“You know, I think you’d probably be good as a peer support worker,” she stated. I had been seeing her for over one year, receiving services from her as my peer support worker. During that time, I’d gone from severe depression (not being able to rise from the couch) to thriving. I’d done the work and learned the tools. However, up until that moment, I had never considered the idea that someone else could benefit from my experience in Mental Health Recovery.

As her words sunk in, I imagined myself sitting in front of a group. This time as a facilitator, rather than the one to whom services were being rendered. The idea appealed to me. Then, before I could let that notion take hold, I felt a slow sensation growing in the pit of my stomach, as waves of self-doubt washed over me.

Who was I to think that I could help another person in their rehabilitation? Was I far enough along in my own? As the awesome responsibility of leading another to the safe harbor of mental health wellness engulfed me, I felt like a fraud, an imposter stranded on the shore of my own insignificance.

Could I be that beacon of hope in the darkness that my peer support worker had been for me? I thought back to my time in the mental health system before receiving peer support services. Condescending therapists and psychiatrists, indifferent psychiatric nurses, menacing staff at locked psych facilities, these had been my reality. Then, as if by some miracle, I had met a person who had shown me the way to healing. She could relate to my pain and struggles, for she had been there.

Now I was tasked with doing the same for others in the form of a challenge. One from which I would not back down. I would apply for the position of peer support specialist and that would be my responsibility. Then, the rest was out of my hands. I may not end up being that lifeline that she was for me, but I would try!
Advocates in Action: Improving Psychiatric Inpatient Treatment and Care
by Lorraine Zeller

Last fall I was present at a Behavioral Health Board meeting where a former patient of Emergency Psychiatric Services (EPS) at Valley Medical Center (VMC) spoke out about her experience. She shared how her experience left her traumatized and wondered if conditions at EPS improved since she was there five years ago. I was both impressed and concerned. Impressed at her professional demeanor and concerned about the issue she raised. I gave her my contact information. That was the beginning of our partnership and start of the “EPS Campaign” as part of our Transforming the System efforts.

Since then we have made progress. With the assistance of San Jose State Social Work interns, we developed a survey for former EPS patients to share their experience. So far, we’ve received 19 responses and are asking for more in order to increase validity of the information we receive. We have been and will continue to use our findings to make recommendations to executive management. If you have been hospitalized at EPS please complete the survey here: https://tinyurl.com/epscaresurvey.

In addition to the survey, we held a forum and discussion with our guests at Zephyr Self-Help Center. Participants received copies of our County Patients Rights document - https://www.sccgov.org/sites/bhd/info/Advocacy/Documents/MHAP%20Documents/mhap-patients-rights-info-02-2019.pdf. We also held meetings with EPS managers, Health & Hospital System administrators, and County Supervisor staff. We plan to set up another forum in the next few months with consumers and family members at NAMI (National Alliance on Mental Illness) Santa Clara.

In addition to communicating with the County and VMC staff, we held brainstorming sessions with Transforming the System participants on how EPS can become a more therapeutic environment. Ideas included...

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NAMI-SCC Hosts Forum for New Valley Medical Behavioral Health Unit
reprinted from NAMI SCC newsletter

On Saturday, March 7, NAMI-SCC hosted a forum for the redesigning of the new Valley Medical Behavioral Health Unit slated to break ground this year.

Suj Mishra, Architect and Project Manager with HGA Architects and Engineers; Cyrtis Ohashi, Chief Operating Officer at Valley Medical Center, and Kamal Sodhi, Project Manager at Valley Medical Center led the forum. Over 20 people participated offering solutions for the new unit based on their life experience with the mental health care system.

One participant pointed out that it was important that Valley Med think about the overall experience that a patient has when being hospitalized, and build an environment that emphasizes a sense of calmness, incorporates the use of the outdoors, and prioritizes wellness. “It’s important that the new facility not treat patients as if they are prisoners. It should be a therapeutic environment focused on wellness,” a participant said.

Some of the suggestions included calming rooms with virtual reality screens, draught-resistant gardens with wall waterfalls, and both private and shared rooms to meet the needs of people coming to stay at the facility.

NAMI-SCC’s Executive Director Kathy Forward said, “It was so nice to see so many from our community join us for this forum. It’s important that they hear from people who have experienced hospitalization, both from a negative and positive perspective.”
Blackbird House Peer Respite: A Safe Space to Learn and Grow
by Tamekia Johnson

Blackbird House has been open since December 2018 and has since made tremendous strides in the world of Peer Respites. Blackbird House remains the only peer respite in Santa Clara County, and is one of six in the state of California. Since the opening of Blackbird house, the stay has been extended to 14 days. With ongoing planning to extend the number of guests we can serve, from six to 10. Blackbird House is also planning to re-start the outreach program in which there will be peers stationed throughout Santa Clara County, educating others on the services that are currently provided.

In addition to all the above, Blackbird House has a Peer Advisory Board that actively meets monthly to further discuss ways to enhance the program. The Peer Advisory Board is a collective of mental health professionals, Blackbird House Staff, and peers that have either utilized the program or are in close connection with those who have. The Blackbird House leadership team is continuously presenting to providers (100+ presentations to date) throughout the county to educate providers on the peer respite model and how Blackbird House has decreased both acute and long-term hospital stays.

As Blackbird House continues to grow and thrive within our own community, we understand that educating ourselves on peer support is a key element. The most prominent training thus far has been “Intentional Peer Support”. Intentional Peer Support is training that teaches peer providers how to connect with our guests through mutuality and world views.

As a guest you can expect to enjoy all the comforts of home with staff that treat you like extended family. Within a safe space to learn and grow through what you’re going through. Whilst having the same mutuality and experiences that our guests have experienced. Good, bad and indifferent. Moving forward Blackbird House will continue to pave the way in decreasing recidivism of hospitalizations, and incarceration. Our mission will continue to be Hope, Empowerment, Recovery, Mutuality, and Integrity.

For more information on who can stay at Blackbird House please feel free to contact us at (408) 292-2777. Our staff is available 24/7 & would be more than happy to answer your questions, provide a tour, and partner with all who are in need.

“Healing comes in waves, our job at Blackbird House is to support you when the tide is HIGH & LOW.” ~ Blackbird House Leadership Team
ed more training on de-escalation techniques, peer support, music and art programs, environmental design changes, staff job rotation, specially designed quiet rooms for staff, user-friendly employee stress reduction programs, and telepsychiatry.

Another suggestion is engaging in Recovery Dialogues. It’s explained and demonstrated via the webinar titled “Recovery Dialogues: An Avenue for Culture Change in Psychiatric Hospitals” – see https://www.youtube.com/watch?v=Iz1f_BKdJ2o. A transcript is also available on the National Empowerment Center website at https://power2u.org/. According to the description of the webinar: Mental health peer leaders are partnering with hospitals through Recovery Dialogues in an attempt to shift the culture and enhance recovery. Specifically, this webinar features the National Empowerment Center’s work with the Worcester Recovery Center and Hospital and the Massachusetts Department of Mental Health over the past few years.

Now we’d like to hear from you. Do you have ideas about improving the patient experience and creating a therapeutic environment at our psychiatric facilities? Please send your ideas to epscoalition@gmail.com. And, if you have been a patient at our County EPS, and haven’t yet completed the survey, please do so at https://tinyurl/epscaresurvey.

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**Saving Money with an ABLE Account**

by Jon Drennan

The ABLE account originated from national legislation passed during the Obama presidency in order to create a way for those on Social Security to save money for “disability-related” expenses. The definition of “disability-related” was kept intentionally broad to allow individuals some flexibility. It is an online based account; there is no need to go to a physical bank to get one. To qualify, Individuals on Social Security must have become disabled before age 26.

There is no monthly limit to how much money can be contributed; however, there is a yearly contribution limit of $15,000. In addition, there cannot be more than $100,000 in the account at any given time. Anyone can contribute to the account including the owner, family, friends, and employers. The most important feature of this account is that any money contributed to it is not counted as assets by Social Security. For example, if I had $1,000 in my bank account and $7000 in my ABLE account, Social Security would only count the $1,000 as my assets.

The two main benefits to this account are that the account owner gains the ability to work and save without financial penalties. Individuals can take on full or part-time jobs without losing benefits by transferring their wages to an ABLE account. They can also use this account to save more than $2,000 which is the limit for any savings accounts. Another benefit is that earnings in CalABLE accounts receive federal and California state tax-free treatment and withdrawals for qualified expenses are also tax-free.

There are a few things to keep in mind. First, Social Security will count every dollar contributed that is over the limit resulting in a decrease in benefit payments. For example, if I have $100,001 in the account, the $1 will be counted by Social Security. Finally, Social Security’s limits on earnings still apply, meaning that wages must be reported. Social Security may also ask for a printout stating how much is in the ABLE account, but the amount will not be counted against you.

For more information on the California ABLE program and to apply just go to https://calable.ca.gov/. Information on ABLE accounts outside of California is available at https://www.ablenrc.org/what-is-able/what-are-able-accounts/.
Staring up into the ceiling, the shades dancing across its blank white canvas brought no comfort to my weary soul. What if I will myself to move? To rise like a Phoenix from the ashes of my broken life?

How did I end up in this desolate place: a barren graveyard of broken dreams? Thoughts like these riddled my mind as I tortured myself by questioning the very reason for my existence. One thing was for sure: I was stuck in a quicksand of depression and if not rescued soon, then I would drown.

Let’s stick to the present, first things first. If I could just get out of bed to brush my teeth, wash my face, and maybe even the rest of my body, then that would be a real victory. Still I could not force myself to move. I could not cajole my brain into commanding my body to rise. For it would not obey. Then what could I do? I could use what was at my disposal in hopes that this would render me some small victory.

I slowly closed my eyes concentrating on the image I intended to conjure. A picture of me standing at the sink, toothbrush in hand. The faucet running as I methodically spread toothpaste onto my toothbrush. Next, I saw the smallest of white threads being yanked from a rectangular box. The dental floss moving steadily between each tooth. As I mentally pictured the floss being discarded, I physically ran my tongue along each tooth. Tracing the path that I hoped to somehow force my toothbrush to take. But, first things first.

Next the sound of running water (whoosh …) reached a crescendo before I turned the faucet off. The dripping turning into a single drop, which then became silence. But, what of my bathing? How could I turn this vision into reality? Maybe music would help.

Out of the back of my throat a guttural sound escaped. A half hum and part whimper which somehow changed into a melody. “Though the storms keep on raging in my life.” I intoned. A line from a lyric of the song titled, “My Soul is Anchored”, originally recorded by Douglas Miller, that the choir used to sing at my church.

Next, as if miraculously, one foot moved to the ground. As I continued to sing, I arose from the bed, making my way to the sink and to freedom by putting first things first.

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**May is Mental Health Month 2020: Tools to Thrive**

A toolkit ---https://www.mhanational.org/2020toolkit--- from Mental Health America provides information on practical tools that everyone can use to improve their mental health and increase resiliency regardless of the situations they are dealing with. According to Mental Health America, “These tools – even those that may need to be adapted for the short term because of COVID-19 and social distancing – will be more useful than ever”.

The tools include Creating Healthy Routines, Supporting Others, Connecting with Others, Finding the Positive, Owning Your Feelings, and Eliminating Toxic Influences. We can learn from these tools, of course, at any point in our lives. During this time of sheltering-in-place, you may have more time on your hands than ever, so why not check them out now?

And, if you are struggling with your mental health, you might want to take advantage of Mental Health America’s screening tool www.mhascreening.org to check your symptoms.
Conquering COVID-19
by Enrique Ruiz, ASW

If a time traveler were to warn you about the recent global crisis, would you believe him/her? I am not too sure I would have, but every time I look at my phone, it seems that the time traveler would have been right. As we all face these life changing events and our world changes, don’t let this define who you are. Think about situations where your life was turned upside down and you did not know what to do. Chances are that if you are reading this, you made it!!! Let’s not let this crisis define who we are as individuals, communities, and as a nation. Let’s use this time to create a new reality. Here are some tips to help you conquer COVID-19.

Find a routine We are creatures of habit and unfortunately, many of the things we used to do are not available temporarily (Yes, there is a big “out of order” sign in front of us) BUT that’s okay. Find an activity that grounds you in the morning, afternoon, and evening. This will allow you to have some control in your life.

Create a daily or weekly schedule Just like before this zombie outbreak happened . . . I mean, this outbreak occurred . . . You had a life, you had a schedule, and you are still breathing. So, find a way to schedule your days because that will give you back some power and autonomy.

Limit your media consumption You must stay informed at all times, especially now!!! I am not telling you not to check on the new updates on this virus, as the situation is evolving incredibly fast, but perhaps include this in your daily calendar. Maybe check on the latest updates three or four times a week, depending on your comfort level. Lastly, DO NOT check on the news right before you go to bed.

Stay Physically active There is plenty of research that shows how our physical health impacts our mental health and vice versa. Much of the information out there focuses solely in treating mental health but it does not give us a free pass to stop working out. As you already know, many gyms are closed but you can still go for a walk or go jogging. Please, while you do that, maintain social distancing protocols.

Learn a new skill Use this time wisely!!! It is perfectly okay to watch tv, play video games, or do activities that will help you cope but also use this time to learn a new skill. I can almost hear people say this, “But, I cannot go out.” Flash news, you don’t have to go out; there are plenty of tutorials on-line in a wide array of topics, so . . . let’s get busy!!! Now, if you don’t have access to a computer or a phone, there are books available.

Watch the new show, ”Tiger King” Actually, I am probably one of the few individuals who hasn’t watched this but what I would recommend is, try to immerse yourself in an activity that will take your mind away from everything that is happening. So, you can watch a show you like, read a book, or you could begin an art project.

You have the right to grieve Yes, I am asking you to be strong and have hope but you also have the right to grieve. You have the right to grieve the fact that you can’t go to the movies anymore, sit down at Starbucks, go out to eat with your friends, go to the gym . . . Wait a second, am I telling you what I am missing? Perhaps I am but whatever it is that you cannot do at this moment, give yourself a few minutes during the day to grieve and process. Now, here is something you can do to help you with this grieving process.

Find Alternatives ways to momentarily do some of the activities you can’t do Perhaps, you can’t go to the movies anymore but that does not mean you are not allowed to watch movies at home. Perhaps, you can’t go out with your friends anymore, but our technology allows us to be connected . . . I invite you to re-think the phrase social distancing . . . It is not entirely social distancing; it is more physical than social. Perspective people . . . Perspective. This battle is not over but if you are reading this, it means you are still here. Let’s keep the fight going.
Finding My Place at Zephyr
by Jon Drennan

My name is Jon Drennan, and I’ve been working as a Mental Health Peer Support Worker at Zephyr Self-Help Center since July of 2019 and also worked at Zephyr as a Student Intern from August 2018 to May 2019. All in all, I’ve been at Zephyr for almost a year and a half. Sadly, that time is coming to a close. If I had to describe my time at Zephyr in one word, I think that word would be “insightful.” When I started working at the Center, I knew very little about the mental health community. Now, I’ve come to understand our guests not only as clients, but as individuals. I’ve learned how to meet our guests where they are in order to effectively help them. In addition to what I’ve learned, I have tried to make a positive impact on Zephyr.

When I started at Zephyr it was an internship in completing the final year of my Master’s in the Social Work program at San Jose State. My primary focus at that time was helping people with developmental disabilities. I had interned at San Andreas Regional Center the year before and had experience working at several Independent Living Centers. But I did not have very much experience in mental health. This made me anxious when I first started. I had many questions swirling around in my head. Would these clients accept me? Could I help them effectively? Could I become part of the Zephyr team? What if I didn’t know something?

I also had some fears when it came to client interaction. Would I be accepted? Would they be put off by my occasional stutter? Thankfully, I was welcomed with open arms. Zephyr guests wanted to hear my story, and I wanted to hear theirs. Through these stories, I began to change my view of our guests at Zephyr. I began to see them less as clients with a file, and more as individuals, each with their own unique experiences. Thankfully, most of my fears were quelled within the first few weeks and I began to settle into a routine. With this in mind, I began to tailor my assistance to each individual. This helped me strengthen my relationship with the guests that came to the center.

I then focused on finding my place at Zephyr. Every staff member has their own specialty, such as advocacy, computers, or housing. I wanted to find my own specialty; something that people would specifically come to me for. Then I began to realize that some of our guests wanted to advance their education but didn’t know how to pay for it. They knew that the Department of Rehabilitation (DOR) existed; they just weren’t sure what it did. So, I began to educate them on the benefits of DOR, including the fact that DOR would pay for education. I also helped them learn how they could go back to work without losing their benefits. I even did a presentation on one of these methods, the ABLE account.

Overall, Zephyr has taught me many things that I will use in my career. I will always treat clients as individuals, not diagnoses. I will try to tailor my assistance to each client. Finally, I learned that a friendly service dog can go a long way in comforting both clients and staff!

Due to COVID-19 Behavioral Health Board Meetings are on Hold with One Exception

The public hearing on the MHSA Draft Plans will take place by Zoom conference (details to be announced on the Behavioral Health Board web page) on Monday, May 11th from 2:30 - 3:30. The public review comment period is from April 11th to May 10th. You may view the FY 20 Annual Plan at Draft Plan Update and Innovations Update and the FY21-23 Plan at Draft Three Year Plan. You can use this link to enter your comments: https://www.surveymonkey.com/r/2020MHSA_PublicCommentForm or you can email your comments to mhsa@hhs.sccgov.org.

For more information about the Behavioral Health Board and meeting schedules, you may email the BH Board at BHB@hhs.sccgov.org or check out the SCC Behavioral Health Board webpage at www.sccbhsd.org. Remember that this is our mental health system. We have a voice and
Protecting the Health and Welfare of Consumers During the Covid-19 Pandemic

This piece is based on and borrowed from an article by Tina Minkowitz, Esq titled “Joint Statement on COVID-19 and Persons with Psychosocial Disabilities” on the Mad in America website - https://www.madinamerica.com/2020/03/statement-covid19-persons-psychosocial-disabilities/

In the interest of protecting the health and welfare of consumers (or people with psychosocial disabilities), a worldwide coalition of groups representing consumers developed and distributed a joint statement beginning with the following:

We, persons with psychosocial disabilities from regional and international organizations across the world, are concerned about the vulnerability of persons with psychosocial disabilities to COVID-19 infection and deaths. ‘Persons with psychosocial disabilities’ refers to a historically discriminated and marginalized group that includes users and ex-users of psychiatry, victims-survivors of psychiatric violence, mad people, voice-hearers, and people with psychosocial diversity.

The joint statement points out that people with psychosocial disabilities may be at increased risk of contracting coronavirus as a result of a number of factors including: placement in psychiatric units/facilities, group homes, shelters, correctional institutions where they cannot practice social distancing; risk of infection due to unsanitary conditions; barriers in receiving health information, lack of social support; systemic discrimination against consumers/people with psychiatric disabilities.

It also states that they may be at increased risk of more severe symptoms due to poor nutrition, healthcare and sanitary conditions in psychiatric units and institutions including IMDs and board and care homes; weakened immune systems due to poor nutrition, neglect, institutionalization and homelessness; underlying health conditions including diabetes and hypertension caused or exacerbated by psychiatric drugs; and lack of access to healthcare.

Institutional settings

Reduce the number of people in psychiatric units and institutions and establish a moratorium on involuntary admissions.

Implement sanitary and preventive measures including environmental cleaning and disinfection, air circulation, regular hand hygiene and free access to sanitary supplies such as soap, hand sanitizer, toilet paper, and paper towels to avoid infections in psychiatric units and facilities including IMDs and board and care homes and require staff to comply with all sanitary and preventive measures.

Provide people in psychiatric units, institutions and group homes with access to the latest information about COVID-19.

Enable them to keep in touch with their friends and family and allow alternative means of keeping in contact, such as telephone and Internet.

Ensure that persons with psychosocial disabilities have equal access to testing, healthcare, and public information related to COVID-19.

Provide quality health care to those infected without discrimination of any kind and regardless of health insurance coverage.

When an outbreak occurs in an institutional setting, move those affected to competent healthcare facilities. Do not allow persons with psychosocial disabilities to be diverted from mainstream hospitals to psychiatric units and institutions for treatment, where healthcare for COVID-19 is often of a lower standard.

Community support

Ensure continued access to support including through call-in, online psychosocial support, and peer support.

Guarantee access to psychiatric drugs for those who want them.

Conduct community outreach activities to identify and rescue persons with psychosocial disabilities ill-treated at home or within communities and provide them with adequate support.

The statement ends by advising that government entities should consult and actively involve persons with psychosocial disabilities and their representative organizations in the response to the COVID-19 outbreak and in independent monitoring of institutional settings.
A Fond Farewell
by Lorraine Zeller

I stumbled into county employment as a peer support worker in 2009. My most favorite job ever! And I’ve had a few. Perhaps it wasn’t stumbling. Perhaps the Grace of God(dess). Whatever the reason, I am thankful. If it hadn’t been that I received support and encouragement from my peers, who also had struggled with mental health challenges, I wouldn’t have had the rich and satisfying experience of working with many of you who are reading my last issue of Our Voice. Now, because I am of a “certain age” and am able to retire, I am leaving this position as of May 8th.

Special thanks to my manager, Jennifer Jones, and co-workers who I won’t name here because I don’t want to leave anyone out and some have moved on to full-time or other positions in the county. And thanks to our guests at Zephyr Self-Help. Especially you all who participated in my Transforming the System and Personal Medicine groups. And to you, you know who you are, who allowed me to do peer support by dancing with you! And don’t be surprised if I come back to dance again and to see my peeps at Zephyr!

Shelter-in-place has given me a good look at my home on a hilltop and my neighbors. I count my blessings to have a supportive community here too. One of my neighbors came by the other day and gave me a kite. So, tell me to go fly a kite. I will! Being fully aware that I need to engage in self-care - hammered home to me through my work as a peer supporter - the idea is to keep a healthy balance. As I have written extensively about transforming the system, you can probably guess I will never retire from my work as a mental health advocate. In fact, you are welcome to join me. Just look me up at https://www.accesscalifornia.org/ under ACCESS Ambassadors.