Laura’s Law – Solution to “The Homeless Mentally Ill” Problem?

by Lorraine Zeller

According to the November 14th memo from Councilmembers Johnny Khamis and Raul Perez to the City of San Jose Rules Committee: Homelessness has reached the point of crisis in Santa Clara County. There are over 9,706 homeless individuals residing in the County, with this number continuing to grow at an alarming rate. The 2019 Homeless Census conducted by Santa Clara County concluded that in 2018, there was an increase of 2,312 homeless individuals - a drastic increase of 31.3%. National estimates from the U.S. Department on Housing and Urban Development examining mental illness and homelessness find that, on average, 45% of homeless individuals are mentally ill, while 25% are seriously mentally ill.

Their answer? Court Ordered Treatment, otherwise known as Assisted Outpatient Treatment (AOT) and enhanced conservatorships. At a recent County of Santa Clara Behavioral Health Board meeting, a sad, but obvious truth was voiced: a major contributor to the problem is a severe shortage of affordable housing. And some of us wonder – what happens to someone forced out of their home because of a significant rent increase, or perhaps they lost their job, or became disabled, or lost – or never had – the support of their family? We talk about trauma-informed support in our mental health system. Trauma contributes greatly to mental illness. I believe finding myself living in the cold, surrounded by the dangers of urban living and subject to the cruelty of those who don’t understand and don’t care, may very well cause me to become seriously mentally ill and, possibly, resort to drug abuse. And receiving the message, via court-ordered treatment, that I am a “homeless mentally ill problem” would add insult to injury.

According to Mental Health America outpatient commitment risks transforming the mental health system into a vehicle of social control over many people living in the community. Assertive community treatment continued on page 2

Santa Clara County Resources

<table>
<thead>
<tr>
<th>SUICIDE &amp; CRISIS HOTLINE 24/7</th>
<th>1-855-278-4204</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency 24/7 (police/fire/ambulance)</td>
<td>911</td>
</tr>
<tr>
<td>ask for a C.I.T. officer who is trained in mental health issues</td>
<td></td>
</tr>
<tr>
<td>Mental Health Urgent Care</td>
<td>408-885-7855</td>
</tr>
<tr>
<td>Substance Use Services</td>
<td>1-800-488-9919</td>
</tr>
<tr>
<td>Information &amp; Referral 24/7</td>
<td>211</td>
</tr>
<tr>
<td>Police (non-emergency) 24/7</td>
<td>311</td>
</tr>
<tr>
<td>ask for a C.I.T. officer who is trained in mental health issues</td>
<td></td>
</tr>
<tr>
<td>Call Center for Mental Health Services</td>
<td>800-704-0900</td>
</tr>
<tr>
<td>NAMI (National Alliance on Mental Illness)</td>
<td>408-453-0400</td>
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</table>
Laura’s Law
continued from page 1

is a proven methodology,[6] and community support teams are a critical step in community integration. But the non-coercive approach of community-based treatment as it currently exists is essential to its effectiveness in promoting recovery and the long-term autonomy and integrity of the mental health system.

So what can we do? Obviously affordable housing will help. And for displaced persons— that is actually the polite way to say a person is homeless and, by the way there is no such thing as “the homeless” since each of us is a unique person and we do not all fit in the same box! For displaced persons suffering in need of mental health care, the County of Santa Clara is employing a number of options—some so new we haven’t had time to assess their success. For example, we now have two brand new programs in Santa Clara County.

As described on the County BHSD web page (which includes descriptions of additional programs) - https://www.sccgov.org/sites/opanewsroom/Pages/new-mental-health-services.aspx  Assertive Community Treatment and Forensic Assertive Community Treatment. These two programs provide the highest level of care, are evidence-based and have been implemented across the country with consistent positive outcomes. Both programs are designed to address an array of mental health needs and to be available 24/7 should a crisis arise.

“We are working to ensure that all Santa Clara County residents have access to the appropriate level of care,” said Supervisor Susan Ellenberg. “These programs provide alternatives to hospitalization and locked emergency psychiatric settings. Our priority is always to provide the highest level of care that meets what our community members need.”

Assertive Community Treatment program will provide comprehensive, evidence-based behavioral health services to individuals diagnosed with severe and persistent mental health and/or co-occurring mental health and substance use conditions. With the highest level of outpatient services, the program will have 200 slots for adult and older adult clients.

Forensic Assertive Community Treatment program will serve high risk, homeless and criminal justice-involved individuals. The program is comprehensive, time-unlimited and evidence-based behavioral health outpatient service. There are 120 slots, of which 20 slots will be dedicated specifically for individuals deemed Incompetent to Stand Trial and are granted diversion under Assembly Bill (AB) 1810.

Peer support programs also reach people who otherwise would not engage in mental health care. For more on peer support, see page four.

Laura’s Law

A FEW WORDS ABOUT THE
OUR VOICE NEWSLETTER

This newsletter reaches out to consumers, clinicians, mental health leaders, family members, and the greater community. We want to empower consumers to tell their stories with the goal of humanizing and de-stigmatizing the experience of mental illness, inform consumers, service providers, and families about peer support groups, activities, events, and services; and educate consumers about opportunities to get involved, promoting advocacy for themselves, their families, and their consumer peers.

We want to hear from you! Contributions and suggestions are always welcomed. Please contact Lorraine Zeller, newsletter editor, at lorraine.zeller@hhs.sccgov.org or 408-792-2132 if you have questions or want to learn more about submitting an article, poem, or piece of artwork. All contributions are subject to publication guidelines.

The views expressed by contributors to this newsletter are those of the writers and are not necessarily endorsed by the Office of Consumer Affairs or by the County of Santa Clara.
Calling All Book Worms!
by Francisco Marquez

The Book Club at Esperanza Self-Help Center is about to enter its third month. Consumers enjoy the company of fellow peers, hot coffee, and a good book.

The club began with reading the book entitled, *My Lovely Wife in the Psych Ward* by Bay Area writer Mark Lukach. It is based on the experiences of Giulia, the author’s wife. She had a successful job, ambitions, and dreams. The author was working as a schoolteacher. Then, their lives spiraled out of control when Giulia became increasingly anxious about her new job and having their first child. Eventually, she experienced full-blown psychosis. During her hospitalization, Mark Lukach began to realize there were serious shortcomings to the hospital and mental health system. Readers at Esperanza found the book extremely interesting and relatable.

The second book Esperanza consumer tackled was *All My Puny Sorrows*, written by Canadian author Miriam Toews. A fictional work based on Toews’ life, she narrates the experiences of the main character named Yoli. Although some consumers found the author’s sense of dark comedy disturbing, it is a serious look into the mental illness and eating disorder her sister faced. The author balances two stories: Yoli’s personal struggles as a single mother of two teenage children and her sister’s health problems. In short, this book is not for everybody but, it is a powerful story written with a unique style.

Finally (at the time this article is being written), the book worms at Esperanza Self-Help Center are immersed in the novel *The Secret Life of Bees*. Written by Sue Monk Kidd, the book has been adapted into a movie which, consumers at the center will watch after reading the book. Set in South Carolina in the 1960s, the author addresses the topics of racism, female empowerment, and personal loss. Highly entertaining and very accessible to readers at all levels, this book has been popular with Book Club members.

If you are interested, the Esperanza Self-Help Center Book Club meets Mondays at 1:30 pm.

Just Take Your (Personal) Medicine!
by Lorraine Zeller, CPMC

Recently I became certified as a Personal Medicine Coach, thus the CPMC, through a special training by Pat Deegan’s Commonground Program. We each have things we do to take care of ourselves, bring us joy, and help us feel better when we are distressed. For example, I enjoy dancing. It helps me when I’m nervous or angry. It helps when I feel nervous because I feel more relaxed after dancing and I’ve found it’s impossible to be angry when I’m dancing. It’s my personal medicine because I own it as something that helps me.

Personal Medicine is not intended to be a replacement for psychiatric medication. We encourage people to find the right balance between their Personal Medicine and their psychiatric medicine, but never to quit or reduce their meds without working closely with their doctor. In Personal Medicine we don’t ask “What’s the matter with you”. Instead our question is “What matters to you?” At Zephyr Self-Help we know that medication makes it possible for people, including myself and fellow peer support workers, to work full time and increase our quality of life. We are resilient and have the power to discover what works for us, so we balance the medicine we take with our own personal medicine.

Everyone can use personal medicine, and not just to address illnesses and related symptoms. As human beings, we deal with life challenges, but thinking of them as symptoms pathologizes our issues and leads to marginalizing us as “sick” and in need of fixing. The challenges that personal medicine addresses are all part of our normal human experience and the difficulties each of us faces means we need to engage in continual process of recovery.

In Pat Deegan’s words, “Personal medicine reveals us as people who have interests, talents, strengths, gifts and love to share with family/or friends. We are not the problem. We are part of the solution!”

For more information, join our group at Zephyr any Monday from 2:30 to 3:30 p.m. or check out Pat Deegan’s blogs on Personal Medicine at [https://www.commongroundprogram.com/](https://www.commongroundprogram.com/).
Blackbird Peer Respite is a voluntary, short-term, peer-run service that provides non-clinical crisis support to help people find new understanding and ways to move forward with their recovery. Guests can stay for up to 14 days.

Blackbird House operates 24 hours per day in a homelike environment.

During their stays, guests have time, space, and support to turn what could be a crisis into a time of learning and growth. Guests may choose to participate in groups and wellness activities, and to get connected with local resources.

The service is run by peers who have “been there” and who have completed extensive training to support the wellness of guests.

Blackbird House is located in San Jose and is accessible by public transportation. Guests will receive location details when scheduling their stays.

Guests self-refer for this voluntary program.

Persons engaged with peer support have been shown to have:

- Improvements in feelings of empowerment, self-esteem, and confidence
- A Reduced number of hospitalizations.
- An increase in stability of employment, education, and training
- Improvements in self-reported physical and emotional health
- Reductions of alcohol and drug use for persons with co-occurring substance abuse problems
- Improvements in satisfaction with services and quality of life
- Been supported to meet their personal health and wellness goals
- Improvements in community integration and social interactions

Gratitude makes our world a better place!
by Enrique Ruiz

Our Thanksgiving celebration was a success because of the collaboration of our staff, SJSU interns, volunteers, PSO, leadership team, and our amazing clients. We are more than grateful for everybody who came and made this event a success. This season is more about than just going shopping for the latest gadget on black Friday but to actually reflect and being grateful. Seeing our clients happy is the best feeling and that is truly priceless. Turkey, pumpkin pie, laughter, smiles, cheer, hope, recovery, and teamwork were some of the magic ingredients that allowed us to make our Thanksgiving event very special.

We are thankful for our clients who came here to share with us and we cannot wait to see them at our Holiday celebration in December.
Voice as Biomarker

http://danmcquillan.io/losing_your_voice.html

'You sound a bit depressed' we might say to a friend
Not only because of what they say but how they say it
Perhaps their speech is duller than usual, tailing off between words
Lacking their usual lively intonation

There are many ways to boil a voice down into data points
Low-level spectral features, computed from snippets as short as twenty milliseconds
That quantify the dynamism of amplitude, frequency and energy
And those longer range syllabic aspects that human ears are tuned to
Such as pitch and intensity

A voice distilled into data
Becomes the training material for machine learning algorithms
And there are many efforts being made to teach machines
To deduce our mental states from voice analysis

The bet is that the voice is a source of biomarkers
Distinctive data features that correlate to health conditions
Especially the emergence of mental health problems
Such as depression, PTSD, Alzheimers and others

And of course there's the words themselves
We've already trained machines to recognise them
Thanks to the deep neural network method called Long short-term memory (LSTM)
We can command our digital assistants to buy something on Amazon

Rules-based modelling never captured the complexity of speech
But give neural networks enough examples
They will learn to parrot and predict any complex pattern
And voice data is plentiful

So perhaps machines can be trained to detect symptoms
Of different kinds of stress or distress
And this can be looped into an appropriate intervention
To prevent things from getting worse

As data, the features of speech become tables of numbers
Each chunk of sound becomes a row of digits
Perhaps sixteen numbers from a Fourier Transform
And others for types of intensity and rhythmicity

For machine learning to be able to learn
Each row must end in a classification; a number that tags a known diagnosis
Presented with enough labelled examples it will produce a probabilistic model
That predicts the likelihood of a future speaker developing the same condition

It's very clever to model the hair cells in the human ear as forced damped oscillators
And to apply AI algorithms that learn models through backpropagation

See ACCESS California’s Position Paper on Digital Therapeutics vs Wellness Apps at https://www.accesscalifornia.org/policy
But we should ask why we want machines to listen out for signs of distress
Why go to all this trouble when we could do the listening ourselves

One reason is the rise in mental health problems
At the same time as available services are contracting
Bringing professional and patient together costs time and money
But we can acquire and analyse samples of speech via our network infrastructures

Machine listening offers the prospect of early intervention
Through a pervasive presence beyond anything that psychiatry could have previously imagined
Machine learning’s skill at pattern finding means it can be used for prediction
As Thomas Insel says, “We are building digital smoke alarms for people with mental illness”

**Disruption**

Insel is a psychiatrist, neuroscientist and former Director of the US National Institute of Mental Health
Where he prioritised the search for a preemptive approach to psychosis
By "developing algorithms to analyze speech as an early window into the disorganization of thought"
He jumped ship to Google to pursue a big data approach to mental health, then founded a startup called Mindstrong
Which uses smartphone data to ‘transform brain health' and ‘detect deterioration early'

The number of startups looking for traction on mental states
Through the machine analysis of voice
Suggests a restructuring of the productive forces of mental health
Such that illness will be constructed by a techno-psychiatric complex

HealthRhythms, for example, was founded by psychiatrist David Kupfer
Who chaired the task force that produced DSM-5, the so-called ‘bible of psychiatry'
Which defines mental disorders and the diagnostic symptoms for them
The HealthRhythms app uses voice data to calculate a "log of sociability" to spot depression and anxiety

Sonde Health screens acoustic changes in the voice for mental health conditions
With a focus on post-natal depression and dementia
"We’re trying to make this ubiquitous and universal” says the CEO
Their app is not just for smartphones but for any voice-based technology

Meanwhile Sharecare scans your calls and reports if you seemed anxious
Founder Jeff Arnold describes it as ‘an emotional selfie'
Like Sonde Health, the company works with health insurers
While HealthRhythms’ clients include pharmaceutical companies

It's hardly a surprise that Silicon Valley sees mental health as a market ripe for Uber-like disruption
Demand is rising, orthodox services are being cut, but data is more plentiful than it has ever been
There's a mental health crisis that costs economies millions
So it must be time to 'move fast and break things'

But as Simondon and others have tried to point out
The individuation of subjects, including ourselves, involves a certain technicity
Stabilising a new ensemble of AI and mental health
Will change what it is to be considered well or unwell
I am a student at San Jose State University’s Social Work program and am finishing my first semester internship at Zephyr Self-Help Center. I feel fortunate that this experience allowed to advocate alongside clients for their rights as I was introduced to issues I originally was not aware of. For example, the right to self-determination of clients and the value of assisting clients to vocalize their needs to providers. With support from both Enrique Ruiz and Lorraine Zeller, I have learned many techniques and a process of advocating that I would not have learned from a traditional classroom. Enrique taught me personal advocacy with clients. He shared how clients may need assistance to vocalize and advocate for themselves and that it’s our role as social workers and mental health peer support workers to help clients learn to advocate for themselves rather than just solving the issue at hand. Lorraine taught me about advocacy on a systemic level. Her guidance in understanding the issues on macro level lit a fire under me and provided a context as to why clients may experience the issues they do. The advocacy I have learned on a personal level and macro level have truly shaped me into a better social worker and the context that both Enrique and Lorraine have taught me will stay with me throughout my personal and professional career.

California State Legislative Updates
A few mental health related bills considered this past year. Source: https://www.accesscalifornia.org/policy

SB 10 Peer Certification (Vetoed) Would have established a statewide certification program for peer, parent, transition-age, and family support specialist.

SB 66 Medi-Cal FQHC (Two year bill - continuing) To authorize reimbursement for a maximum of two visits on the same day at a single location including a visit for injury if taken place same day after a visit, or for another purpose (such as medical, mental health, or dental).

SB 640 Gravely Disabled (Inactive) Would have permitted a person’s condition of being gravely disabled to be demonstrated by both the person’s treatment history and recent acts or omissions and otherwise have expanded the definition of gravely disabled.

AB 43 MHSA Funds Oversight (Inactive) Would have provided adequate oversight of use of MHSA funds including excess unspent funds.

AB 1352 Mental Health Boards (Chaptered - Governor Signed) requires mental health boards to report directly to the governing body with authority to act, review and report independently of the county mental or behavioral health department.
Santa Clara Public Defenders’ Office will talk about Expungement Services at Zephyr
Tuesday, January 14, 2020 at 11:00 AM

Are criminal convictions on your record keeping you from getting a job? If so, join us and hear about:

- Santa Clara Public Defender’s Expungement Services Program.
- How this program provides record clearance for misdemeanor or felony convictions.
- How to dismiss criminal charges by withdrawing your plea of guilty or ‘no contest’, entering a plea of not guilty or setting aside a verdict of guilty.
- How to set aside a verdict of guilty if you have been convicted after trial.
- Certain conditions that do not qualify for expungement services.

Zephyr Self-Help Center
1075 E. Santa Clara St. (Back of bldg.)
San Jose, CA 95116
(408) 792-2140
www.sccbhd.org/zephyr

![Esperanza Presents: Voices of Civil Rights Documentary](image)

Esperanza Presents:
Voices of Civil Rights Documentary

*In celebration of Dr. Martin Luther King Jr. Day*

Friday, January 24, 2019
1:00 - 2:45 pm

![Esperanza Presents: Forks Over Knives](image)

Esperanza Presents:
Forks Over Knives

Tuesday, December 31, 2019
12:00 - 1:30 pm
**ZEPHYR SELF HELP CENTER**  
1075 E. SANTA CLARA STREET  
San Jose, CA 95116  
(408) 792-2140

*Call for information about our computer lab and to sign up for computer classes*

**MONDAY**

- **Computer Lab 1 – 4**
  - 1:30 – 2:30  CHECK-IN
  - 2:30 – 3:30  PERSONAL MEDICINE

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**TUESDAY**

- **Computer Lab 8:30 – 4**
  - 9:00 – 10:00  COFFEE SOCIAL
  - 10:00 – 11:00  MINDFULNESS MEDITATION
  - 11:00 – 12:00  SELF COMPASSION

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**WEDNESDAY**

- **Computer Lab 8:30 – 4**
  - 9:00 – 10:00  COFFEE SOCIAL
  - 10:30 – 11:30  ART EXPLORATION
  - 12:00 – 1:00  WELLNESS RECOVERY ACTION PLAN WRAP (Ongoing 12-week series)

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**THURSDAY**

- **Computer Lab 9 – 4**
  - 9:00 – 10:00  COFFEE SOCIAL
  - 10:00 – 10:30  LET’S DANCE
  - 12:00 – 1:30  MEN’S GROUP
  - 12:00 – 1:30  WOMEN’S GROUP

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**FRIDAY**

- **Computer Lab 8:30 – 4**
  - 9:00 – 10:00  COFFEE SOCIAL
  - 10:00 – 11:00  HEALTHY BOUNDARIES
  - 1:30 – 2:30  WRAP

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Santa Clara County Mental Health Call Center 1-800-704-0900  
Santa Clara County Suicide & Crisis Hotline: 1-855-278-4204  
For Emergencies please call 911 & Ask for a CIT Officer  

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**ESPERANZA SELF-HELP CENTER**  
1235 First Street, Gilroy, CA 95020

[www.sccbhd.org/esperanza](http://www.sccbhd.org/esperanza)  
1 (408) 852-2460  

*Time, Date & Facilitator(s) are Subject to Change.*

**WEEKLY SCHEDULE**

**TUESDAY**

- 10:30 – 11:30  Philosophical Minds
- 12:00 – 1:00  Yarn Hour

**WEDNESDAY**

- 10:00 – 11:30  Basic/Intermediate Computer Class
- 12:00 – 1:00  The Journey of Self

**THURSDAY**

- 10:30 – 11:30  Men’s / Women’s Support Groups
- 12:00 – 1:00  Healthy Boundaries

**FRIDAY**

- 10:30 – 11:30  Bingo
- 12:00 – 1:00  Conversational Spanish

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For information on upcoming events, please call during business hours.
Join the Behavioral Health Board

Anyone who may advocate for board membership or may be interested in becoming a board member of the Santa Clara County Behavioral Health Board, please read the SCC Behavioral Health Board Bylaws document. To apply click on the Online Application link which will go directly to the Office of the Clerk of the Board of Supervisors when you click on the "Submit" button.

You are welcome to contact Debra Boyd, Behavioral Health Board Support Liaison, with membership inquiries.

Debra Boyd, BHB Support Liaison
Behavioral Health Board Support
828 South Bascom Avenue, Suite 200
San Jose, CA 95128
Email: Debra.Boyd@hhs.sccgov.org
Direct Line: 1 (408) 885-5782
BHB Line: 1 (408) 885-5779 | Fax: (408) 885-5792
Website: www.sccbhsd.org/bhb

Consumer and Family Member Wanted!

Santa Clara County Behavioral Health Board has a vacancy to be filled by a consumer who lives in District 3 (Cortese) and another vacancy for a family member living in District 1 (Wasserman).

All California BH Boards are required to consist of at least 50% family members and consumers with at least 20% being consumers and 20% family members. The make up of our BH Board can be found here: https://www.sccgov.org/sites/bos/bnc/CABODocs/MaddyReport.pdf. See pages 49-52 for more details.

And, for more information about BH Boards: https://www.calbhbc.com/resources.html.