

TECHNOLOGICAL NEEDS FACT SHEET

What is Technological Needs?

The Technological Needs portion of the Capital Facilities and Technological Needs (CFTN) may be used to modernize and transform clinical and administrative information systems and to increase consumer and family empowerment by providing the tools for secure consumer and family access to health information.

What Are the Requirements to Use Technological Needs Funds?

Any MHSa-funded technology project must meet these requirements to be considered appropriate for this funding category:

- It must fit in with the State's long-term goal to develop an Integrated Information Systems Infrastructure where all counties have integrated information systems that can securely access and exchange information.
- It must be part of and support the County's overall plan to achieve an Integrated Information Systems infrastructure through the implementation of an Electronic Health Record (EHR).
- It must modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.
- It must increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

Technological Needs funds are subject to a 10-year reversion policy.

Orange County's Use of Technology Funds

Initial State Allocation: The state provided counties with one-time CFTN funding in FY 2007-08 and gave counties the discretion to divide the funding between Capital Facilities and Technological Needs. Orange County received \$37,202,800 in this allocation, 65% of which was dedicated to Technological Needs. These funds have been exhausted at the end of FY 2017-18 and were used to complete the following:

- Phase 1: Build-out the technology infrastructure to provide the necessary platform on which to develop the functionality needed
- Phase 2: Further enhance the existing EHR system by adding:
 - Core clinical documentation management system with clinical decision support and medication and prescription management including electronic prescribing
 - Document imaging, which includes electronic signature pads and the ability to scan documents
 - Compliance monitoring, auditing and reporting for privacy and security
 - Enhanced disaster recovery
 - Implement kiosks to provide increased consumer/family access to computers and the internet at several BHS Outpatient County operated clinics

Subsequent OC Allocations: Once the initial allocation is spent, counties have the option of transferring 20% of its CSS dollars to CFTN, WET and Prudent Reserve as long as the total amount transferred does not exceed 20% of the average CSS revenue from the prior five fiscal years. As part of the MHSa Three-Year Program and Expenditure Plan for FY 2017-18 to FY 2019-20, the MHSa Steering Committee approved the transfer of \$3,756,082 to complete Phase 3:

- Phase 3: Allow the County to interface securely with its contract behavioral health providers and to participate in consent-based Health Information Exchanges outside County Behavioral Health Services, as appropriate, including continued compliance with the federal EHR Meaningful Use program. Allow BHS to data mine using comprehensive data analytics software.

As needed, BHS will seek approval to transfer CSS funds to TN to maintain the EHR hardware and software.