# Blue Ribbon Commission on the Delivery of Services to Children and Families
# IT Subgroup Report

## Goals

Outcome goals for children and families should be clear for the new agency; this will drive the investments necessary in information technology.

1. **Children are on-track educationally.** Education is a great proxy for broader outcomes for children. This is measurable with a variety of standardized assessments in the K12 system, starting with the WAKIDS assessment at Kindergarten entry. We should probably use the developmental assessments that being done broadly of children B-5 though this requires more thought. We should be very concerned about children that are more than one standard deviation below historical values for children who meet grade level expectations.
2. **Children are healthy and thriving.** We should have a single measurement that serves as a proxy for child health. The measurement should be extracted from administrative health records. Again, more than one SD below the value for kids meeting expectations is concerning.
3. **Children should not have Adverse Childhood Experiences[i] (ACEs).** This mostly includes child abuse and neglect, though it would be good to prevent other bad things too. Adults who report more than 4 of these experiences as children have remarkably different (worse) outcomes on many measures than adults who do not report those experiences.

IT-specific goals start with a simple one: **the agency should be functional on day one**. There should be no interruption in service for any of the existing programs the agency runs.

- Any re-hosting or other management changes would happen in a controlled fashion long after the re-organization.
- Key staff managing existing data and services would need to move to the new agency. Budget moves too.
- Implementation of the new agency should happen in phases, with the transition of employees and consequent HR and other personnel system changes happening at a controlled time in the future.

In order to meet outcome goals, the new agency will need to be able to track outcomes and intervene where necessary. Given federal and state privacy restrictions on the use of data from various programs this is more complicated than it would seem to be initially, particularly given that many of the risk triggers are managed/tracked by agencies outside the purview of the new agency. (E.g. HCA has data about parental drug abuse and mental health – a major risk factor for child abuse and neglect.)

To make this work we divide the use of data into two categories:

- **Analytics.** This research identifies risk factors that predict children not meeting our outcome goals. It can typically be done with de-identified data and done by research staff at the new

agency or by RDA or ERDC within their privacy bubbles. Analytic work can also be done to identify the effect of various possible interventions on specific populations without needing personally-identifiable data for individual children.

- **Operations.** In order to keep track of children we are concerned about the new agency will need to coordinate services between many existing data systems both within and outside the agency. Within the agency boundary careful work will need to be done to ensure identity matches between the existing data systems. To coordinate care with outside programs the agency will need to manage privacy concerns while coordinating care. This can probably be best done with referrals from agencies who use risk factor analytics provided by the new agency to identify at-risk children and families.

## Predictive Analytics

Much of the data necessary to do effective prediction of harm is available in state administrative databases. ERDC and RDA are capable of matching the identity information between databases to do analytical work to identify risk factors. Because of privacy restrictions on the data it is not feasible to have all of this data available to operational systems.

The new agency will need clear direction in RCW to resolve data sharing concerns both inside the agency and across other sectors (education, healthcare, corrections, etc.) In addition, a formal cabinet-level organizational structure should be created to more quickly resolve data sharing concerns and create enforceable agreements. The new agency should staff this.

## Front-End Operations

There are several aspects of actually running the operations of the new agency that require technology support:

1. Eligibility determination.
2. Enrollment support and programmatic information.
3. Identity management across programs.
4. Provider management – licensing, support, outcome evaluation, training, etc.
5. Billing and payment.
6. Human resources and internal operations.

### Eligibility

This is an enterprise activity and will be managed by the DSHS infrastructure team. DSHS has a modernization plan for this system that needs to happen, but the new agency would not be responsible for the implementation.

### Enrollment Support and Programmatic Information

The attached spreadsheet shows systems that support the programs being moved into the new agency. Each program has its own database of involved children and families. All of these systems will need to move to the new agency along with the staff that support them today and the budget, including indirect costs.

Many of the individual programmatic systems are in need of upgrade in order to support the data sharing necessary to make care coordination possible. **This is particularly true of FamLink, which has**

**the core data for our most at-risk children.** CA has a rational upgrade plan in place and will need funding to move forward. Upgrade needs of other programs are in the notes in the spreadsheet. The necessity for upgrades is in some cases linked to the outcome goals of the new agency, and in some cases is independent.

## Identity Management

In order to provide coordinated services to at-risk children and families case managers and programs must be able to see the universe of programs a child is involved with and current outcome measurements for that child. This requires a level of identity management beyond that needed for analytics.

The new agency will need to engage in step-wise implementation of "master data management" for the children and families involved in intensive services. This will require technology investments over the next several biennia to modernize existing programs and build a central identity management system. The phases of the implementation would be:

1. Cross-program registry. A separate dataset of information linking individuals in each program. This would support coordination of services for children and families. It would mostly be useful for review purposes.
2. One-way management of golden records. Extraction of key identity data into a central application. This could be one of the existing systems, probably FamLink, ELMS, some combination, or a new set of tables. This would improve access to key information about individual children and families for all programs.
3. Two-way updates of golden identity information. This would ensure that all systems used the most current data about children and families and would significantly improve coordination of operations.

## Provider Management

Most of the services provided to children and families by the new agency will be provided by external partners. Some are corporate, both non-profit and for-profit. Some are individuals or families. These partners include childcare centers, foster families, hospitals, mental health providers, community groups, etc. The new agency must be able to track (and audit)

- Contracts with each provider. (Anecdotal evidence would lead one to believe that there are too many unique contracts out there – they are all individual snowflakes. It would be more efficient and probably get better outcomes if we all put more effort into rational structure for these.)
- Licensing and monitoring. All of these programs need to be licensed in some way or another.
- Background checks must be performed and tracked for individuals working for providers.
- Enrollment.
- Attendance.

## Billing and Payment

The combination of DEL and DSHS are currently failing federal audits (and have for a decade) because we have a pretty complete lack of financial controls over the WCCC program. We do not have a way to audit more than a small fraction of provider attendance data, nor to synchronize information about

attendance and program use with billing from the providers. This may be a problem with contracts in CA as well.

Significant infrastructure needs to be in place to manage billing and payments. The need for this is independent of the creation of a new agency, but could be simplified if all elements the system were considered together. E.g. payments to foster families are remarkably similar to payments to family childcare providers. There is work under way at DEL to create attendance tracking systems. This will resolve some of the federal audit, but not all.

The SSPS payment system would become part of the new agency in option C. Over 90% of the payments it makes are to either CA or DEL providers. This system is over 40 years old and has significant inefficiencies. There is a multi-agency process in place to upgrade the functionality of it that would be simplified by the creation of the new agency.

There is somewhat broad but informal agreement that the payment system should be significantly simplified, including the elimination of W2 issuance (use 1099 instead), elimination of paper checks/warrants (which are very expensive) by complete movement to electronic payments, and online reporting of bills to the agency instead of the current IVR system via telephone (which is insane.) Moving to a more modern platform isn't without issues – some of the providers will need assistance to gain access but this is surmountable.

Users of SSPS who would not be in the new agency (some small programs in ESA) would need to either contract with the new agency or find a different solution for making the relatively small number of payments they handle today.

## Back-End Operational Systems

An agency makes use of substantial technology support to coordinate human resources operations, purchasing, asset management, etc. Option C suggests that DEL's operations platform be used for this. There will be significant change management needed to make this happen, including a larger than normal HR group for a substantial period. Work remains to ensure that the infrastructure decisions made by DEL are appropriate for a larger agency.

In most cases CA programs currently use systems provided by DSHS. Changing to the DEL platform even if there is no technology difference will be a large amount of work. A non-exhaustive list of the systems involved include:

HR

- Employee Hiring (PAR/EAR)
- Employee Leave tracking
- Travel Reimbursement
- Training Authorizations

Fiscal

- Contract Management
- Budget Management
- Risk management

Public Records

- Request Tracking
- Document management (Both CA and DEL are working on going paperless in the next two years. Doing this differently would be a risk and create needless complexity.)

Facility

- Phone numbers are the tip of this iceberg

Some seemingly mundane parts of the operation will also require coordination and consolidation, including websites and social media accounts. Agency websites provide technology platforms for interactive data about provider quality and location of services; they are platform dependent.

This report does not make an attempt to catalog the amount of work involved in these transfers, but they will all need to be done.

## Outcome Analysis and Performance Management of Providers

The new agency will not be successful until all the contracts for services with external providers have explicit performance requirements and the agency is able to track results (outcomes) for children and families.

Technology needs here are:

- The identity management system described above. This isn't needed for programmatic-level outcome analysis, but is needed to look at development trajectories of individual children and the sequencing of services to ensure that the child is on a somewhat typical trajectory.
- A research team and the technology platform that supports it capable of doing the analytical work necessary to establish and measure baseline and expected outcome effect sizes for every program offered by the new agency.

Estimating actual costs of this is beyond the scope of this initial report.

## Available Sources of Funding

Our federal partners are very interested in supporting state agencies in building modern delivery infrastructure to support coordinated, outcome-driven use of federal funds. This is true in CMS for Medicaid and in the Children and Families area. Enhanced match, including some 90-10 money is available, sometimes for limited periods. (A-87 funds lapse in 2018, for example.)

Many agencies at the state level are interested in applying for this funding. A cabinet-level coordination effort should be undertaken immediately, perhaps driven by the OCIO, to determine which agency will be the lead on which project and how they will be presented to the federal government as a coordinated package.

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[i] Adverse Childhood Experiences Study   https://en.wikipedia.org/wiki/Adverse_Childhood_Experiences_Study