

# THE DEVELOPMENT OF A CONSUMER-RUN FOOD BANK AND OUTREACH PROGRAM

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## Introduction

Share Your Bounty, Inc., (SYB) was founded on an open ward of a state psychiatric hospital in New York in 1983, by a group of inpatients with the help of a recreational therapist, rehabilitation counselor, and later a psychiatrist. Originating with one of the patients, its purpose was to collect food and other resources from community surplus and distribute it to homeless persons in the Bronx and Manhattan. By 1988, 24 different inpatients had worked at some point with the organization. In 1988, a federal grant from the National Institute of Mental Health (NIMH)<sup>1</sup> enabled SYB to become independent and fully consumer-run.

Table I lists the specific goals and objectives of the grant.

## Evaluation

### *Method*

The evaluation examined the dynamics and implementation of the program by combining a process evaluation (examination of the internal dynamics of the program) with implementation analysis (examination of the extent to which the program was actually implemented). Both steps are essential to evaluating innovative programs such as SYB and comprise a logical prior step to examining outcomes (Brekke 1988).

The methodology used was primarily naturalistic inquiry including participatory observation, individual interviews, focus groups (a type of semi-directive "group interview"), and documentation of activities. These various sources of data were combined, or triangulated (Denzin 1989).

As the consumers wished to ensure their equal participation, the entire evaluation process was continually negotiated between the evaluators and SYB members. For example, in discussions with the evaluator, members expressed discomfort with scales and other instruments that focus on illness, which they

TABLE I

CONSUMER-RUN FOOD-BANK AND OUTREACH PROGRAM

INITIAL PROJECT GOALS

GOAL 1: To increase the project's outreach capacity and efficiency.

Objective 1: To purchase a van and equip workers;

Objective 2: To expand size of workforce from 9 to 25 paid client workers;

Objective 3: To diversify roles of the workers.

GOAL 2: To establish an independent organizational base

Objective 1: To obtain office space in the community;

Objective 2: To investigate and develop an alternative organizational structure.

GOAL 3: To obtain additional financial resources.

Objective 1: To establish contractual arrangements in which the project becomes a vendor of vocational rehabilitation services;

Objective 2: To conduct fundraising;

Objective 3: To develop cash reserves to hire some of the workers;

Objective 4: To have members take over job placement from rehabilitation counselors.

GOAL 4: To disseminate results of the project.

Objective 1: To respond to requests for consultation and presentation to other interested groups, locally and nationally;

Objective 2: To organize meetings with interested client/patient groups at adult psychiatric hospitals in New York State;

Objective 3: To provide ongoing technical assistance to these groups.

TABLE II

CONSUMER-RUN FOOD-BANK AND OUTREACH PROGRAM

OUTCOME MEASURES

GOAL 1 (Increase project's outreach capacity and efficiency):

- \* quantity of food acquired per month;
- \* quantity of food distributed per month;
- \* number of donors;
- \* number of distribution points;
- \* increase in size of work force;
- \* number and types of new roles for members.

GOAL 2 (Establish an independent organizational base)

- \* establishment of office space off hospital grounds;
- \* creation of a Board of Directors independent of professionals;
- \* financial and administrative control of organization and day-to-day operations.

GOAL 3 (Obtain additional financial resources)

- \* contractual arrangements with the Office of Mental Health;
- \* number of fundraising activities;
- \* amount of cash reserves for hiring additional members;
- \* consumer-operated vocational placements.

GOAL 4 (To disseminate results of projects)

- \* number of presentations to local, statewide, or national groups;
- \* number of technical assistance presentations to interested groups;
- \* number of consumer-oriented projects set up;

TABLE III

CONSUMER-RUN FOOD-BANK AND OUTREACH PROGRAM

DIVERSIFICATION OF WORKER'S ROLES

A. Original Roles

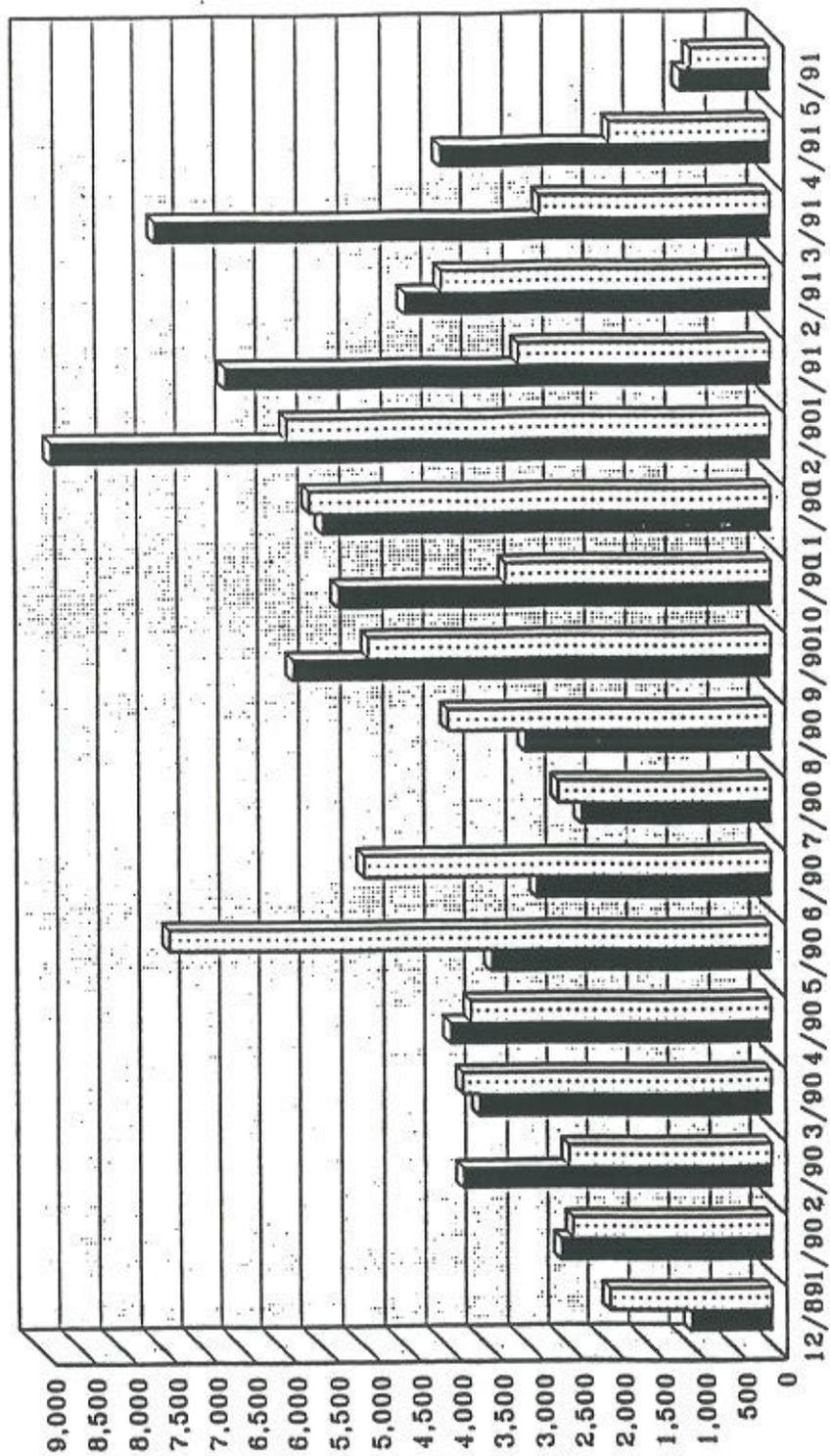
1. Sandwich-maker
2. Stock Person
3. Sandwich Distributor
4. Food Deliverer
5. Operations Manager
6. Outreach Manager/Resource Manager
7. Executive Director

B. New Positions

8. Van Driver
9. Custodian
10. Token Distributor
11. Bookkeeper
12. Assistant Bookkeeper
13. Secretary
14. Deputy Director

# Food Acquired and Distributed by Share Your Bounty: Dec '89 - May '91

Amount of Food in Pounds



Acquisition
  Distribution

felt to be pathologizing. Therefore, no outcome data were gathered on symptoms, diagnoses, and level of functioning, in keeping with approaches advocated by other consumers and researchers (Rapp 1989). In addition, a research assistant who was herself a consumer eventually joined the project, with SYB's approval. The evaluation process itself can therefore be understood as collaborative and consumer-oriented.

### *Outcome Measures*

The following outcomes were chosen to measure whether or not the grant's original goals and objectives were attained:

## **Results**

### *Goal 1: To increase the project's outreach capacity and efficiency.*

The outreach capacity and efficiency were successfully increased as indicated by the following monitoring results.

#### 1) Acquisition and Distribution of Food

Before the grant was implemented, when SYB still operated out of an open ward on hospital grounds, about 600 pounds of food per month were distributed to food pantries and soup kitchens. Figure 1 indicates the increase in acquisition and distribution of food after the grant was received, over the 1 1/2-year period when members occupied their own office. The amounts increased gradually, with some variation due to seasonal and organizational changes from December of 1989, when the monitoring forms were put in use. By December of 1990, members were collecting almost 9,000 pounds of food from donors, and distributing almost 6,000 pounds. In other words, food acquisition increased between nine and ten times during the period of the grant. Food distribution increased by six times. (Part of the difference in acquisition and distribution amounts was due to spoilage of food whose expiration date had passed at the time it was donated.) Members maintained the high levels of acquisition and distribution until the last two to three months of funding, when activities began to wind down. At the beginning of the project, they focused on sandwich distribution to homeless persons in public areas; by the end they were delivering food mainly to a large number of food pantries and soup kitchens.

Before the grant was implemented, while SYB operated out of an open ward at Bronx Psychiatric Center, about 12 members formed the core group. By 1991, the core group had expanded to 18.

#### 2) Expansion of Work-force

An examination of attendance records indicated that another 28 individuals, the majority of whom were inpatients, worked for SYB at some point during the duration of the grant. Thus, while SYB did not increase the permanent workforce to the targeted 25, it did provide more than 28 inpatients with the opportunity of applying and "trying out" the program.

Among the core members, two left to take full-time positions as peer-specialists for an innovative case management project, one subsequently became a computer analyst, one left the New York area, another found work as a cab driver, and one member passed away suddenly, a very painful loss for the others. Finally, one member was asked to leave because of her drug abuse. However, new individuals were hired to replace those leaving, which kept the core group at about 18, or at least six higher than before the grant started.

### 3) Diversification of Workers' Roles

Seven positions existed prior to September of 1989. After that date, seven new positions were added.

By successfully diversifying the roles of its workers, SYB increased the efficiency of its activities (e.g., greatly increasing food acquisition and distribution without increasing the number of workers by the same proportion), provided opportunities for learning work skills, established its independence, and created a viable work alternative.

#### *Goal 2: To establish an independent organizational base.*

SYB successfully established an independent organizational base and developed an alternative organizational structure. Over the course of the grant, SYB moved its operations from the recreation room of an open ward (transitional living unit) at Bronx Psychiatric Center to a room in the hospital's rehabilitation building. With money from the grant it obtained its own free-standing office space, leased in its name, in a commercial district a short bus-ride away from the hospital.

SYB elected a board of directors from its membership and incorporated as a private, non-profit organization. It also gained financial and administrative control of everyday operations, through management of attendance forms, subway tokens, payroll requests, and payment of all bills out of grant funds. Several professionals continued to advise the organization, primarily at members' requests.

#### *Goal 3: To obtain additional financial resources.*

Some objectives under this goal were achieved. A contractual agreement between SYB and the State Office of Mental Health allowed SYB to receive grant monies as a service vendor. Although additional members moved through SYB, the organization was less successful in raising funds and establishing a cash reserve for hiring. This weakness can be partly attributed to differing perceptions about the role of professionals and other non-members, and also to members' fears of losing control of their project because of the strings attached to most types of funding.

#### *Goal 4: To disseminate technical assistance and project results.*

SYB members served on numerous outside boards and advisory committees. In the first 18 months of the grant, SYB made over 20 major presentations, mostly in collaboration with the two professionals originally involved with the organization. Members then decided they no longer wished to make presentations in collaboration with professionals.

A considerable number of empowerment efforts across the state were begun in the wake of SYB and with direct input from members and associated professionals. These include a series of consumer case management projects, consumer-run businesses, self-help groups, and overall enhancement of consumer involvement in New York State facilities. Specifically, these developments lead to the first consumer-directed partnership organization (INCUBE, Inc.) designed to provide technical assistance to emerging consumer-operated businesses and services.

Several consumer-run initiatives were directly inspired by these presentations, including an "Adopt-a-Family" donation effort at one hospital, an "Adopt-a-Shelter" effort by consumers in a psychiatric residence, and a consumer-run coffee stand at another.

### **Benefits**

The principal benefits of this project are as follows:

- It demonstrated that a moderately large group of persons with major psychiatric disabilities can successfully form an autonomous organization, which can aid them in the transition from long-term institutionalization to community integration.

- It showed that such an organization can offer its members some of the essential functions traditionally furnished by service providers, including meaningful and reasonably well-compensated employment, socialization, preparation for independent living, crisis prevention and intervention, and self-help problem solving.
- Although numbers were too small for statistical analysis, SYB members appeared to increase their community tenure, compared to the pre-grant period, despite occasional setbacks.
- Through the food bank and sandwich distribution to homeless individuals, SYB members set an example of how former psychiatric inpatients, some of whom have also been homeless, can help others in various communities.
- In the eyes of some mental health providers, SYB contributed to the destigmatizing of current and formerly institutionalized individuals, both through their example and through stimulating the development of many other consumer groups.
- Although efforts to fund SYB beyond the life of the NIMH grant have been largely unsuccessful thus far, former SYB members are involved in other initiatives to identify and fund consumer-operated programs, such as a psychosocial and a vocational training/rehabilitation center.

### **Problems**

The way the grant was implemented imposed structural and bureaucratic constraints on SYB as an organization. With the sudden infusion of an annual budget of over \$130,000, SYB grew from a small program with a simple, effective mission into an organization responsible for managing a large budget and grant. Without the money, SYB would probably never have become independent so quickly, and it is unlikely that much dissemination or technical assistance activity would have been delivered. Part of the experience SYB was able to share with other consumers and staff included the independence they gained with the help of grant monies and the unexpected consequences of that independence, such as self-management of crises.

At the same time, receiving grant monies without technical assistance and education created a bureaucratic overlay which SYB members could not deal with effectively. The use of outside professionals, such as lawyers, accountants, and some state grant officers, rather than experienced consumers made SYB members wary of and uncomfortable with the "outside" world of non-consumers. As an organization, SYB was built on trust and mutual support. It was difficult for members to relate to professionals in any other way. Consumers struggled with personal problems, lack of money, and in some cases suffering, while outside professionals were better off financially and did not face the same issues day-to-day. These enormous structural differences between members and outside professionals reinforced SYB's mistrust. Not all of the New York State Office of Mental Health staff who provided liaison with SYB may have been prepared to work with a consumer-run organization.

### **Recommendations**

From September, 1989, through May, 1991, SYB demonstrated that an independent, consumer-run work and socialization alternative can be successful. The organization was able to carry out an initiative originally conceived by the consumers themselves, which combined their desire to help others worse off than themselves with work skills training. They were able to establish an alternative workplace. An additional unplanned but positive effect of the program was provision of socialization and informal peer counseling, crisis management, and social support for members. The success of SYB, from the perspective of its members, may lie precisely in this combination of work alternative and socialization/social support.

SYB provided a model of a consumer-run project for other consumers and staff of numerous psychiatric facilities. SYB members successfully disseminated information and provided technical assistance. Four consumer-run programs were started in New York State with SYB's assistance. The organization's influence as an inspiration and catalyst for consumers and staff alike extended even further,

both through presentations and participation in events by SYB members and through the continued technical assistance of the professionals originally involved with SYB.

### Specific Recommendations

1) State mental health authorities and other large mental health agencies should develop a technical assistance program to help consumer-run organizations develop or expand. Technical assistance should cover the following topics: incorporation and application for tax-exempt, non-profit status; development of organizational by-laws; organizational structure; legal consultation; budgeting; grants management; reporting requirements; payroll; and negotiations with sponsoring and funding agencies. Technical assistance should also address available options, i.e., different governing structures and different roles for professionals. Wherever possible, technical assistance should be provided by other consumers.

We would recommend using a model for providing consumer-run technical assistance to consumer organizations like the approach developed by the Ohio Department of Mental Health. Under the Ohio model, technical assistance grants of up to \$600 are available to consumer organizations, which may apply for more than one grant. The application process is simple and consists of a two-page form. Consumers ask for assistance in particular areas; they may also request specific consumer organizations to deliver the technical assistance. If no consumer group in Ohio has the required expertise, the Department can send applicants to a state where that expertise exists.

This kind of technical assistance mechanism would overcome problems of mistrust and would also help identify individuals and organizations with expertise in running and financing grass-roots and consumer organizations. Many successful consumer organizations have developed with the help of either in-kind expertise (in areas such as book-keeping and grant writing) or technical assistance from other consumers.

2) Mental health agencies, at the regional and central office levels, should educate staff about self-help, consumer-run initiatives, and reasonable accommodations. Principles of community development, organization, and self-help as well as a range of examples of successful consumer-run initiatives should be incorporated into the education module. Institutional review boards should also be made aware of these areas, their differences from more conventional forms of public psychiatric practice, and implications for human subjects.

3) State and local mental health agencies should develop policies concerning the support and development of consumer-initiatives. This kind of policy should identify staff liaisons to consumer groups as well as funding sources and mechanisms. Where populations are not solely English-speaking, liaisons should include bilingual individuals. The policy should also be linked to longer-term planning for the financing of consumer-initiatives.

4) Consumer organizations such as SYB may want to develop a "Friends of [the specific organization]," consisting of non-consumers and consumers who are not members, for fundraising and networking purposes. Such a group could solicit private donations, identify foundations, and organize fundraising events. It would serve at the pleasure of the consumer organization.

5) Funding agencies should be sensitive to the fact that as a program evolves towards greater autonomy and independence, its original goals and objectives will also change. These changes often develop in the health services area and when innovative or demonstration programs are established.

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