



California Network of Mental Health Clients

1722 "J" Street, Suite 324, Sacramento, California 95814
(916) 443-3232 • 1-800-626-7447 • Fax: (916) 443-4089

E-mail: main@californiaclients.org Web: www.californiaclients.org

California Network of Mental Health Clients Comments on The State Dept. of Mental Health (DMH) Draft Proposed Mental Health Services Act (MHSA) Technology Guidelines

Overarching concerns: Information and communications technology issues that affect mental health clients

Many mental health clients live in poverty and lack access to computers, the Internet, computer literacy training, and therefore to information – including Internet-based health information, housing or employment opportunities, their personal electronic health records, and updates on local and State MHSA meetings and events. Public libraries do not offer sufficient computer access for clients who do not have computers or computer literacy training to attain the knowledge, resources, self-advocacy and self-determination that are widely recognized as being integral to the recovery process.

However, at stakeholder meetings and in its Draft Proposed MHSA Technology Guidelines, the State Department of Mental Health (DMH) has thus far focused primarily on using IT funding to pay for new computer systems and networking infrastructure for county mental health departments. In the sections describing the background of the MHSA Technology Component, the May Draft Proposed Guidelines state the following:

The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements **that effectively support the local mental health system.**

...

Technology Plans **must address the development of a long-term infrastructure for mental health** to facilitate the highest quality, cost-effective services and supports for consumer and family wellness, recovery and resiliency.¹

While the CNMHC appreciates the DMH's inclusion of several recommended strategies for consumer and family member empowerment,² we remain concerned that the Draft Guidelines' overall focus on expanding counties' technological capacity has largely ignored the electronic divide and low-income clients' need for the access to knowledge and to each other that computers and Internet access make possible.

The Act itself calls for a greater emphasis in service planning on promotion of client-driven principles for recovery, including hope, empowerment, social connections, self-responsibility and self-determination, as well as client-run services, cultural competency and individual needs:

¹ California Department of Mental Health, *MHSA Three-Year Program and Expenditure Plan Proposed Guidelines for the Technology Component*, May 2, 2007, p. 3; emphasis ours.

² *Ibid.*, pp. 16-17.

5813.5. (d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

- (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
- (2) To promote consumer-operated services as a way to support recovery.
- (3) To reflect the cultural, ethnic and racial diversity of mental health consumers.
- (4) To plan for each consumer's individual needs.

We recommend that this emphasis in the Act be reflected in the DMH Guidelines by prioritizing and expanding upon the consumer and family empowerment strategies in consultation with the CNMHC and family member organizations. Expansion of client access to computer, Internet and computer literacy training as essential resources for recovery should be a requirement rather than an option. The provision of computers, Internet service and literacy training in client-run programs such as self-help centers should be added to the description of consumer and family empowerment projects. Likewise, the provision of these key resources in culturally specific settings with high concentrations of unserved and underserved people seeking and/or receiving mental health services, such as Native American health centers and lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth drop-in centers, should be added to this section. And provision of computer literacy training in appropriate threshold languages should also be among the required elements of empowerment projects in this section.

Also, although we acknowledge the inclusion of the section on consumer access, security and privacy standards³ as an important first step to address clients' electronic access to their personal health records and our concerns about the privacy and security of this material, we feel that the government-defined standards of access, security and privacy in this section should be expanded to include client-defined standards, as we have discussed at stakeholder and DMH IT Workgroup meetings.

As the DMH gathers input on these draft Guidelines, we hope the Department will take the opportunity to more fully address clients' pressing concerns around computer and Internet access, health record access, privacy and security, and to make clear that these concerns are a top priority for MHS Technology funding, rather than an afterthought.

Computer and Internet access

Clients need computer and Internet access, and some also need computer literacy training, in order to seek housing or employment, write resumes, access their electronic health records, create and sustain client-run programs, and stay informed on upcoming MHS meetings and information. Yet many clients who live in poverty lack sufficient access to computers and the Internet to perform these basic tasks.

³ *Ibid.*, pp. 13-15.

The CNMHC recommends that counties be required to allocate at least 25% of their IT funding for the provision of computers, Internet access and computer literacy education to clients in community settings.

Wellness focus

The CNMHC supports an integrated approach to IT, as a piece of the integrated approach to wellness/recovery/resiliency that is outlined in the Act's Recovery Vision statement.⁴ The CNMHC suggests rephrasing some of the goals to emphasize client wellness first and foremost, while making it clear that information and communications technology is a means, a set of tools to be used towards the goal of wellness, rather than an end in itself. Client participants on the DMH's IT Workgroup have suggested copy-edit and content revisions along these lines to the draft materials and discussed these with DMH Technology Chief Gary Renslo.

As part of this wellness focus, we also recommend a shift in focus from electronic health records (EHRs) to personal health records (PHRs). Otherwise, given Executive Orders from both President Bush and Governor Schwarzenegger, using MHPA funds for EHRs could be construed as supplantation.

Direct client IT projects should be required

The CNMHC is concerned that under the current Draft Guidelines, direct client IT projects will not be put forward by counties. We recommend that each county be required to implement direct client strategies for access to computers, Internet connectivity and computer literacy trainings, as well as private and secure client access to PHRs.

Expansion of recommended client and family empowerment strategies

We would like to see the examples provided in the Draft Guidelines on pp. 16-17 under the heading "Consumer and Family Member Empowerment Projects" expanded upon in consultation with the CNMHC, as well as family member and youth organizations. New client and family empowerment strategies may also be added to this section or the following one, with the heading "Other Technology Projects", and elsewhere as appropriate.

Some examples of direct client IT projects include the following:

- Computer labs at local wellness and drop-in centers, with Internet access fees with provided housing as part of the rent;
- Establishing client email discussion groups for peer support and access to each other; and

⁴ Mental Health Services Act, WIC Section 5813.5 (d); reprinted on p. 2 of this position paper.

- Providing public computers in service providers waiting areas.

We also support strategies for computer literacy training in the current Draft Guidelines:

- Computer literacy training must be addressed to allow consumers the ability to utilize all available information.
 - This training should include timely and simple methods for consumers to get technical support and information about privacy and security.⁵

To the above, we recommend adding that computer literacy training be prioritized for clients in unserved and underserved populations whose access to IT is more often non-existent or limited as a result of the electronic divide. These populations include but are not limited to:

- African American, Latino and Native American populations;
- Low-income immigrant populations, including Latin American, Caribbean and Asian/Pacific Islander populations, for whom trainings and materials must be made available in the languages spoken in each population;
- Homeless youth, adults, older adults, and families, and those at risk for becoming homeless;
- People inside IMDs and other locked psychiatric facilities, and those who are exiting these settings;
- People living in board-and-cares, nursing homes and residential treatment facilities, and those who are exiting these settings;
- People living in homeless shelters, domestic violence shelters, halfway houses and transitional housing programs, and those who are exiting these settings;
- People involved in the juvenile and criminal justice systems, and those who are exiting juvenile and adult correctional facilities;
- Low-income and homeless lesbian, gay, bisexual and transgender people;
- People with disabilities, including but not limited to people with physical, mental, developmental, cognitive and/or sensory disabilities; trainings and materials should be made accessible in formats such as Braille, ASL, and large print.

In addition, we support addressing employment-related computer and Internet literacy as part of the Workforce Education and Training component, as recommended in the current Draft Guidelines. To this, we would add:

⁵ DMH, *MHSA Proposed Guidelines for the Technology Component*, May 2, 2007, p. 16.

- Access should be provided to resume-writing software.

Thank you for considering our recommendations for the Information Technology component. Members of the CNMHC MHSA Implementation Team are available to help devise projects such as the ones outlined above and more.

For more information, please contact MHSA Client Involvement Program Director Delphine Brody at delphinegrrl@gmail.com.