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NCAB

NCAB Newsletter

Vol. 1 Issue 2

April 2005

Chair's Report

Greetings from the Chair of NCAB. I just wanted to update you on a few issues that had been discussed in our annual "Face to Face" meeting of the executive committee of the National Consumer Advisory Board (NCAB).

First, we have received reports of consumers relapsing during the conference. Therefore, we as the executive committee have decided that at this year's conference the Executive Board will be wearing ribbons to identify who are the NCAB Executive Board Members. So, if any of the other consumers are in need of help—are feeling they need to talk to someone—they can talk to us. Also, **12 step meetings** will be going on throughout the Conference—starting Tuesday through Friday evening from 8-9 pm and Wednesday through Saturday morning from 7-8 am. If there is any recovering person out there who would like to volunteer to facilitate some of these meetings please find one of us at the Conference so that any "Recovering Person Seeking Recovery Need Never Die".

Another issue at this year's face to face meeting, was that within the next month we will be doing a survey to start showing how well consumers are getting their needs met and what other services they would like to see go into effect.

Also just a reminder for HCH Directors who have not nominated consumers for funds to be able to attend this year's conference. I encourage you to do it now (see details at www.nhchc.org). It is suggested that you send someone that has not been before. In addition, I challenge any of you that can fund a consumer without a subsidy to do so.

Thank you. See you at the Conference.

Ulysses Maner, NCAB Chair

LOGO CONTEST

CALLING ALL ARTISTS

\$25.00 PRIZE

NEW LOGO FOR NCAB

We need your drawings for a new logo for NCAB.

Submit your entry to:

Sarah Davidson at

ncabnewsletter@sbcglobal.net

RULES:

1. Must be appropriate for consumers of Healthcare for the Homeless
2. Must be submitted by a consumer/former consumer of an HCH project
3. Must be in MSWord format
4. Must be submitted by midnight May 30, 2005
5. Decision of the judges is final

"The greatest loss --loss of self respect." Author unknown

Just over nine years ago, I had to quit working because of illness. I had at that time a medical record that was about 4 inches thick. I had been to see my doctor almost every month for a year for one infection or another. My doctor finally took a blood test for SLE (Lupus) and mine was positive. This alone sent me into a fit of fear--Remember I was a registered nurse and loved every minute of it. However, with the LSE I was getting more serious infections than I needed. At the time, there was an infection especially prominent in nursing home patients called Vancomycin Resistant Staph Aureous. This meant that antibiotics were not strong enough to cure it, and patients would die from it. It was a big fear that I might get this infection so I had to quit working. Also, I developed arthritis in my legs that would make them swell up so bad that I could not wear shoes and the pain was so great that I would cry when I had to walk--neither one of these conditions boded well for a nurse.

I applied for both my Social Security and Federal retirement (I was working in a military hospital at the time). The federal retirement was supposed to take about three months to come through. However, this did not happen for me.

Social Security was another story. I was refused the first and second times and had to wait for a hearing. They were two years behind on hearings at the time.

I sold my car for one month's rent; I sold my furniture for another month's rent, all the time thinking that next month, next month... I ended up with nothing left to sell and being evicted from my apartment. What things I could not sell I had to give away or store. I had a friend who let me store my most valued possessions at her house--my photo albums, some quilts my grandmothers made etc. I was also invited to stay with her and her family.

I stayed there for about 7 months. After about four months I found out I did not know how to do anything. I did not know how to cook, wash clothes, vacuum etc. I figured that if I couldn't do anything right that life was no longer worth living. I had a bottle of pills that I knew would kill me if I took enough of them. What saved my life was that I had worked in psych enough to know when I needed help. I called my doctor and they got an ambulance to come for me and take me to the hospital. I stayed there for 6 days and was sent home with antidepressants to take. I stayed with this friend for a few more months and again started to feel like I would be better off dead than alive. It was at this point that I got myself out of that house and went to one of the shelters for the homeless here in town.

At this point and for the next 6 or 7 months self esteem was a foreign phrase to me. I had none and thought that there was none in this world left for me, I had used all mine up being proud of my nursing abilities. Then I signed up for one of the Welfare to Work programs offered here. Their main goal was to give women back their self-esteem. I kid them that they created a monster in me because I now have enough self-esteem to fill the Alamo Dome.

I finally got my Social Security after three years and losing everything I owned.

I now serve on the Advisory Council of Healthcare for the Homeless here in San Antonio, TX. I am also on the Board of Directors of El Centro Del Barrio and I am the Co-Chair of NCAB.

I am very happy with my life right now. I just wish that there was more out there for the homeless. They need a lot of help and are very appreciative of what they can get.

*Submitted by
Sarah Davidson
NCAB*

Newly Released Prisoners

Since a special workshop at this year's HCH Conference in Washington, DC will be geared toward the needs, concerns and barriers of the newly released prisoner, I thought I'd share the following endeavors and statistics from Michigan:

According to the Michigan Department of Corrections, of the approximately 8,500 inmates paroled in Michigan each year:

- ✓ More than 1,500 will be returned as parole violators within 12 months of release.
- ✓ More than 3,600 will return to prison within four years.
- ✓ In 1991, 72 percent of parolees succeeded in getting off parole in two years. Today, only 52 percent succeed.
- ✓ Returning offenders cost the state \$224 million.

Michigan Gov. Jennifer Granholm recently created the Michigan Prisoner Reentry Initiative (MPRI). Developed to create successful prisoner re-entries into communities and reduce prison return rates, the MPRI (*which began this month—March 2005*) had eight “model” regions, including Kalamazoo County.

There are three phases to the MRPI program: **1)** “Getting Ready”, the institutional phase; **2)** “Going Home”, the release phase; and **3)** “Staying Home”, the community phase or the discharge and after-care phase.

In “Getting Ready”, inmates will have Transition Accountability Plans created for them very soon after admittance. The plans will assess offenders’ risk factors, define programs to reduce those risks and identify community resources needed in the offenders’ rehabilitation.

Programs may be assigned that teach an inmate employment skills, how to create a resume and how to dress for an interview.

Each transition plan would be reviewed regularly and would evolve throughout the inmates’ stay in prison. For example, in the “Going Home” phase, a reentry component that covers six months before and after release will be added to the transition plan. It will focus on securing housing, employment and access to programs, services and support. The inmate will have a definite plan of action to follow upon release.

With the final phase, “Staying Home”, the ex-offenders will work with their parole agents and with human-service agencies who will coordinate the delivery of needed programs and support.

A statewide implementation of MPRI will go into effect in 2006 if the demonstration sites show positive results. *Let’s hope they do!!*

*Submitted by
Veronique Moore
Co-Chair (NCAB)*

Consumer Advisory Board Manual

NCAB’s *Consumer Advisory Board Manual* is a valuable resource for consumers and staff of HCH projects. The Manual can be downloaded for free using the Publications Order Form of the National Health Care for the Homeless Council at www.nhchc.org.

Send Us Your Stories

We need you!!! Hopefully, in our upcoming issues you, the readers, will send in your personal stories, poems, and articles regarding how you started your board and how it is running today. Please send any helpful comments on what you would like to see in the newsletter that might help others to ncab@nhchc.org.

His Name Is Kevin

He arrived in Boston 16 months ago. Kevin has been diagnosed as HIV positive as well as with clinical depression. Kevin has been homeless for 6 years. I asked him why he had chosen to come to Boston from northern Maine. He reported that he couldn't find anyone to treat him in Maine because he had no insurance. He also told me that he had a hard time finding anyone who understood him.

Kevin arrived in Boston in the middle of winter and was sitting in a bench on Boston Common when a couple of members of Boston's Street Team walked up to him. Kevin states that from that time on, when they referred him to our HIV clinic and he was assigned to our Mental Health Team, that he has received the best care ever! He has been seen by our HIV Team and been put on the proper medications. Within a few days, he was seen by the Mental Health Team and was on more medications within a week. He is now being seen by both teams on a regular basis.

Since his arrival in Boston and after receiving the services he needed, he has been housed and his health is getting better. The Mental Health Team is working with him to get him reconnected with his family and a visit is planned in the near future.

Kevin wanted me to tell Folks that Boston Health Care for the Homeless not only works with patients on the illness that originally brought them to us, but they work on the whole person! Kevin got the housing on his own, but because he was basically healthy, he was able to function and do things on his own.

Kevin also wanted me to say that he feels that HCH's are the best thing out there for homeless people and that more cities should have programs. Kevin says that he is always treated with respect and dignity and that those reasons alone are the reason that he was able to cooperate with his caregivers. Kevin also believes that HCH's should advertise more because there are many people who do not know where they can get services.

*Submitted by:
Ellen Dailey, BHCHP, NCAB*

News From The National HCH Council

The National Consumer Advisory Board has a new, stronger relationship with the National Health Care for the Homeless Council: NCAB has become a Standing Committee of the National Council. This change means that the Chairperson of NCAB, elected by consumers every two years at the National HCH Conference, will sit on the Board of Directors of the National Council, providing a consistent, month-to-month consumer voice in the organization's decision-making. Previously, NCAB was an Organizational Member of the Council, and was formally represented only in twice-yearly Membership meetings.

Applications for travel subsidies for consumers to attend the 2005 National HCH Conference (June 1-4 in Washington DC) have been sent to HCH Project Directors and are available on the Council's website at www.nhchc.org; see the section on "consumer participation" under the "Are you homeless?" button. Only Federal HCH grantees or their subcontractors can submit applications, but interested consumers should review the application and take it to the director of your HCH project if you want to attend the conference. **The due date for consumer travel subsidy applications is Friday, April 29.**

The National Council has contracted with the Western Region Advocacy Project (WRAP) to help increase the capacity of Consumer Advisory Boards to be productively involved in the governance of HCH projects. Please see the article by WRAP's Director, Paul Boden, whose article is elsewhere in this issue of the NCAB newsletter.

*Submitted by
John Lozier
National Council Healthcare for the
Homeless*

KEEPING IT SIMPLE

Have you ever wondered how our federal government sets the priorities for the funding they allocate to our local Healthcare for the Homeless Programs? Have you ever wished that a program or policy your local Consumer Advisory Board (CAB) was supporting could become a national model? Have you ever watched someone suffer in our streets and felt that the National Healthcare for the Homeless Council could or should be doing "something" about it? If you answered yes to any, or all, of these questions then we have some exciting news for you!

Paul Boden, Director of Western Regional Advocacy Project, has joined with the National Health Care for the Homeless Council and NCAB to help strengthen communications between local CAB's, NCAB, HCH grantees, the Council, and HRSA.

The plan is to develop an organizational structure that seeks out and documents the common experiences that the poor and homeless people and staff have or witness at their HCH sites. Then bring those common experiences to the national level to ensure that the funding priorities and policies of the federal government will meet the needs of the homeless community. This will make sure the recommendations of NHCHC come from the home community. Pretty basic, don't you think? The experiences of the staff and consumers would drive the programs and policies enacted to hire the staff and serve the consumers.

Yet, over the past 20 (twenty) odd years throughout the vast array of "homeless" services in shelter, housing, employment, education, etc. this simple, basic and logical

system has never been implemented in any meaningful way. All of us that are or have been homeless or that have worked in homeless programs have seen or felt the suffering that comes from the disconnect between the realities of the streets and the political realities of Washington DC.

The NHCHC, NCAB and WRAP believe that the healthcare needs of our brothers, sisters and children living in poverty across this country can and must transcend this disconnect. There is only ONE reality that matters. All people, regardless of their economic or housing status need and deserve quality health care, and when ALL of us involved in the reality of homelessness work together (consumers, staff and federal employees) we can achieve it.

For further information, contact the Council or NCAB at: ncab@nhchc.org.

*Submitted by
Paul Boden*

Western Region Advocacy Project

Highlights for Consumers at the National HCH Conference

**Wed, June 1 5:00-6:00 pm National
Consumer Advisory Board Meeting**

**Thurs, June 2 2:00-3:30 pm Relationship
Building for Board Directors and
Consumers**

**Fri, June 3 8:30-10:00 am Consumer
Advisory Boards and Governance**

**Fri, June 3 4:00-5:30 pm Ethics in Homeless
Medicine: Accepting Patients' Choice**

**Sat, June 4 8:30-10:00 Approaches to
Outpatient Detox Programs**

Save A Life

Suicide isn't about dying, it's about ending the pain
They don't see our loss, they see only their gain
They don't want to hurt you, but they're tired of hurting
They just want acceptance, but they're tired of searching
They don't think they matter, but, boy, are they wrong
Yet the world is full of hundreds singing their song
They don't think of heaven, they don't think of hell
They think of an end, a way to leave their inner shell
One person can be the difference between death or life
Just one kind word can help to ease their strife
How many times do you pass someone in the hall
And just walk by and snicker or say nothing at all?
And, if they die, you say you "knew it was coming"
But you did nothing to stop it, just walked on by humming.
They were screaming so loud, but you didn't hear
Your own problems were echoing in your inner ear
I beg you to listen, quiet those voices in your head
YOUR actions could keep someone from winding up dead.
----**Rebecca S.** (*HCH Consumer from Kalamazoo, MI*)