County of Orange
Health Care Agency
Behavioral Health Services

Mental Health Services Act

Technological Needs Project Proposal

Executive Summary

Background

The Mental Health Services Act (MHSA) provides funding for services and resources that promote wellness, recovery, and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disturbances and their family members. A portion of MHSA funds have been specifically set aside for Technological Needs to promote the efficient implementation of the MHSA. Funds may be used to support the development of a technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services and supports for clients and their families.

The long-term goal of the California Department of Mental Health (DMH) is to develop an Integrated Information Systems Infrastructure where all counties can securely access and exchange information. This infrastructure will provide the local service sites with client demographic information, locations of previous services and critical clinical information for coordination of care purposes. The infrastructure will allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract medical and mental health providers, hospital emergency departments, laboratories, pharmacies, clients and their families could all securely access and exchange information through the infrastructure. The foundation for an Integrated Information Systems Infrastructure is the Electronic Health Record (EHR) system, which is a secure, real-time, point-of-care, client-centric, information resource for service providers.

Project Proposal

The County of Orange Health Care Agency Behavioral Health Services (BHS) Division is proposing to implement a fully integrated EHR system that supports the goals of the MHSA to promote wellness, recovery and resiliency. We currently have an application that already provides Registration, Scheduling, and Billing functionalities. These are all individual elements of an integrated EHR system, however what is missing are the clinical documentation and medication management components, document imaging, and the capacity to interface labs and prescriptions with non-County entities.

Our approach in executing this project is a two-phased scenario. We have completed the 1st phase of upgrading our infrastructure to provide us with the necessary platform upon which to develop the functionality needed to further enhance our EHR. The current project proposal is to move forward in stages to build the clinical components of the EHR. The planned enhancements include the core clinical documentation management system with clinical decision support; medication and prescription management; mobile access to the EHR; a Personal Health Record (PHR) with consumer access via a portal; and kiosks in selected locations to afford increased consumer/family access to computers and the internet. Additional technical improvements to our EHR would include document imaging (which includes such functionality as electronic signature pads and the ability to scan documents); compliance auditing, monitoring, and reporting; and improvements in system performance. Further enhancements will be made to the disaster recovery system and ensure continued control over clinical data security and privacy. Lastly we will implement data sharing with our contract providers and Health Information Exchanges outside County

BHS, as appropriate, through secure methods that will meet the industry standards at that time.

Funding

Under the MHSA, the Health Care Agency received funding for Capital Facilities and Technological Needs. The total component funding for Orange County is approximately $37.2 million to be spent over the next 10 years. The original distribution of these funds was 20% for Technological Needs and 80% for Capital Facilities. However due to a decrease in the budgeted cost of the Tustin Facility being built by Capital Facility funds and an increase in the projected cost of an EHR, the MHSA Steering Committee approved the redistribution of the Capital and Technological Needs funds received by the Health Care Agency. This allowed a larger portion to go to Technology projects, approximately $24 million.

Project Proposal Requirements

Technological Needs Projects that benefit more than only mental health must include revenues from other funding sources so that the net cost to the MHSA is reflective of the benefit received by mental health clients. The County used a reasonable allocation approach to determine the share of the project's cost related to MHSA. The funding was allocated based on the number of mental health users and load on the system resulting from mental health activities versus the total supported users and programs. These activities include registration of clients, management of scheduling appointments, recording and billing for services provided, interfaces with various State and Federal agencies for related data exchange, production of reports, and anticipated use of the expanded EHR functionality. Using this criteria, it was determined that 84% of the costs associated with the current project can be funded by MHSA.

The County also complies with Welfare and Institutions Code Section 5891, addressing County obligations regarding non-supplanting. In alignment with this requirement, the MHSA funds being requested will not be used to maintain HCA's system that was already operational on November 2, 2004, but will be used to fund the necessary enhancements needed to increase functionality for mental health services that is consistent with the County's Technological Needs Assessment.

Summary

Developing a fully functioning EHR is the foundation for an Integrated Information Systems Infrastructure. This is the long term goal of the DMH. The current project is to proceed with enhancing the existing system by adding the components needed to establish a fully functioning EHR.