

\$4.1 million for mental health online network

Revolutionary options for info sharing — consumers urge caution

BY HEIDI SWILLINGER

If all goes according to plan, a state-of-the-art billing system already in the works for the city department that provides mental health services to low-income and uninsured San Franciscans will morph into something much bigger and, by some accounts, better.

Using money generated by Prop. 63, the Mental Health Services Act (MHSA) that voters passed in 2004, Community Behavioral Health Services hopes to turn its new electronic health record and billing system into an Internet portal where clients can review their records, schedule appointments and check in with their providers.

CBHS representatives met with a group of mental health clients and providers Sept. 17 to lay out the plan and recruit participants for a planning committee that will weigh in on the IT components of the new system.

The meeting took place at the Office of Self Help, an organization of mental health clients, many of whom raised concerns about how the new system will function, and, in particular, who will have access to it.

According to CBHS Deputy Director Alice Gleghorn, the city's new billing system was designed to dovetail with MHSA priorities. Prop. 63 was crafted to fund expansion of mental health services by imposing a 1% tax on California millionaires' personal income. A key component of MHSA is to increase consumer and family involvement in the mental health system. An electronic billing system that would also enable clients to access their records, review their doctors' orders and stay on top of their medications, for example, is in keeping with the MHSA mandates, says Gleghorn.

"We're replacing something that was just a billing system with a billing system and a community portal," she says. "Our system will be consistent with what the state has said its priorities are."

MHSA funds housing, workforce development and prevention and early intervention programs and pays for beefing up information technology. San Francisco plans to use \$4,148,350 of its share of IT funding to open the computer system to consumers, says Gleghorn.

Prop. 63 requires community input to plan services. The IT committee CBHS hopes to convene will create a wish list of features that mental health clients find helpful, and trouble-shoot those that raise concerns.

Patient confidentiality is high on the list of issues to be addressed, judging by audience comments at the meeting at the Office of Self Help.

Fancher Bennett Larson, a senior staffer at Mental Health Clients' Rights Advocates, said in an interview that privacy is a major issue. An electronic record containing sensitive information about clients possibly would be seen not only by doctors, pharmacists and contract service providers — caregivers with a legitimate need for access — but also by data entry personnel, billing clerks and perhaps others with no pressing need to view a patient's personal information.

And don't forget, she said, patients who give

Leg up for young job-seekers

Vietnamese Youth Development Center's free four-week job training course for 18- to 24-year-old men and women gives them a little boost getting into the work world.

Tech Tran, VYDC's employment program manager who teaches the course every other month — next one starts Oct. 8 — says he's helped 18 kids get jobs in the last year. About 15 students meet weekly for two hours, learning how to write resumes and cover letters, and how to present themselves in interviews. Tran also does one-on-one mentoring with them and takes them on field trips.

"We've gone to potential job sites, like the airport, and to job fairs, but also to places like SFMO-MA," Tran says. "This has to work for them, so I always ask group members where they want to go."

The course is open any young San Franciscan, though Tran would like this to be a resource for Tenderloin kids especially. "They don't have to have finished high school," Tran points out, "and they can be undocumented."

Classes are held at 166 Eddy. More info: tech@vydc.org or 771-2600 ext.107. ■

—MARJORIE BEGGS

More millionaires swell MHSA fund

Next time you're at a party rubbing shoulders with millionaires, give them a great big "thank you." They're the reason mental health spending in California has skyrocketed since 2004, when voters passed Prop. 63 — the Mental Health Services Act.

Initially projected to produce \$1.66 billion by June 30, 2007, Prop. 63 has actually generated \$3.76 billion, providing the state with a bigger millionaire mother lode than Sacramento number-crunchers anticipated.

"The surprise was that the revenue generated far exceeded expectation," says Alice Gleghorn, Community Behavioral Health Services deputy director. "Each year they roll out what each county is going to get, and each year, it's gone up since 2004. So far, this seems to be a steady stream of revenue."

MHSA revenue outstripped projection because the number of Californians earning over \$1 million doubled from 25,000 in 2002 — two years before Prop. 63 passed — to 51,000 in 2006, according to Denise Azimi, spokeswoman for the Franchise Tax Board. It confounds predictions that the initiative would cause millionaires to flee the state.

Only about half the money the state has collected has been spent, a delay a state Department of Mental Health spokeswoman chalked up to the intricate mechanics of the initiative.

"Over \$3 billion has been made available, but counties have only drawn Projections put down \$1.6 billion," said Nancy Kincaid, another

er \$1.7 billion in state coffers by June.

Counties that apply for MHSA funding must address the measure's five components and navigate multiple phases of implementation.

"This wasn't an overnight thing," said Kincaid. "Quite a bit of infrastructure had to be put into place before counties could do what they wanted to do."

But Rose King, a policy consultant who helped draft Prop. 63, blames the funding logjam on a "complicated, expensive and unnecessary bureaucracy" created by the state Department of Mental Health. She says flaws in California's initiative process allow measures to pass without any way to determine the authors' original intent, resulting in interpretations — and misinterpretations — by the department.

Whether this mental health cash cow continues to flow at its current rate depends on whether California's millionaires stay put — and stay rich.

"It'll be interesting to see what happens in the wake of the fiscal crisis," Gleghorn notes.

Jack Lapidus, a San Francisco tax accountant "specializing in tax minimization for well-to-do individuals," said he expects MHSA revenues to "reverse down." He says only five of his 800 clients earn more than \$1 million.

Besides, he adds, "In that (\$1 million-plus) bracket, (the effect of MHSA) is minuscule compared with their federal taxes." ■

—HEIDI SWILLINGER

consent for others to see their medical and mental health records also have the right to withdraw their consent. "How would that be addressed under this new system?" asked Bennett Larson, who plans to apply for a spot on the planning committee.

Gleghorn pointed out that the new CBHS system would be subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), which created privacy standards and set boundaries on the use and release of health records.

"There are a zillion levels of protections and safeguards" built into the city's new system, she said. "There are rules about who can look. We'll build in everything available to protect this system and keep it secure, but that doesn't stop people from worrying. But there are very good measures to protect this stuff."

Bennett Larson has other concerns. She sketched the scenario of a mental health care provider who decides his or her notes could be upsetting to a patient and electronically denies access. "How would that be addressed?" she asked.

Roy Crew, director of the Office of Self Help, shares her concern.

"Clinicians should understand that what they're writing likely will be reviewed by the client and their advocate," Crew said. "They have a responsibility to write their notes in a way that's not going to hurt a client. If they can't do that, they should surrender their license."

Crew also believes that clients should be able to respond to caregivers' observations. "What's more important is our ability as clients to put our information and responses into the same document files (that doctors and providers use). We want to have the ability to comment on what they say about us."

Crew also said provisions need to be made for teaching clients how to access their electronic health record. "Some of that (MHSA IT) money needs to go to training stations," he said.

In general, Crew supports an electronic health record because it could eliminate the need to dredge up one's medical and pharmacological history with every visit to a new provider.

"It means we won't have to repeat ourselves over and over for each program we participate in," Crew said.

Bennett Larson agrees — in theory, at least. "It sounds wonderful," she said. "But as a patients' rights advocate and consumer, I have a tendency to not be all-trusting. I've dealt with some of these difficulties — these are things that need to be considered."

TO JOIN THE PLANNING COMMITTEE

Mental health clients and providers who want to serve on CBHS' IT planning committee will have to attend six two-hour meetings over a three-month period.

"We want people with personal experience with the behavioral health system ... people who are committed and can make informed decisions," says Gleghorn.

To apply, send your name, address, phone number, email address and a brief description of your skill or experience to Frank Isidro/Nan Dame, Behavioral Health Information Systems, 1380 Howard St., 3rd Floor, San Francisco, CA 94103. Applications are due by Oct. 15. You can call Isidro at 255-3572 or email him at Frank.Isidro@sfdph.org. ■

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