems out of the meeting

Schedule a break if you are having a two hour training, and Have Fun.

Section 4: Personnel Forms

Every staff member and volunteer needs a separate file folder. All application forms should be kept inside, wage change notices, emergency contact form, copies of proof that the individual is a citizen of the U.S. Copies of any warnings given, correspondence, and annual reviews need to be retained. Save folders on past employees and volunteers because you may have to confirm employment dates for future employers and you may want to find a past volunteer when a job opportunity arises. Personnel files should be in a locked cabinet in a locked office. An employee has the right to review what is in his/her file.

Although we have a Personnel Manual which is updated and approved by the Board of Directors every few years, MHCAN does not have anyone specifically in charge of Personnel. Employees, to the extent possible, are given a job performance review, allowing their input, on each anniversary of their hiring date. MHCAN hires first from within other staff, then from those actively volunteering, then from those who have participated in the program regularly. No one has ever been fired. If someone is having a problem with all their job duties, the job description is re-written to suit the worker and the undone tasks given to someone else. The best employees for a Drop-In Center are generalists.

Employees who will most closely interface with an employee to be hired meet beforehand and make up questions to be asked of all the applicants.

Here is a sample interviewer's form with open ended questions:

Date: _____

Name of Candidate: _____

1. Explanation of how this organization is different from others.
2. What appeals to you about an organization being run by mental health clients?
3. If you couldn't show up for work for two days, what would you do?
4. What would you do if some friends came by, knocked on the door, and wanted you to let them inside the building after the Drop-In Center was closed for the day?
5. Do you have transportation?
6. Do you like working by yourself? or with others?
7. Do you prefer working from a checklist or working from memory?

8. Are you willing to try new skills or more comfortable with tasks you already know how to do?
9. Are you willing to take on additional responsibilities at this time?
10. Is there anything you would like to tell us about yourself?

Reviewer's comments: _____

New hourly employees need to fill out a W-4.

All contract laborers and stipend workers need to fill out an I-9.

The forms which follow are all-purpose general personnel forms:

- Volunteer Interest Form
- Stipend Form
- Employment Application
- Emergency Contact
- Grievance Form
- Performance Review

Volunteer Interest Form

Name: (print legibly) _____

Address and Zip: _____

Phone: (Indicate best time to call you.) _____

Emergency Contact (Name/Phone) _____

I am interested in assisting/supporting other recipients of mental health services by:

- Being a co-facilitator of a group or Supported Housing.
- Being on-call when other facilitators are sick.
- Being a co-facilitator at a residential program.
- Doing one to one peer counseling.
- Visiting a person weekly.
- Meeting with a patient.
- Showing him/her the neighborhood stores and/or parks.
- Helping people with grievance and mediation between two parties.
- Being on a Warm Line for consumer support at night or on weekends.
- Providing transportation to clients who want to go clothes shopping, buy presents, etc.
- Respite care being with someone to keep him/her company.
- Helping clients fill out forms: Housing Authority, SS letters, and/or rental applications.
- Helping clients interpret forms and not be fearful.
- Going with client to a medical doctor for an exam or to labs for x-rays, etc.
- Helping client clean and/or organize his/her room.
- Take a client to church/synagogue with you.
- Doing special assignments for other clients served by a Team Doctor or Case Manager/Care Coordinator. My Team is _____.
- My idea of what I would be good at:

My Hobbies and Special interests:

Availability:

Hours per week available: 1 2 4 8 10 Saturdays evening
Preferred days/times

Are you enrolled in College? _____

Do you speak Spanish? _____ Do you play a musical instrument? _____

Are you employed? _____

What paid or unpaid work have you done before?

Circle highest grade completed High School 8 9 10 11 12 GED

College 1 2 3 4 Graduate school Yes No. Field of Interest:

AGREEMENT FOR STIPEND TO VOLUNTEER

Name

Social Security No.

(Hereinafter referred to as "Volunteer") Hereby agrees as follows:

1. Volunteer shall provide services described on the attached job description.
2. _____ shall pay volunteer a stipend of _____ per month for the period of this agreement.
3. This agreement becomes effective as of _____ and shall remain in effect until _____ or until termination in accordance with the following paragraph.
4. This agreement may be terminated by either party at any time.

Signature

Date

Address and Zip code

Phone

Best time to call

Signature

Date

EMPLOYMENT APPLICATION

Position(s) Applied For:

Name: _____

Address: _____

Daytime Telephone: _____ Message Phone: _____

Your social security number: _____

Have you ever been convicted of a felony or misdemeanor, or been on parole or probation? Yes/No (circle one)

(If Yes, please list all convictions, suspended sentences since your 18th birthday on back of p. 3. Do Not include traffic violations under \$100 or convictions before your 18th birthday and/or convictions sealed by a court order. Include offense, date, and place of conviction. A yes answer will not automatically disqualify you from consideration.)

Do you have a valid Driver's License? Yes/No (circle one) License Number: _____ and Expiration Date: _____

Do you know of any reason(s) you could not be bonded? Yes/No
(If yes, please explain on reverse side of page 3)

Have you ever been fired or forced to resign from previous jobs? Yes/No
(If yes, please explain on reverse side of page 3)

Are you a citizen of the United States or do you have a legal right to work in the U.S.? Yes/No

Do you have ability in a language other than English? Yes/No
SPANISH or _____? Circle those which apply:
Understand Conversation Speak Read & Write Translate

Direct experiences with psychiatric disabilities and/or involvement in the self-help movement are preferred.

EDUCATION: Check box if you possess one of the following:

High School Diploma
 G.E.D. Certificate
 High School Proficiency Certificate
 High School Circle

Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12
 College 1 2 3 4 Post Graduate Work ____ Years

EDUCATIONAL BACKGROUND:

SCHOOL & LOCATION	FROM Year	TO	MAJOR SUBJECTS	DEGREE

OTHER QUALIFICATIONS: Special degrees, certificates, abilities, self-taught skills. List volunteer experiences relevant to the position applied for.

Why would you like to work for our center?

EMPLOYMENT HISTORY: Please complete this section even if you attach a resume. List most recent employment first. List volunteer work that lasted longer than 3 months.

Employer: Address: Dates Employed: From: _____ To: _____	Job Title: _____ Description of Duties:
Hours per week: _____ Name/Title of Supervisor: _____ May we contact this Employer? Yes No Reason for leaving: _____	
Employer: Address: Dates Employed: From: _____ To: _____	Job Title: _____ Description of Duties:
Hours per week: _____ Name/Title of Supervisor: _____ May we contact this Employer? Yes No Reason for leaving: _____	
Employer: Address: Dates Employed: From: _____ To: _____	Job Title: _____ Description of Duties:
Hours per week: _____ Name/Title of Supervisor: _____ May we contact this Employer? Yes No Reason for leaving: _____	
Employer: Address: Dates Employed: From: _____ To: _____	Job Title: _____ Description of Duties:
Hours per week: _____ Name/Title of Supervisor: _____ May we contact this Employer? Yes No Reason for leaving: _____	

REFERENCES: List Two people other than relatives who have knowledge of your work experience, and, list one person other than a relative or case manager or psychiatrist who knows you personally.

Name: _____ Phone: _____

Address: _____

Position: _____ Relationship to you: _____

Name: _____ Phone: _____

Address: _____

Position: _____ Relationship to you: _____

Name: _____ Phone: _____

Address: _____

Position: _____ Relationship to you: _____

AGREEMENT: I understand that any misrepresentation or deliberate omission in my application may be justification for termination if I have been hired or refusal of employment. I authorize employers, schools, persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons from any liability for damages for receiving or releasing information. I further agree to be fingerprinted, if applicable, and to furnish proof of citizenship or right to work.

Signature: _____ Date: _____

EMERGENCY CONTACT FORM

Employee Name _____
Address _____
Phone: _____

1. In case of accident or illness, whom would you like to be contacted?

Next of Kin: _____ Phone: _____

Friend? _____ Phone _____

Neighbor? _____ Phone _____

Care Coordinator? _____ Phone _____

2. Primary Care Physician _____

Phone _____

Dentist _____ Phone _____

Psychiatrist or Coordinator (optional) _____

Insurance: circle ones you have. MediCal MediCruz Medicare Private
None Other _____

Preferred Hospital _____

Should you require emergency treatment, your requests will be complied with to the extent that the situation allows.

3. Are you allergic to any medications? Have you had adverse reactions to any medical treatments? Are there special medical conditions of which we should inform an attending physician or dentist? (Such as diabetes, epilepsy, and pacemaker) If yes, please describe:

4. Do you have a Durable Power of Attorney for Physical or Mental Health Care?
_____ Who has a Copy? _____

Employee Signature: _____

Date _____

GRIEVANCE FORM

Name of Employee/ Volunteer/ Participant: _____
Date of this Report: _____

State your complaint in detail, including the date when the problem happened: (Use back also)

Identify other people with personal knowledge of your complaint:

State briefly your efforts to resolve this complaint:

Describe the remedy or solution you would like:

Your Signature: _____ **Date:** _____

Next Step Date Received: _____ Actions taken: _____

Disposition/ Decisions:

Accepted _____ OR Appealed to Board _____

Assigned Board Member

Date Communicated

Grievance/Complaint Follow-Up Date _____

Actions Taken: _____

Chair, Committee of the Board _____

Communicated Decision on _____

PERFORMANCE REVIEW BY MANAGER

Employees rating will be on a scale of 1 to 5: 1- is not acceptable; 2 is needs improvement; 3 are acceptable; 4 are good; 5 are exceptionally well done. Include written comments.

1. Work quality: (reliability, accuracy, neatness of work, completeness of work)

2. Work quantity: (amount of work produced when needed) and timeliness (when needed or requested)

3. Sound Judgment: (ability to make sound decisions independently; seeks opinion of others when needed)

4. Initiative: (interest shown in job, dedication, willingness to complete tasks and accept additional work; makes suggestions for what needs to be done)

5. Teamwork: (relationship with fellow employees and volunteers at MHCAN; supports efforts of others; thinks about effects of behavior on others; attends staff meetings and meetings with contract monitor; helps other staff complete a task)

6. Communication with others: (staff, volunteers, guests, providers). Is communication effective, timely, and respectful?

7. Dependability: (reliability and responsiveness to requests; (Yes means Yes; No means No.)

8. Setting a Recovery Example for others of managing illness and striving for well-being:

Achievement of goals and objectives by employee from previous review:

I am signing this performance appraisal to indicate that I had the opportunity to discuss the above comments. _____

Manager: _____ **Date** _____

ANNUAL PERFORMANCE REVIEW SUMMARY

Name: _____

Position: (current): _____

Anniversary Date: _____

Current Wage: _____

Employee grants paid under: _____

Current Hours Scheduled: _____

Individual is on employment probation or on notice to improve:

Employee has read and returned last page of Employee Handbook:

Recommendations for coming year: (summarize from pages 2 and 3)

It is MHCAN's policy to award annual merit increases, subject to grants we receive, to employees for their dedication to the growth and principles of MHCAN, based on their skills, improvement, example for others, and outstanding performance.

Change hourly wage to: _____ Effective on this date:
_____.

Signed: _____

A copy of performance review when signed goes into Personnel File.

EMPLOYEE PERFORMANCE REVIEW Date: _____

Please respond in writing to the questions listed below. If you need additional space to answer questions, you may attach a separate sheet or write on the back. If you are a new employee, you only have to complete Question 1. If you want someone to read the questions and record your answers, please say so.

- 1. Do you feel that you have a full understanding of your job responsibilities? Please list your job responsibilities, as you understand them.

- 2. What are your personal employment goals? To stay under \$85? To make the maximum while keeping Medicaid? To work more than 21 hours and get off SSI or SDI? To go back to college? To move out into competitive employment in the community?

- 3. Would you like More or Less responsibility? -----

- 4. Would you like Different responsibilities? If so, what? -----

- 5. For your current job, what are your greatest strengths? -----

- 6. How can MHCAN use your strengths more effectively? -----

- 7. Are there any areas where you feel you need additional training? -----

- 8. What goals have you established for yourself to accomplish in the coming year? ---

Employee / Instructor Signature
Signature _____

Executive Director's or Manager's

Contract Labor

MHCAN hires non-consumers of mental health services usually as contract laborers for short-term specified work. The parts of an agreement with an Independent Contractor are Names of the hiring firm and the Contractor. Get their Social security number or Employer ID number. Give the term of the agreement, the dates during which work is to be accomplished. List the services to be performed. List the payment as a lump sum for delivering the work or in terms of hours with a maximum to be paid out for the work. Say when the Independent Contractor will be paid. Decide who will pay for expenses like copying or mileage. Check the law in your state governing Independent Contractors. Include a paragraph about Confidentiality such as: Independent Contractor agrees that all identification and personal problems of mental health clients obtained in the course of providing services to MHCAN shall be handled in a professional, sensitive and confidential manner. Contractor will follow reporting law guidelines regarding abuse and threats of violence toward others persons and/or one's self.

Award Certificates

Find the time and money to have a lunch for all staff and volunteers and board members. Use this as an opportunity to reward the Most Improved Employee, or the Most creative employee, or to give awards of merit and faithfulness. Microsoft Publisher has forms you can use. Buy a frame for the certificate so the awardees can hang up their award. Celebrate everyone's achievements.

Section 5: Facility Design & Management

In its early history MHCAN met in a rented room once a month with the accoutrements of an AA meeting: coffee and water. One year we shared space in the county mental health building. Anytime their staff needed to have a meeting, we left. The essential problem with meeting at the mental health clinic was that yelling or pacing and agitation, which the drop-in staff was ready to tolerate, was thought an emergency by mental health staff. One year we shared three rooms with a mental health resource center and NAMI. When our belongings were damaged, we felt that we could not complain. Several times we looked for a store-front on a major city street. We found it difficult to answer questions about what kind of an organization we were. We also never had a check book in hand for a first and last deposit, dependent on what the next fiscal year budget from the county might be.

For two years MHCAN operated a small drop-in in a multi-purpose room at the county clinic only one day a week. This room was staffed with two clients who were friendly and we served coffee and snacks when available. Clients were invited to come to the drop-in room from the bus stop or the reception area. The mental health director had equipped this room with a washer and dryer which homeless clients occasionally made use of. Although the room had a stove and dishwasher, these appliances were used exclusively by county staff. The most positive outcome of the one-day drop in at the clinic was that a few psychiatrists and case managers dropped-in and gave us the opportunity to be seen outside our usual role as patients. Only two clients are employed by the county clinic—one to water plants and the other to hand out checks from the Public Guardian.

In 1993 MHCAN moved to the basement of a United Methodist Church on a main street with bus service. The 1,600 sq. ft. basement had a sink and counter for coffee and a refrigerator, a dual room for art and Board meetings, a joint library and TV room, a small office for book keeping which could be separately locked. Mental health clients came and went without any exterior signage that would alert the neighbors or the wedding chapel across the street. Although the space was mostly below ground level and therefore dark, it felt safe and womb like. In seven years we had only one act of vandalism when someone broke the windows in the door and in the art room, but did not break in and take anything. We had an internal vandal who liked to dislodge door pins and break into locked rooms for no particular reason except to do it. Twice we had high phone bills from clients who called home across the country or dialed seductive soft porn numbers. In these two cases the perpetrators were evicted until they paid their bills.

We learned the hard way not to accept donations of recliners because sleepy homeless clients were soon claiming a particular chair as their own and squabbling ensued. All of the drop-ins furniture came from donations usually from someone re-decorating their living room or den. Couches, end tables, book shelves, lamps, and any other furniture that might be in a house is suitable. Light colored furniture gets dirty quickly, but there is usually another donation to replace it. Because we are in an area of the country subject to earthquakes, cabinets and bookshelves need to be anchored to the wall.

Wall decorations can be paintings or collages by clients. Snapshots of clients at special events without names can be assembled in 18 by 24 unbreakable frames. Many large wall bulletin boards are useful to display resource lists for food and housing as well as flyers received in the mail from other agencies. Clients may want to make a bulletin board of photos, tributes and obituaries of other clients who have died.

Except for purchased reference books on prescriptions or dictionaries, our policy on donated books is that if a client takes one, they are expected to donate a replacement of another title. Science fiction and philosophy books are the most popular as well as diet and health volumes. People will try to unload old encyclopedia sets on the drop in. At first we accepted these, but soon saw that they were not used, and now computer search engines have substituted for encyclopedias. The creative writing group keeps two shelves of poetry volumes and literary journals. MHCAN does not subscribe to any magazines but an anonymous doctor has waiting-room magazines sent to us. The titles change every three months. Church members donate National Geographic which is a favorite. Good donated hard back books are stamped with our name and phone number to prevent a few clients from taking them to a Used Bookstore in town for money.

Program Components

The separate programs at the Client Action Network are:

The Drop-In or Community Support Center

The largest room is a 35' by 60' room with windows down one side and a large kitchen. This space was once a Fellowship Hall for a church. The large space is divided by used office dividers into conversation areas, reception desk, corner for copy machine and fax machine, library books, a TV viewing area, a drawing and painting area. The Drop-In is staffed by a Floor Manager (12 hours a week) and two receptionists (15 hours each); a dishwasher (6 hrs. a week); a kitchen monitor (4 hours a week); a room arranger and janitor (18 hours a week). The large main room is versatile and can be re-arranged with tables and chairs for classes or a holiday dinner or a dance. The drop-in has five couches [which don't match] spaced around the room for people to talk and rest.

Activities in the Drop-In room are a Monday morning community meeting for announcements and discussion on news events; an aerobics hour; a knitting, crochet and mending group; a Video Movie on Fridays; a radio and guitars for impromptu music; four 6' high shelves of self-help books, science fiction, and novels. A ping pong table, chess, and puzzles are available as well.

Administration and Accounting

Management needs to provide effective leadership and stability for the organization to achieve its stated mission. MHCAN has had the same Executive Director for ten years, under the direction of a Board of Directors. The personality, style, and skill set of the Executive Director needs to change from the foundation years to a growth phase. At least two thirds of the Board must be direct consumers of mental health services. The consumers should not all be employees because then it is difficult for the Board to handle personnel issues. The Board meets monthly and replaces any empty seats itself; MHCAN is not a membership type organization. One of the MHCAN receptionists has always typed up the minutes of the Board which are kept in notebooks in the office. The office is 6' by 10' and contains one desk and locking file cabinets.

A bookkeeper works 2-3 hours a week making out payroll and stipend checks and paying bills. All checks require two signatures. An individual may not sign a check made out to that person. All checks are coded to expense lines in the chart of accounts. The outside accountant, an MBA, bills for 10-13 hours a month and issues monthly reports on all grants and expense and revenue statements. Employees keep time cards, which are turned in twice a month. The Floor Manager is responsible for collecting time cards and checking the addition of total hours. The Executive Director fills out a payroll report form which is sent to the Outside Accountant, who figures the payroll deductions, and sends back a report from which payroll checks can be made out. All timesheets are retained and filed with records for that month. Receipts and copies of paid bills are also filed in individual file folders by month. Insurance policies are kept in a notebook in the office.

A consumer-run organization cannot risk that the individual in charge of financial reporting will have periods of disability and inability to keep records or that the individual is personally involved in internal strife within the organization. A professional bookkeeping service that has been in business longer than five years and has experience with non-profit accounting is sufficient. The outside service reconciles the bank statement, files the federal 990, depreciates inventory, makes monthly and quarterly reports for the Board, issues W-2 forms, 1099's, calculates 941, DE6 and DE88's, and deposits for Worker's Compensation Policy.

The Executive Director and Accountant spend up to 5 hours a week filling out forms for employees for Housing Authority and Social Security. Rent and disability benefit payments are continually fluctuating according to the income of the employee. Copies of forms and letters to Social Security are filed in the employee's personnel file.

The Executive Director handles all banking deposits and transfers between accounts. MHCAN does not keep petty cash. MHCAN maintains a checking account from which cash cannot be withdrawn. In addition a savings account for each grantor is maintained so that use of funds can be easily tracked.

MHCAN has a contract monitor from the county who meets with staff once a month and

is available to the ED by phone and e-mail for any problems. MHCAN staff write their own Scope of Services as part of the annual contract with the County.

Attendance is tracked daily when clients sign in at the reception desk. Guests are asked if they have Medicaid, a county care coordinator and a permanent shelter. At the end of each month the data base of client names is re-sorted to include new people. Typically 23 new people come a month. Out of 229 client in a month, 45 are continuing homeless people, mostly male. Most of the support groups have elected to turn in the number present, but not individual names.

Depending on the annual budget, MHCAN is open from 4 to 5 ½ days a week. The basic drop-in room has a client-only phone (separate from that of the receptionist), a daily newspaper, free coffee and donated snacks, and bulletin boards with resource notices.

While the traditional providers have 16 holidays, MHCAN observes only 4 so that the drop-in can be open when other services are closed. Staff earn one day [equal to scheduled hours per day] of time off for vacation or sick leave for every month worked. Vacation time has to be used by the end of the fiscal year, but sick time can accrue up to 31 days. Clients can ask to be put on medical leave and come back to their job when able.

Insurance

Small non-profit organizations because they do not have a legal or human resources staff need especially good insurance coverage. Your site needs to be covered by property insurance for the organization and others. All computer equipment, office machines, and records need to be covered. You need one to two million in general liability coverage with legal liability coverage and medical payments. You need crime coverage to cover employee dishonesty, forgery, theft, and destruction. If the organization owns a vehicle you need liability for that vehicle and any auto driven for your services. The Board of Directors needs Directors & Officers Liability which includes prior acts, wrongful termination, sexual harassment, and liability for mental health services, even though you are not professional care givers.

Coffee, snacks, and food

Coffee is essential. For some reason, clients prefer real sugar to substitutes, but they don't mind artificial powdered creamer. Clients who formerly drank alcohol seem to require a lot of white sugar. Many clients have switched, with physician encouragement, to de-caf coffee so we always have two pots on. Some clients like hot tea which they heat in a microwave. Anything besides coffee is discretionary and dependent on the size of kitchen, budget, and donations. We are fortunate to have a large old fashioned church kitchen with many cabinets and a large food preparation table. Clients are permitted to use the stove. Anyone who leaves something burning or doesn't clean up their pots and pans loses kitchen privileges for a week. We bake many potatoes in the oven all at once. People scramble eggs, cook hotdogs and chili, and oatmeal. In the winter we make soups in crock pots. All cooking is by volunteers. Homeless people have more cooking skills than mental health clients who have always been housed. When we are open 5 days a week, we use 33 lbs of coffee, 6 lbs. of De-Caf, 30 lbs of sugar, 15 lbs of margarine, 110

rolls of toilet paper, 30 rolls of paper towels, 250 Waste can liners, 40 oz. dish detergent, 1 gallon of hand soap. Supplies of coffee, sugar, and peanut butter and jelly are kept in the locked janitor's closet. Supplies are counted at the end of the month and re-stocked.

Refreshments are essential for any group meeting or focus group. Food is part of fellowship. Five years ago we served sugary, starchy refreshments. Now we serve baby raw carrots, grapes, cut up apples, peanut butter and crackers, pretzels, cut up health bars. More clients have diabetes, detected or undetected and the sugar regimen clients have been on in the past to keep their energy level up, is a killer, literally.

For the past two years we have gone to the Food Bank once a week. We then stock our kitchen and let any client come in and fill a bag. On the last Saturday of the month, when folks have run out of money, we serve lunch.

Gardening

Clients like indoor and outdoor plants. At Easter and Christmas churches will usually donate the left over lilies or poinsettias. These plants will live for several months.

Creative Arts

MHCAN has the materials for a weekly writing class, drawing and painting, acoustic guitar, singing, a piano, and recording equipment. We have tried to purchase three or four guitars some years, but clients forget and leave them lying around and someone takes them. A well-tuned piano is a staple of the drop-in because there are always clients who, while not communicative in other ways, know many classical pieces and musical repertoires by heart. Creative expression is essential to many clients' well being. In the past MHCAN has published three *Voices & Visions* Journals of client prose, poetry and graphics which were sold in local bookstores. In the past we have published a quarterly newsletter, the *We Can Courier*, which we no longer have staff time to do. When we can find suitable art, music, and writing instructors, they are paid as contract labor. Any mental health client who wants to teach the skills they know is helped to make a flyer and their class is put on the calendar. For ideas on using creative arts see *Reaching Across with the Arts*, ed. Gayle Bluebird and Bonnie Schell, funded by SAMHSA.

Transportation and Bus Passes

Transportation is offered from a six-passenger van to and from the Drop-in and to medical appointments and to the county clinic to meet with care coordinators and psychiatrists and to pharmacies. There are two drivers each working 14-20 hours a week. The county gives MHCAN 50 bus passes a month to give out. Because we have to staff the drop-in, we have not been free to go on outings or field trips, although other mental health contract agencies do. We would only be able to transport a maximum of six people to sites not on a bus line. In ten years our drivers have never been in a vehicular accident.

Computer Lab

A computer lab consists of 12 computers all on a DSL line, a black and white laser printer, a color printer, and a scanner. MHCAN accepts almost all computer donations. We either replace older computers in the lab or set a client up with a working computer in their apartment. Depending on funding, the computer lab has one or two managers each working 12-15 hours a week. Periodically lab aides to instruct clients on different programs are hired on stipends. In December 2002 the computer lab logged 329 visits with 76 different clients signing in. The computer lab is 336 sq. ft. Two of the computers were purchased new, the rest being donated and upgraded by clients.

Due to the skyrocketing cost of paper and toner cartridges, clients are limited now to printing 10 pages a day. Anyone who wants exclusive use of a computer every day is asked to pay \$10 at the beginning of the month. Color pictures of photographs are 50 cents each. Clients bring their own stock for business cards or special flyers. Cash collected for lab use is deposited in the bank.

One computer is designated as the staff computer. While it can be used by others, it is reserved first for the receptionist or publications assistant when they need it. Clients who are enrolled in a nearby Community College have preference in access to computers to do their homework. Because several clients have taken advanced word processing and graphic classes, they informally offer assistance to others. Clients are regularly helped with constructing resumes and writing letters. Staff and volunteers proofread and help students with their homework assignments.

From time to time volunteers will show up who will teach special sessions on computer skills such as Surfing the Net, domains and news groups, formatting within Word, making flyers. Otherwise the computer lab manager and knowledgeable computer lab users simply help others on an at-needed basis.

Periodically web sites containing pornographic visuals become a problem. Currently porno spam routinely may appear on anyone's computer screen if he is using the internet, so take care that the individual is going to those sites obsessively. MHCAN has this policy on pornography posted in the computer lab, and it is strictly enforced.

POLICY ON PORNOGRAPHY

Accessing web sites that display pornographic materials featuring men, women or children on MHCAN's equipment is strictly forbidden.

Pornography exploits men, women, or children as objects for another person's pleasure, abuse, obsession.

*This computer lab is financed with public county, state and federal dollars
Any Internet site that would be inaccessible by the Santa Cruz Public Library is also banned here.*

Penalties:

An individual who accesses porno web sites in the MHCAN computer lab will lose computer lab privileges/all use for six months.

An individual who fails to report individuals accessing porno web sites in the MHCAN computer lab will also lose computer lab privileges.

Any staff accessing porno web sites or helping others to do so in the MHCAN computer lab is subject to immediate dismissal.

Peer Support

The peer counseling program offers weekly group meetings: a women's group, a men's group, a No-name support group, an evening Mood Matters group, a day and an evening Dual Recovery Anonymous group, a Schizophrenia Group, a WRAP workshop, an evening AA and NA group. We have tried several other groups when suggested: a group for those who Self-Inflict injuries to themselves called the Self-Harm Group, a War Rap Group, a Bible study group, a Conversational Spanish group, and a Meditation Group. All peer counselors have completed a 12-session peer counseling training offered every July through August (described below). MHCAN contracts with an LCSW at \$30 an hour to meet twice a month for two hours each time with peer counselors to give them support and help with difficult situations they may have encountered. The peer counseling room is 432 sq. ft. It contains three couches and pull up chairs. Although the room has overhead florescent light, people prefer lamp light from end tables.

While peer counselors turn in a roll sheet of who comes to their groups, most would not want to keep notes that were turned in to professional providers on the problems brought up in a group session or render judgment on how an individual client might be dealing with problems. When clients encounter an individual having an especially hard time without many resources to draw on, the counselor notifies the Executive Director who notifies MHCAN's contract monitor to ask the case manager to make a special check, appointment, to give the individual more support in the present. If peer counselors and other group members feel that an individual needs assistance, beyond their capacity or sphere of practice, they confront the individual about being accompanied to the hospital to be assessed for inpatient care. They offer extra phone support, contracts for calling and reporting in to one another, in between meetings over coffee and personal visits.

As a sound practice, groups are co-facilitated by two peer counselors. One counselor can deal with a difficult person or walk them outside while the other counselor continues with the group process. One can be a counselor-in-training. One peer counselor always sits with her back closest to the door in case of an emergency. There has never been an emergency.

MHCAN's Peer Counseling or Mutual Support Program

Peer Support/Counseling has always been part of the Mental Patients Rights Movement and the Self-Help Movement in the U.S. Peer Counseling and Mutual Support Groups have been the chief activity of consumer-run programs since the 1970's. Family support groups and all Anonymous Self-Help groups share many of the same values. Holding weekly meetings in rented or donated space at which consumers check-in with one another, sitting in a circle, was a first step in building the impetus for MHCAN's drop-in center.

Traditional Help is based on one person having power and control and the most knowledge with the aim of benefiting another person. In peer support groups, everyone is equal in their opportunity to talk and in the opportunity to be of support to another person. Individuals find their own voice and discover that they have choices which lead to a sense of empowerment.

Everyone has an opportunity to speak, but is not required to speak, without interruption or advice. In a consumer peer group, everyone knows what it's like to try to have a quality life on little money, to be powerless in many treatment situations, to have done embarrassing things. Members of the group make the effort to get someone to share who is shy or depressed or who is distracted by interior voices. Group members can give feedback to someone with speeding speech on multiple subjects. Group members can share their experiences with the positive and negative side effects of medications.

Being in a peer support group helps individuals feel less isolated, a part of a community of people with struggles and accomplishments.

Facilitators of support groups need special training in active listening, reflecting back, reading body language, problem solving, making "I" statements on what they see, feel, or hear.

What is shared in a support group is confidential. No records or files or progress notes are kept. For this reason, the client of traditional mental health services is sometimes apt to seek help with life problems before reaching a crisis or a "facing the wall" situation. In some groups members phone one another and meet socially between meetings. In the case of violent feelings, self-abuse or drastically unwise choices, members reflect back their fear to the person speaking or acting out and may say they feel that the person needs outside help. If the individual is willing to seek help or get out of a destructive relationship, some group members may accompany the person to the hospital, to see a case manager, to a Women's Crisis Support Center. Police would only be called in the event of imminent bodily harm to self or others.

Support Groups mostly focus on the present, how individuals are managing their recovery and meeting personal goals. The purpose is support, not therapy. As individuals

talk, not only do they hear themselves, but the soundness of their decisions and thinking is reflected back to them by how others react. Ultimately only the person with a serious mental illness knows the meaning of mental illness and the correlates of “getting better.”

Group members soon discover the “Peer Principle,” that when you help others with attention, you help yourself. Concrete help that may be asked for in a support group includes transportation, wake-up calls, support during anniversaries of family deaths and losses, finding a dentist or housing, moving, or reading over school assignments.

MHCAN currently has separate peer-led support groups for men and women, people with mood disorders, with schizophrenia, people interested in spiritual topics, in learning Spanish, in working a WRAP (Wellness Recovery Action Plan), in contracting not to cut themselves.

MHCAN’s Annual Peer Counselor Training is offered in the summer, after July 4 and before the Community College begins at the end of August. The 12 three-hour classes include skills from the Journey of Hope, the Center for Independent Living programs, and Cultural Competency material from the California Network of Mental Health Clients. Sessions are taught by the Executive Director, other peer counselors and guest speakers. Registration is free with a \$5 donation requested, but not essential, for printed materials and refreshments.

The training is useful for any mental health client who wants to get a paid or volunteer job in the mental health support field. Newly trained peer counselors may become co-facilitators in already existing groups. Some are hired to run groups at Board and Care homes or to be visitors or companions to inpatients in hospitals. Contract agencies put stock in graduates of MHCAN’s Peer Counseling training, not only because of the class content, but also because the student has demonstrated responsibility and purpose in order to receive a certificate of completion. Case managers call on clients trained in peer counseling to be “Respite Workers,” assigning them to one or two other outpatients have particular problems such as living independently, learning to ride the bus, finding friends and activities in the community.

Peer Counselors who work for MHCAN two hours a week also meet together twice a month with a licensed counselor for assistance with any problems in the group they might be having. Although MHCAN pays this therapist, he does not report to the Executive Director and maintains confidentiality about any counselors. Occasionally the group may seek help from the Executive Director in clarification of the rules or assistance with a consumer whose behavior or speech is making other group members feel unsafe or apprehensive.

All peer counselors sign an Oath of Confidentiality. They are not required to report medication non-compliance and shouldn’t. They are trained, however, to check up on a member having problems and in a critical situation to stay with the person and seek voluntary help. The Confidentiality Oath says: “As a Peer Counselor, I may learn confidential information about some mental health clients. During and after my term as a

Peer Counselor, I promise not to reveal any identifying or confidential information that I learn as a result of carrying out my responsibilities. By law, the only exceptions to this oath, at this time, are any reasonable suspicion of child abuse, elderly abuse or any threat of suicide or homicide. I understand that any violation of this oath will result in my termination from the Peer Counseling Program.”

An example of curriculum covered in Peer Support training is below:

MHCAN Peer Counseling/Support Training

**Attendance required at all presentations and practices for certificate.
One make-up class allowed.**

1. **What is Peer Counseling?** How is it different from what licensed counselors do? Why do we think it is important? The Consumer Movement.
Exercise: Exchange Listening:
2. **Active Listening and Attending** to the whole person. Anger management.
3. **Paraphrasing and Mirroring** and communication skills.
4. **Reflected Feelings and Feedback** and more communication skills.
5. **Legal Issues:** Housing, the ADA, Managed Care grievances, Ombudsman
6. **Boundaries**, Potholes, Rescuing, and the counseling relationship, avoiding burnout.
7. **Decision-Making**, helping peers with Conflict Resolution; Diffusing Crisis.
8. **Cultural Competency Panel: Client Culture**
Exercise: Self-inventory of your baggage.
9. **Difficult People:** how to manage people who interfere with the group process and how to handle your own trigger reactions.
10. **STIGMA** real and internalized; the psychology of Difference and Prejudice: Self-Esteem; Self Disclosure, Power Struggles, Assertiveness.
11. **Suicide, Grief and Loss;** Assessing Lethality; community resources; Confidentiality and Referral; Emergencies
12. **Potluck**, Practice listening in a social setting and have fun.
13. **Review the Basics:** Starting and Ending an interaction or group; practice group roles.
14. **Graduation** and celebration. Job opportunities.

At the present time MHCAN does not bill the county for offering this training. MHCAN also does not bill for the mental health clients in the System of Care who come to peer counseling groups.

Group Facilitator problems:

- Participant who wanted to preach to others from the Bible on saving their souls. Left when prevented from doing this. Spoiled feeling of meeting. Negative. Religion touchy issue.
- Participants who felt that if they had a Big problem they deserved the whole floor; sometimes they get mad and leave. Don't go after them which would even more usurp the group's time. When you see them next, say you would like to have them back—without calling them down for previous behavior.

- Previous husband of a client sitting in and taking the floor in all meetings in which she participates. Her body language changes in his presence. Say that you notice that the client seems ill at ease and that the time is for her; the husband will need to stay home or go for a walk.
- People who are VERY angry. Say you feel frightened when such intense feelings are expressed. Keep the angry person sitting down unless they want to go Outside and do some pacing and yelling.
- Cutting the opening chit-chat to get started on sharing. This can also be a Board meeting problem.
- A facilitator who dominates the group with his or her problems. A solution to this problem is to ask the facilitator to help train a co-facilitator who is not in the group and remind the first facilitator of the principles of facilitation to teach to the new person.

Advocacy

Through the Executive Director and mailings to staff from the CA Network of Mental Health Clients, MHCANers write letters to legislators, editors, sign petitions, issue opinions on such things as: housing plans for the city and county, seclusion and restraint practices on inpatient units, involuntary commitment, Electroshock Treatments, Section 8 voucher practices, the lack of primary care physicians who will accept Medicaid reimbursement. The Executive Director routinely writes letters to court asking for leniency in sentencing or to have the individual be assigned community service hours at MHCAN.

MHCAN invites the Patient Advocate to make presentation on patient rights. Advocacy can be personal concerning the rights of an individual; systems advocacy involving suggested change in policy or practices that affect people; legislative concerning rights and opportunities of people with disabilities; legal, or self-advocacy to enable persons to speak in their own behalf. Any controversial subject should be cleared with the Board of Directors. Do not allow mental health clients to use your letterhead without permission.

It's a good idea to have an Authorization for Advocacy;

I, Jane Doe, do hereby request the Drop In Center peer advocates to represent me in discussions with my doctors, hospital staff, family, legal representatives, benefit providers, such as Social Security and Medicaid, and any other persons or organizations interested in my health and well being. This authorization will be limited by these restrictions:

I release the Drop-In Center and its advocates from all liability and all claims pertaining to the services provided to me under this agreement.

Date with Signature

Add a witness's name, signature and date. Make a copy of the client.

(This format is from PEOPLE, Inc. of Poughkeepsie, NY, (845) 452-2728)

Print Communications

MHCAN's identity to the general public and traditional providers is communicated through a tri-fold program brochure, business cards, and flyers. A graphic arts student at the local community college did our brochure design as a class project. We gave suggestions for text and the student photographed an historical pepper tree at our back door as part of the design. The student took a whole quarter on the project so we had lots of opportunity for editing, getting feedback from others, and finalizing the design. We paid for the printing. Every time someone calls for a monthly calendar, we can now insert a brochure which folds to the size of a business envelope. Before our current brochure, which we had printed in lots of 1,000, we bought bordered paper from Paper Direct and followed their guidelines for layout of text.

We print our own business cards and make sure that all staff and volunteers have 20 cards at a time. Cards should always be carried by anyone picking up donations from bakeries or commercial establishments for credibility.

The computer lab designs a monthly calendar. Special events are highlighted. The receptionist also displays a list of activities and groups for the day.

We do our best to print eye catching and originally designed flyers for all events. We make a black and white copy that we can fax out to other contract agencies. We post color flyers ourselves at the county clinic. Asking receptionists to post flyers for you is not always reliable. Sometimes we go into the county clinic mail room and put flyers in 75 boxes. Remember to always credit at the bottom of the flyer the funding source for the project you are doing.

We used to have a monthly newsletter of events and activities. Then we went to a quarterly format and tried to have articles that were not date specific. Although we have been unable to keep up with quarterly publication, we need at least an attractive annual newsletter to use in donation solicitation. You have to decide if the newsletter is primarily for mental health clients in which case you might include jokes and all kinds of submissions, or whether the purpose of the newsletter is primarily public relations and promotion of your organization.

Telephones: you may need three lines

MHCAN has three phone terminals hooked into our facility, all placed in different locations.

1. Our first station is the staff/reception area located at the front desk. This phone is for the use of incoming calls for transportation and for people calling with questions.

2. Our second phone line is for local calls only. The clients use it at ten-minute intervals. There is no long distance on this line. One of our biggest problems has been with the client phone. On any given day, there could be arguments over this phone. Having a sign clearly stating a ten-minute rule for the use of the phone on each call has helped. If a client continually argues over the phone, his privileges can be taken away for a short period. Clients who call the phone company and represent themselves as management in order to restore long distance service or those who use calling cards or numbers which allow long distance, lose all phone privileges until they pay their part of the phone bill.

The sign above the client phone says: Please limit your phone call to 10 minutes per call. Then, let someone else use it. Wait for another turn. If you have a special circumstance, speak to the receptionist or director. Thank you for considering others. In the case of a sincere need, staff allow other clients to call their parents in another city or state, or to check on a child in foster care in another county, or to return calls that have come in at the receptionist desk. We also pay for toll calls to south county (the drop-in is in north county). We accept collect calls from the jail or prisons.

3. Our third phone line is a fax line that also carries our DSL for the Internet. We had to take the cord off the receiver to prevent clients coming to evening groups from making long distance calls.

Increasingly, clients, housed and homeless, have cell phones.

Notes on taking phone messages:

Our floor manager, who began as a receptionist for the early drop-in center, has found the following procedures to work, especially when using many different receptionists. The first morning receptionist comes in 15 minutes before opening and listens to all messages, without taking down any notes in the Phone log book. Buy a phone message book that makes a carbon and has 4 to 5 vertical messages on a page. First the receptionist should listen to see if there is anyone who needs a ride. If so, tell the driver.

Next, listen to the messages again, but this time write notes on a scratch piece of paper striving to get the important bits of information such as name, phone number, date, time of call, who call is for, whether party is going to call back or wants a return call, and what the subject of the call is, if the caller makes that plain.

Next, transfer the information from scratch paper, neatly to the phone message book, then tear out the top copy and give to the person indicated. If the person is not in, or is out for the whole day, call them at home and deliver the message. Tape messages for guests to the reception desk so you can deliver the message when you next see the person. If a message is confusing or not clear, leave it on the machine without deleting.

The Executive Director should inform the receptionist when phone calls have been returned; then the receptionist puts a big check on the carbon for that message. When the receptionist is not busy, she can look back over previous pages for requests that haven't been met, such as requests for mailing out schedules.

Do not answer questions over the phone as to whether a person is present or not. Say that you will have the person in question call if you see him/her. There are clients who are being pursued by abusive spouses or friends or who have escaped cult situations. Peace officers or the District Attorney know that a subpoena is required for you to release any record of attendance or participation in the program by a mental health client. Subpoena is a Latin legal term for a written order to summon witnesses or evidence before a court of law. It literally means "under penalty," which are the first words of the legal form used. County or city mental health entities (agencies) need to be notified if your organization is requested to turn over information. If the attorney requests you to turn over information, they will prepare the documents by deleting all names except those that the court has an interest in. This procedure safeguards the privacy of others.

It is advisable to have a phone answering script taped to the desk for volunteers to use, such as "Good afternoon, this is MHCAN. Suzie Q is not in; may I leave a message for her? May I say who is calling?"

Health and Safety

Most small appliances the public donates to a Drop-In are broken in some way. Items like toasters, microwaves, coffee pots, rice cookers, portable ovens, pancake grills need to be checked over thoroughly for shorts and faulty timers.

Staff and volunteers receive annual training in contagious diseases and the necessity of wearing protective gloves in the presence of blood or vomit. Without constant reminders it is easy to forget about AIDS and Hepatitis and Staph when a client asks for a Band-Aid or a bandage. People who work in the kitchen and the janitor always wear rubber or vinyl gloves. Vacuuming and mopping is not done until the center closes.

Sharp objects have never been a problem in terms of their being used as a weapon. Knives, ceramic coffee cups, and can openers are routinely stolen, most likely by homeless clients who need them. Most clients who take things without asking later bring the drop-in something they buy in a yard sale to make up for their indiscretion.

Although first aid kits are essential to keep on hand, MHCAN does not stock analgesics such as aspirin, acetaminophen, or ibuprofen. Drop-ins cannot dispense medicine. The chief requests for pain relievers come from clients with an abscessed tooth or other dental problems. MHCAN also does not keep feminine hygiene products on hand because when we did, some clients relied on our stock and never bought their own. The Homeless Health Project gives the drop-in boxes of condoms which we put out in small baskets in the bathrooms.

The Homeless Person's Health Project is on site for two hours once a week. MHCAN regularly makes referrals to the HPHHP nurses as well as to the county's Access team for those trying to get assistance with medical or case management needs.

People who travel a great deal routinely bring us bars of soap and shampoo and hand lotion from hotels. We are able to get toothbrush donations from a nearby dentist and we keep toothpaste and disposable razors on hand.

Over the Counter Medicines

Don't stock them. If you dispense medicine, you are taking the risk that someone cannot mix aspirin or acetaminophen or ibuprofen or antacids or cough syrup with other medication he/she may be taking. If you keep sanitary napkins on hand, some people will never buy their own which is part of taking care of personal needs. You do need a general purpose antibiotic ointment and bandaids. Always wear rubber gloves when "doctoring" cuts or burns due to possible spread of the AIDS virus or Hepatitis.

Prescribed Medications

Don't keep people's medications in file cabinets or desks, even if asked to. Adults need to take care of their own medications. If someone wants a reminder to take their medication, that's fine, on a short term basis. Help people devise a way to remind

themselves. Some individuals like to carry ten to twelve bottles of medicine around in a sack impressing others with all their medicines. Personal items should be kept at home.

Occasionally a patient being released from the hospital or a homeless client will leave their medicine behind after the drop-in closes. Call the person's case manager or psychiatrist and find out how to get the medicine to the individual.

Flu season

If you don't have a way to wash ceramic and plastic coffee cups in hot soapy water, use paper cups. Staff should set an example by always washing their hands thoroughly in restrooms. Keep doorknobs cleaned with disinfectant. Floor tile and kitchen counters can be wiped down with a weak bleach solution. Our experience at the drop-in center is that while providers are all out sick, we rarely pass around colds or flu.

Buy or ask for donations of men's socks. When homeless people come in with wet feet, give them a clean, dry pair and hang up the wet socks until the next day. Invest in cheap rain ponchos. Give out garbage bags to cover people's back packs and improvise a rain poncho out of garden large leaf bags by cutting a head hole.

Fire/Earthquake/Bomb drills

We have smoke detectors in each room and use one of these to set off an alarm to practice clearing the building once a month at arbitrary times. Get anyone who is sleeping up and out of the building; make no exceptions. The facilities manager times how long that takes. Precise procedures for checking rooms, closing doors, and checking all bathrooms is available from the local fire department. Your site may require an annual inspection by the fire department as well.

If you are subject to earthquakes, tornadoes, or hurricanes, get expert advice on safety procedures from your local government. The basic rule is duck and cover. Make a practice of bringing up the subject of where people would stand [in doorways] or duck [under tables and desks]. If your site is in a major urban area, plan for stocking water and masks in the event of terrorist attack.

Violence in the Workplace-most likely from outsiders

Observe these personal safety tips: Don't open doors to strangers before or after normal business hours. Advise management or security (if you have it) when you will be working outside of normal business hours. Two staff members must be in building at all times, not one alone. Walk to and from your car or to the bus with others. Report any strange activity immediately. Don't use stairwells alone in the evening. Keep valuables hidden in your desk. Don't use an elevator if someone looks suspicious. Pay attention to your gut instincts.

In the event of a Crisis, do not resist demands that you can follow. Call 911 ASAP. Take care to accurately picture the attacker: clothes, height, hair. Do not disturb the scene. If personally attacked, do not clean up, change clothes until police arrive.

Neighbor and Provider Complaints

These are possible complaints from neighbors or nearby businesses

- African Americans with dread locks look dangerous
- Consumers' smoke is drifting into their yards
- Consumers are laughing and must therefore be talking about neighbors
- Consumers are swearing or kissing in day light
- Consumers are defecating or urinating in the garden after hours
- Consumers are going through neighbor's garbage looking for aluminum to recycle
- Consumers are sleeping in cars in the parking lot at night.
- Consumers are sleeping in card board boxes in doorways and unscrewing light bulbs in ceiling sockets outside.
- Consumers are reading the paper at picnic tables on Sunday when the drop-in is closed.
- Consumers bicycles are taken apart.
- Homeless people are using the garden hose to wash their hair.

The fear of people who are different is the most basic provocation of irrational reaction. People who are homeless or who do not appear to have financial and employment obligations appear to not be under the same constraints as the rest of society. Listen to complaining neighbors and commercial interests near you. Try to identify with why they might be afraid. Help them verbalize their worst fears. Ask them for suggestions. Take their suggestions. They have the power to close you down.

Consumer-run drop-in centers are also subject to complaints from traditional providers. Some of these complaints are:

- Consumers are watching television instead of educational, treatment-diagnosis oriented videos.
- Consumers are lounging instead of sitting up straight.
- Consumer support staff are paying attention to someone traditional providers have decided doesn't want to be helped or who has rejected help.
- Consumer support staff have helped another consumer file a complaint or ask for a change in providers.
- Consumer support staff are going the extra mile for someone who caused a ruckus or stole something and consumer support staff have been told by the traditional provider that "Zebras don't change their stripes." Don't argue. Do what seems right; everyone isn't a zebra.

Section 6: Making a Difference

Drop-in Centers make a difference in the lives of employees and in the lives of the people they serve. In addition they have the opportunity to cause system change.

Promoting Change in care-giving systems

Look outside the mental health system for resources in the community that provide a safety net for all citizens.

Serve as a clearing house for lists of support groups offered by all county and private agencies which are open to people with mental health disorders. Gathering this information gives you an opportunity to talk to lesbian and gay groups, physical disability groups, centers for independent living, grief groups at hospitals, menopause groups, anger management groups, AA groups, senior service groups. You will usually find them to be nicer and more prompt in replying or sending you material than mental health agencies who know you to be THE PATIENTS.

It will soon become second nature to form coalitions in addressing problems in your community. Everyone will behave better when you do this.

Methods for Collecting Information

Questionnaires, surveys, checklists, interviews, observations, focus groups and case studies all have advantages and drawbacks. You can find a lot of information in the library and on-line. Michael Patton has done extensive work on utilization-focused evaluation techniques that focus on utility, relevance and practicality. On line you can find the Free Management Library. Visit www.authenticityconsulting.com.

MHCAN has had the most experience with one or two page surveys and focus groups. If the traditional provider does not like the results of your surveys they will say the sample was too small. If the results agree with them, it doesn't matter how small the sample is. Always try to get over a hundred surveys completed. Get five clients with different skill and backgrounds to test your survey to make sure the questions are clear before you print many. Study the format of questions in the MHSIP.

Focus Groups

Use focus and study groups to help consumers' transition to being contributors of better services to their peers instead of only recipients. Write up formal reports on focus groups, listing number of attendees without names to call attention to an emerging concern [neo-nazis beating up sleeping homeless persons for example] or a continuing problem [case managers who go on two week vacations without telling their caseload or leaving a message on their phone for example.] Topics: housing, transportation, medications, nutrition, affordable recreation, speech practices, continuing education, mentoring, finding furniture, family issues, sex education, relationships.

Never use a report on a focus group to embarrass anyone. If you send the offending party a copy, be sure and send it to lots of other people. Do not bypass the offending party by

sending a report over their head. It can sometimes be helpful to attach a note to the report saying “This problem identified in this report does not contribute to well-being or recovery of the people we serve. We don’t know what to do about it. Do you have any good ideas on how we might rectify or approach this problem?”

Focus Group on Traditional Services

Purpose: Focus Groups give the county and state direct feedback about MH services. People’s opinions help the Continuous Quality Improvement staff monitor service quality. What people say can give the county a “heads up” about emerging issues.

Guidelines:

- 1 ½ hours. Particular advice about personal problems will be discussed after the focus group.
- No names will be included in report to county or the state.
- Be brief—stick to your experience in past year or two and now.
- Try not to interrupt or cross-talk.
- Give everyone a chance to talk.

Questions

1. Do you feel involved in your treatment planning? What is your role in determining the specific services you receive?
2. Were you asked to sign your treatment plan after it was completed?
3. How did your family members and friends or persons who help you in the community participate with you in your treatment plan?
4. Did you receive a copy of your treatment plan?

5. Are staff sensitive to your cultural/ethnic/language/spiritual/ educational background? How do they show they don't or do understand where you are coming from?
6. Are often are you asked about your housing needs?/ problems?
7. Is the physical facility where you receive services friendly? Is it accessible to transportation?
8. Do all staff treat you with respect? What makes you say so?
9. Do mental health staff return your phone calls quickly and answer your questions?

Do doctors answer your questions about medications?

10. Do you have any special needs that you feel are not addressed by Medicaid services? What specifically.
11. Do you receive services as often as you feel is necessary to meet your needs?
12. Is it easy to arrange a change of service provider (physician, psychiatrist, care coordinator, house manager, therapist)?
13. Do you receive Medicaid services outside the county clinic? Where?

14. How satisfied with these services are you?
15. Does the county mental health program ever arrange or connect you with physical health, vision and/or dental care services?
16. Have you had any problems getting or keeping mental health services you think you need?
17. Which types of services do you find to be the most helpful to you in your life? (List)
18. Which services are not particularly helpful to you? (List)
19. If you could change one thing about County Mental Health services, what would it be?
20. Do you have anything else you'd like to add? Have we missed something?

You need data about the people in the focus group in order to convince the traditional provider that you talked to people with serious mental illness who are in the system of care. Then when you write up what people said, you can say the group consulted was so many women, with a range of receiving services from one to 30 years, number of times hospitalized, ethnicity breakdown, etc. In order not to take up time asking this information, give each person a one page form to fill out.

Here's a sample:

Adult Client?
Family Member?

Male or Female? _____

Age right now _____

Do you have Medicaid benefits?
Medicare?

Circle the Types of services you received in past year:

Case Management
Individual Therapy
Group Therapy
Medication
Day Treatment
Inpatient Treatment
Jail Services

Number of years you have received mental health services _____
Age when you were first diagnosed as having a mental illness _____

Living Situation:

Homeless in shelter
Homeless in car
Supported Housing
Clean and Sober Housing
Independent apartment
Section 8 apartment
Live with family
Couch-surfing between friends

Ethnicity: Native American Caucasian Hispanic
African/American Asian

Committee and Board Membership

Take an active part in county planning for adult Behavioral Health Care and policy and evaluation. Serve as a sounding board for county programs seeking consumer reactions to proposals and to already established programs.

If you are the Executive Director who is always asked to be on every committee, you have been trapped into the Token Acceptable Person Box. Chances are that you have relatively good manners and dress like traditional providers. They are accordingly comfortable with you. Or they may desperately need you solely because you are a person of color. You can deal with this unfortunate but understandable development by taking one or two other consumers with you to every meeting that you can. Soon the traditional providers will speak to these other consumers with the same trust that you seem to show them for their opinions. Then after three to six months, make up some excuse and send the other consumers in your place. Make sure they have transportation to and from and have an agenda ahead of time.

Order the free booklets on Recovering Your Mental Health from SAMHSA especially "Speaking Out for Yourself," Vol 9, Consumer Information Series SMA-3719 printed in 2002.

Go out on a limb for consumers who are willing to serve on Boards and Committees. What usually happens is that they apply and never hear anything which leaves them feeling invisible. Sometimes the Board will say they never received the application. Always make copies and let someone in a power position know that a consumer is applying and that you recommend this person. Write a strong letter in addition.

To: The Board of Supervisors
 County of _____

Re: Consumer Seat on Local Mental Health Board

Dear Supervisor:

I am writing to wholeheartedly recommend Horace Caulkins McMahon for the Local Mental Health Board. We call him "Mac." For the past two years he has been the reliable backbone of our organization. He has the respect of everyone-- from the down and out drunk leaning against the church wall to the well-heeled attendee of a Women's Support Group. When Mac makes a suggestion, after considerable reflection, to our organization about policy, we listen. He has a rare commodity called wisdom.

Although Mac lives frugally himself, he delivers baked goods once a week for La Familia Center. He has calmly assisted tearful, evicted clients to

move. He has rescued clients on far away freeways who were out of gas and money. He carries our payroll, does our banking: I trust Mac implicitly. He has missed only one meeting in two years on the MHCAN Board of Directors.

He is a resource the LMHB needs. He is a mature gentleman who had a family, a comfortable home, a successful real estate business. Mental Illness wiped out everything. He was in SART in its first year. He has lived in Board and Care. He is grateful to the Mental Health System for giving him back his health. Now he can give back to the System the only asset he has left: **himself**.

Mental Health clients also need a resource on the Board who will get information back to them and be a liaison for their concerns.

“Mac” McMahon would be a valuable contributor to your Mental Health Board. I hope you consider his application with the seriousness that he does.

Sincerely,

Evaluation

If it moves, you can count it. That applies to people and consumable goods. The basic data you can keep shows that you are serving others:

Attendance: At least ask people their name. If they say Julius Caesar, fine; write that down. At the end of the month enter these names in Excel or Access and alphabetize them. Print out an attendance sheet in landscape. The next month enter new people's names at the bottom; at the end of the month re-alphabetize. Keep doing this, month after month. How many unique people did you serve? How many visits were there (this is the total at end of month of daily attendance). How many new people came this month who did not come last month?

Note: The roll sheet should be covered by a blank piece of paper if the receptionist leaves the desk. The roll sheet must be locked up at the end of the day. Do not leave lists of client attendance at support groups on the desk overnight because if other groups use your space in the evening, lists of names of people with a mental illness violates their confidentiality.

What do your funders want to know? If it is that you are serving Medicaid recipients, start asking if the persons signing in have Medicaid. Put in a column for this information. Are you supposed to be serving people without a fixed address? Then make a column for homeless or not. Are you supposed to be serving an ethnically diverse population; if so, record ethnicity with which the person most identifies themselves. You can find out if

people have primary care physician or if they have had an annual physical. Ask the question, but not too many in any given period of time.

Clients may be used to coming in and heading for the kitchen. If so, go around with a clipboard when it is not too busy, and get their names. Soon they will come to the desk to check in out of habit.

Sign-ins for computer lab and support groups: get people to sign in and then report numbers, not names. How many resumes did you help people compose?

Lists of volunteered hours: you can have separate sheets in folders for each volunteer or you can keep a clip board at the receptionist desk and record hours people spend helping others chronologically.

Lists of value of donated goods: this includes clothes, computers, bakery items, office supplies, plants

Driver's Log: set up a table with columns for date, name of driver, beginning mileage gauge, ending mileage, name of clients being transported, destination, time at beginning of trip and return to drop-in center. At the end of the month, you can go over these logs and mark all medical appointments, trips to the traditional mental health service, trips to social security office, trips to grocery store. Enter the total trips for these destinations on a table and at the end of the year add them up.

Consumable items: how many rolls of toilet paper do you use a month, jars of peanut butter? If you know how many pounds of coffee you use in a month, you can compute the number of cups of free coffee you serve in a month and in a year. How many reams of copy paper do clients use in a year?

Counting What Administrators Care About-COSTS.

The most acceptable way to prove your program is successful is to show that because guests frequent your Drop-In or work there, that they use the hospital less and spend less days in jail. This is problematic because some of the most resourceful mental health clients plan to go to jail in bad weather. Best case is to get a sentence of several months, until spring. Many clients avoid the hospital and a case can be made that when a client voluntarily goes to the hospital for a medication adjustment, that this expense is a positive outcome. Avoid the above mistakes in tracking jail and hospital days. We are trying to assist people in learning to live without crisis (because it is brain damaging), but Crisis is frequently only how a client has to act in order to get help and attention. People who work in Drop-In Centers know what quiet crisis with no solution to life problems looks like, but it is not usually what is counted as Screaming-Crying-Threatening CRISIS.

Drop-ins can document their excellent performance by simply reporting on their cost effectiveness. If a large percentage of your guests are helping and talking to one another,

then your staff to patient ratio is much higher than other intentional programs. Newspapers and the general public are likely to see low cost as a benchmark. If you track the number of people and have an estimate for average number of hours they visit and you also know your annual cost of operating your center, you can calculate the average per diem (day) cost per member. Find out how long a Rehabilitation day is- usually 9 a.m. to 1 p.m.. If it turns out that your cost is less than 10% of the per diem cost of a local day center with similar goals or 20% of a city-run homeless resource center, you will be able to demonstrate cost effectiveness “in a very compelling manner.” This 10% example is from William J. TenHoor, MSW, “A Guide for Consumer Organization Leadership: Principles for Practice,” written for the NEC, June 2002, funded by SAMHSA, p. 21

Self-Assessment

What drop-in centers do is combating isolation and hopelessness and help people discover their skills and purpose in a safe low risk setting. It is not clear how to show this. Helping people tell their stories by offering training in writing and speaking can be effective. Hope may not be quantifiable.

Fidelity Indicators from the Common Ingredients of COSP Study will become available.

For self-assessment of staff functioning and the organization itself, you probably need to hire an outside evaluator with whom you feel comfortable. People and organizations have traits that are valued in certain contexts. Your funding sources simply pass on to you the values upon which they are being judged in doing their job. Personally they may not agree with them. You have to look at the traits/accomplishments that your funders want. They may talk about Recovery, but would be most upset if 50% of their caseload announced that they no longer needed services.

An outside evaluator can find out if the people attending your drop-in center can describe its purpose.

How are volunteers and staff trained to deliver services?

What is required of clients?

What do clients consider to be strengths of your program?

What do staff members consider to be strengths of your program?

What typical complaints are heard from employees and/or clients?

What do employees and/or customers recommend to improve the program?

Can a client at the drop-in describe how they have helped someone else?

How do you decide that certain parts of your program are no longer needed?

Have you been doing the same thing so long that you cannot see creative ways to make change?