



# *Colorado Department of Human Services Technology Requests*

FY 2017-18  
Presented to the Joint Technology Committee  
January 13, 2017



## MISSION:

Collaborating with our partners, our mission is to design and deliver high quality human and health services that improve the safety, independence, and well-being of the people of Colorado.

## VISION:

The people of Colorado are safe, healthy, and prepared to achieve their greatest aspirations.

## VALUES:

The Colorado Department of Human Services will:

- Make decisions with, and act in the best interests of, the people we serve because Colorado's success depends on their well-being.
- Share information, seek input, and explain our actions because we value accountability and transparency.
- Manage our resources efficiently because we value responsible stewardship.
- Promote a positive work environment to support and develop employees, because their performance is essential to Colorado's success.
- Meaningfully engage our partners and the people we serve because we must work together to achieve the best outcomes.
- Commit to continuous learning because Coloradans deserve effective solutions today and forward-looking innovation for tomorrow.



At the Colorado Department of Human Services,

we are **People Who Help People:**

- To thrive in the community of their choice
- To achieve economic security through meaningful work
- To prepare for educational success throughout their lives

### CDHS Snapshot

CDHS Owned & Active	CDHS Leased
<ul style="list-style-type: none"> <li>• 343 buildings that are owned and operated on 20 campuses across the State of Colorado, including:                             <ul style="list-style-type: none"> <li>➢ 46 vacant buildings (43 dry-closed, 3 wet-closed)</li> <li>➢ 31 tenant/contract operated buildings</li> <li>➢ 266 CDHS occupied/operated</li> </ul> </li> <li>• Examples of the various uses of buildings include:                             <ul style="list-style-type: none"> <li>➢ 2 Mental Health Hospitals</li> <li>➢ 3 Regional Center Campuses and 40 Group Homes</li> <li>➢ 12 Youth Service Center Sites</li> <li>➢ 4 Veterans Community Living Centers</li> </ul> </li> <li>• Office of State Architect identifies current replacement value of nearly \$685 million</li> <li>• Average Facility Condition Index score for CDHS buildings is 66.3 compared to statewide target of 85</li> </ul>	<ul style="list-style-type: none"> <li>• 11 Properties, including:                             <ul style="list-style-type: none"> <li>➢ 1 Disability Determination Services Office</li> <li>➢ 1 Child Welfare Training Office</li> <li>➢ 1 CDHS Headquarters (1575 Sherman St.)</li> <li>➢ 1 LEAP/Refugee Services Office</li> <li>➢ 5 Administrative DYC Offices</li> <li>➢ 1 Office of Economic Security Training</li> <li>➢ 1 Developmental Disabilities Council</li> </ul> </li> </ul>

### Community Programs

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| <ul style="list-style-type: none"> <li>✓ County Programs</li> <li>✓ Community Behavioral Health Providers</li> <li>✓ Refugee Services</li> <li>✓ Domestic Violence Programs</li> </ul> | <ul style="list-style-type: none"> <li>✓ Early Childhood Councils</li> <li>✓ Area Agencies on Aging</li> <li>✓ Tony Grampas Youth Services</li> <li>✓ Ombudsman Programs</li> <li>✓ 55 Boards and Commissions</li> </ul> |
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### CDHS Technology Snapshot

- Over 30 IT systems delivering critical services for 80+ lines of business
- Providing case management, financial management, and healthcare management
- More than 13,000 users access the Department's IT systems
  - ~ 5,000 CDHS employees
  - ~ 7,000 county users
  - ~ 1,000 community providers (e.g. substance use treatment, child care, case managers, etc.)
- The Governor's Office of Information Technology (OIT) and multiple vendors maintain the infrastructure and systems on behalf of the Department

### CDHS Supplemental and General Fund Requests

- FY 2016-17 CDHS Supplemental Request:
  - 1) Child Care Automated Tracking System (CHATS) Enhancements  
(GF \$0 + FF \$4,170,725 = TF \$4,170,725)
- FY 2017-18 CDHS General Fund Requests:
  - 1) Modernizing the Child Welfare Case Management System, Phase 3 of 3:  
(GF \$3,374,809 + FF \$3,374,808 = TF \$6,749,617)
  - 2) Interoperability, Phase 3 of 5:  
(GF \$1,061,188 + FF \$9,550,692 = TF \$10,611,880)
  - 3) Regional Centers Electronic Health Records (EHR):  
(GF \$3,041,459 + FF \$0 = TF \$3,041,459)

# Child Care Automated Tracking System (CHATS) Enhancements

## Child Care Automated Tracking System (CHATS) Enhancements

(GF \$0 + FF \$4,170,725 = TF \$4,170,725)

### What is the problem?

- CHATS determines eligibility, authorizes services, tracks attendance, and provides financial management functions for licensed care providers and counties as part of the Colorado Child Care Assistance Program (CCCAP).
- CHATS significantly lacks functionality required to meet growing state and county business needs, as well as new legislative requirements.
- Aging technology results in manual workarounds that are increasingly inefficient and costly. These are not long-term, sustainable business practices.
- In 2015, the JTC recognized the need to modernize the aging CHATS technology and approved the Department's request.

## Child Care Automated Tracking System (CHATS) Enhancements

(GF \$0 + FF \$4,170,725 = TF \$4,170,725)

### What is the solution?

- The Department has identified available funding and is requesting that spending authority be moved from the operating budget to the approved capital project per State fiscal rule.
  - Apply \$2,500,000 in federal Race to the Top funds
  - Transfer \$1,670,725 already appropriated in federal Child Care and Development Fund to the CHATS enhancement project

## Child Care Automated Tracking System (CHATS) Enhancements

(GF \$0 + FF \$4,170,725 = TF \$4,170,725)

### Progress to Date

- Request to modernize CHATS approved by JTC for FY 2015-16
- Issued a Request for Proposals (RFP) in December 2015 for CHATS Enhancements
- Awarded contracts to two vendors
  - Modernization of CHATS
  - Replacement of Attendance Tracking
- Completed the project roadmap, planning and design for modernizing CHATS

### Next Steps

- CDHS is ready to replace existing CHATS with a more efficient, agile Salesforce based platform to meet the needs of families, providers and counties.
- Align CHATS with OIT Enterprise technology standards

# Modernizing the Child Welfare Case Management System (TRAILS)

Phase 3 of 3

## Modernizing the Child Welfare Case Management System, Phase 3 of 3

(GF \$3,374,809 + FF \$3,374,808 = TF \$6,749,617)

### What is the problem?

Trails modernization to address deficiencies:

- 30% of county caseworker time is documentation according to the Office of the State Auditor work load assessment
- Difficult navigation and time consuming data entry
- Case workflow that does not match practice
- Inadequate tools for counties to manage caseload
- Older software components not supported by vendor resulting in HIPAA non-compliance (mitigated by other controls)

## Modernizing the Child Welfare Case Management System, Phase 3 of 3

(GF \$3,374,809 + FF \$3,374,808 = TF \$6,749,617)

### What is the solution?

Modernize case management system used by Child Welfare, Youth Corrections, Early Childhood, Administrative Review, Child Welfare Placement Agencies, Office of Child Protection Ombudsman, 64 counties by:

- Simplifying system navigation for caseworkers
- Improving reporting
- Improving county case management
- Integrating data to improve overall case management
- Aligning with the Community Performance Center's standards for public accountability

## Modernizing the Child Welfare Case Management System, Phase 3 of 3

(GF \$3,374,809 + FF \$3,374,808 = TF \$6,749,617)

### Progress to Date

- Modernization divided into phases with separate procurements
- First phase procured and contracted with CGI
- Development underway with participation of counties and OIT on the Intake and Resource modules

### Phase 1 Next Steps

- First production deployment in February 2017 with Intake module
- Resource module to be delivered June 2017

### Phase 2 Activities

- RFP posted for modernization of Assessment and Commitment modules

### Phase 3 Activities

- If funded, modernize the Case Management module

# Interoperability

## Phase 3 of 5

## Interoperability, Phase 3 of 5

(GF \$1,061,188 + FF \$9,550,692 = TF \$10,611,880)

### What is the problem?

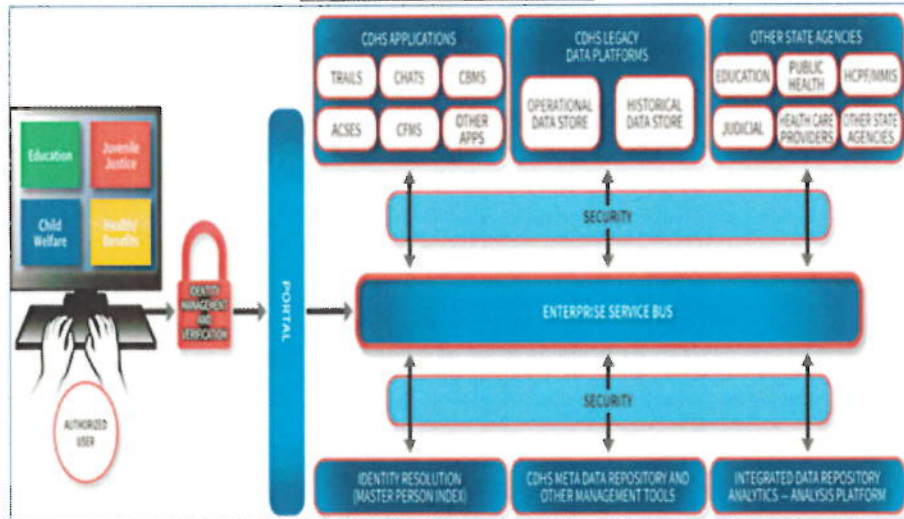
- People receiving services from DHS have disconnected experiences across services
- Families burdened with coordinating their services
- Workers don't have timely access to information in other systems
- Counties struggle to manage casework crossing systems
- Department cannot easily aggregate information to align services



## Interoperability, Phase 3 of 5

(GF \$1,061,188 + FF \$9,550,692 = TF \$ 10,611,880)

### What is the solution?



## Interoperability Phase 3 of 5

(GF \$1,061,188 + FF \$9,550,692 = TF \$ 10,611,880)

### Progress to Date

- Contracted for Interoperability consulting expertise
- Received 90/10 federal matching funds for additional planning work
- Completed Request for Information (RFI) for solicitation of development and implementation strategies for Interoperability

### Current Activities

- Procure Privacy and Security Consulting expertise
- Procure Technical Assessment of current IT environment
- Continue planning work to provide detailed specifications to implement Interoperability
- Complete Implementation Advanced Planning Document for CMS

### Next Steps

- Implement Interoperability Plan upon CMS approval

# Regional Center Electronic Health Record System

## Regional Center Electronic Health Record (EHR) System (GF \$3,041,459 + FF \$0 = TF \$3,041,459)

### What is the problem?

- **Paper based medical records** – only accessible by one person at a time and must be transported with client
- **Continuity of care** – treatment can be interrupted due to inability to share electronically as providers implement EHR systems
- **Error prone** – subject to transcription errors and illegible handwritten notes
- **Monitoring** – difficult to review and assess for quality, quantity, and effectiveness of resident treatment as records must be available for client care
- **State Health Information Exchange** – Regional Center health records are not part of CORHIO or QHN systems

## Regional Center Electronic Health Record (EHR) System (GF \$3,041,459 + FF \$0 = TF \$3,041,459)

### What is the solution?

- Implement a web-based Electronic Healthcare Record system with clinical, operations, and financial modules tailored to the needs of the Regional Center residents
- Records accessible by authorized users from any location
- Improve efficiency by reducing time locating records and documenting resident care
- Reduce opportunities for errors by eliminating transcription and handwritten notes
- Facilitate monitoring of care through increased quality metrics
- Communicate health record information to CORHIO and QHN (the State's Health Information Exchanges)

## Regional Center Electronic Health Record (EHR) System (GF \$3,041,459 + FF \$0 = TF \$3,041,459)

### Progress to Date

- Completed Request For Information (RFI) for EHR systems

### Next Steps

- Upon funding an RFP will be posted, responses evaluated, vendor selected, and contract awarded
- Initiate project with OIT and selected EHR provider
- Continuous project review with Independent Validation and Verification (IV&V) vendor
- Implement EHR
- Transition from paper to production EHR by June 30, 2018
- Monitor to ensure highest quality effective resident care



*Joint Technology  
Committee Hearing*

*Questions?*