California Health & Human Services Agency

State Interoperability and Integration Project (SSIIP)

Final Report

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Prepared by California Health and Human Services Agency
Office of Systems Integration
State Systems Interoperability and Integration Project (SSIIP)

2013

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1. Executive Summary

Interoperability meaning Interoperable systems share information and processes to efficiently deliver integrated services to the client community and sometimes is used or *refers to the ability of two or more systems or components to exchange information and to use the information to make better decisions. The term is often used in a technical engineering sense and also in a broader sense, taking into account social, political, and organizational factors that impact performance.*

Grant Awards for State Systems Interoperability and Integration Projects

The Administration for Children and Families (ACF) awarded seven (one-year) grants to state human services agencies as part of the "State Systems Interoperability and Integration Projects" grant opportunity. The grants went to the states of Colorado, New York, Oklahoma, Illinois, Indiana, California, and Maryland.

The grants allow states to explore and plan for improved interoperability and integration in eligibility and enrollment, case management, and other related functions needed to streamline administration processes and strengthen program integrity in federal assistance programs across health and human services information technology systems. The grants will allow ACF to share with all interested state agencies and individuals the lessons learned, best practices, and actionable deliverables and project plans created by the grantees, as well as detailed reports that describe the needs, opportunities, challenges, and risks the grantees faced, mitigated and overcame to develop successful project plans going forward.

Too many barriers stand in the way of clients getting the services they need. "Interoperability"—a national effort of technological and programmatic coordination—is poised to eliminate many of those barriers. Today, the emergence of "interoperable technology" offers an unprecedented opportunity to connect systems across traditional boundaries in exciting and rewarding ways. This interconnectivity represents the cutting edge for development of new service models and approaches to maximize positive outcomes for children, families and communities.

California's Approach

Under the leadership of the California Health and Human Services Agency(CHHS) and managed by the Office of Systems Integration (OSI), the ***State's Systems Interoperability and Integration Project*** (SSIIP) intended to create a community of practice that would serve its clients and beneficiaries optimally and cost-efficiently by identifying opportunities to reduce and/or eliminate information silos and redundant information retrieval.

The OSI established a Project Team to be responsibility for completing all grant activities. The Team was assisted by consultants and is led by a Project Director and Project Sponsor.

The primary goal of the California SSIIP was to create an awareness of the value of interoperable systems and processes and opportunities for sharing data. The method for accomplishing this outreach was two major symposia followed by a Final report which includes an Interoperability Plan and Implementation Strategy.

Symposium #1

The methodology employed for the May 2013 Symposium was designed to actively engage all participants in discussion, ideation, creation and synthesis activities to maximize comprehension of interoperability and integration concepts. Further, the agenda and session plans were developed with the goal of enhancing participants' ability to act as change agents for interoperability and integration in their respective organizations.

The Symposium I agenda was drafted to achieve the following goals:

- Prepare a draft roadmap for information sharing, interoperability and service improvements among HHS agencies throughout California;
- Identify real and perceived barriers to information sharing that can be surmounted through innovations in program management and policy-making, with a focus on resolving issues inherent in the protection of confidential information;
- Develop an understanding of the emerging governance, legal and technological models that will enable information exchange in the future; and,
- Create connections among attendees to accelerate the sharing and adoption of a vision and strategy for improving integration and interoperability across health and human services in California.

Workgroup Activities

One of the outcomes from the May Symposium was formation of committees, represented by a mix of state and county professionals. Each of the committees focused on one of the four critical drivers for interoperability. The committees worked over the summer, and the chair of each committee presented a report at the September symposium. At the second symposium attendees reviewed the committee findings, provided feedback for the interoperability roadmap and participated in activities to synthesize the learning into a cohesive and comprehensive plan.

Symposium #2

The agenda developed for the September 2013 Symposium was designed to engage all participants in discussion of California's Systems Integration and Interoperability Project work-to-date, to further state and county participants understanding of major interoperability

concepts, and to bring the California Interoperability Roadmap planning processes to a conclusion.

In delivering Symposium II agenda, the SSIIP team worked with the Committee leadership teams to further the work in our four Committees: Legal and Confidentiality Issues, Information Technology, Governance, and Organizational Change Management. The agenda was developed with the following concepts and outcomes in mind:

- Highlighting interoperability concepts that enable a "client-centric" view of services and systems, enhancing participants' abilities to view client needs holistically, and to serve those needs through integrated programs and systems in their respective organizations.
- Sharing information from other jurisdictions on successes, failures, and key lessons drawn from their efforts to launch interoperability initiatives
- Taking the work developed by the SSIIP Committees over the summer of 2013, and bringing a "synthesis" process to this work, to contribute to the final California Interoperability Roadmap;
- Gathering final input from a large and diverse group of state and county HHS agency leaders for the roadmap for information sharing, interoperability and service improvements among HHS agencies throughout California;
- Accelerating the sharing and adoption of a vision and strategy for improving integration and interoperability across health and human services in California as the SSIIP work moved beyond the ACF Interoperability Grant funding.

The Proof of Concept

Another part of the effort included a Proof of Concept (POC) Demonstration to illustrate concrete examples of electronic data sharing. The POC demonstration focused on children and youth in foster care who have been and will be prescribed psychotropic medication. The POC Demonstration showed how replacing the current fragmented process of information sharing can be re-tooled into an electronic record sharing system that provides decision makers such as social workers, judges, parents and foster parents, and prescribing doctors with accurate and timely data which protects privacy and confidentiality. This would ultimately improve services to children and youth in foster care.

The Roadmap for Interoperability

California's plan will provide the "big picture" vision for interoperability for health and human services in the state. It has identified activities that can be accomplished in the areas of technology, legal and confidentiality, organizational change management and governance that will move California toward a more interoperable environment within Health and Human Services in the future.

2. FINAL PROJECT MANAGEMENT SUMMARY

2A Overall Project Summary

California hosted two interoperability symposia for State, local, non-profit, legal and association representatives to assemble and identify opportunities for data sharing. The first symposium created awareness of the need for sharing data and created four workgroups that developed strategies for breaking down barriers and creating interoperable systems. The work groups and their associated deliverable products include:

Technology: Develop technology-related recommendations for the State plan focused on: Enterprise architecture, Information Technology initiatives to be leveraged for interoperability and identification of top priorities for data sharing in CHHS that can realistically be initiated within the next 5 years and implemented within the next 10 years.

Legal: Establish a written Privacy and Confidentiality Framework that would establish short (immediate to six months), medium (up to two years), and long-term (beyond two years) protocols for information data sharing among departments, agencies, service providers, and clients.

Organizational Change Management: Develop recommendations and draft an organizational change road map for data sharing across CHHS departments. The road map will be based on Human Services 2.0 Theory of Change methodology. It will provide an organizational change management framework to guide decision makers in the process of leading their departments through changes that support new ways of sharing data.

Governance: Recommend a governance model for implementation of electronic data sharing across CHHS departments. The model will be a framework to guide decision-making related to infrastructure (i.e. policy adjustments, standard agreements for data sharing, evaluation criteria, approval process for new IT systems and modernizations, standard language for system access and data sharing agreements) and operation (data access and access control).

Proof of Concept Demonstrations

In addition to the workgroup products, California identified a test case to be automated for presentation at the second symposium. The Psychotropic Medication Approval Process (PMAP) for Children in Foster Care is an existing paper-based process that could benefit from access to data in multiple existing systems and automation of the movement of data among the parties requiring access. Three vendors developed automated solutions to this process showcasing the use of interoperability among existing system to improve service delivery to CHHS clients. These custom demonstrations were shared at the second symposium.

The Interoperability Roadmap for CHHS

California's plan will provide the "big picture" vision for interoperability for health and human services in the state. It has identified activities that can be accomplished in the areas of technology, legal and confidentiality, organizational change management and governance that will move California toward a more interoperable environment within Health and Human Services in the future.

2B Deliverables Summary

MONTH	*CONTRACT DELIVERABLES*	*NON-CONTRACT DELIVERABLES*
MARCH	*(1) Task Activity Plan (completed 4/2/13)* *(2) Project Schedule (completed 4/2/13)*	*(14) Invitee List (complete)* *(15) Invitation (complete)*
APRIL	*(3) "As Is" Architecture (complete)* *(4) "To Be" Architecture (complete)*	*(16) Proof of Concept Problem Statement (complete)*
MAY	*(5) Symposia #1 (complete)*	*(17) Lessons Learned (complete)*
JUNE	*(6) Draft Organizational Change Plan* *(7) Organizational Change Roadmap* *(Drafts submitted August 6, 2013)*	
JULY	*(8) Draft Governance Plan* *(9) Draft SSIIP - Overview* *(Drafts submitted August 6, 2013)*	
AUGUST	*(10) Draft SIIP due 8/26/2013* *(Being presented in DC on 9/17/13)*	*(20) Request for Demonstration* *(21) Request for Offer (Submitted August 6, 2013)*
SEPT	*(11) Symposia #2 due 9/25/2013*	*(18) Lessons Learned due 9/30/13* *(19) POC Demos due 9/27/13*
OCTOBER	*(12)Final SSIIP with all Final Plans* *(13)Final Status Report* *(22) 24-Month Implementation Plan*	

2.3 Schedule and Milestone Summary

Month	Major Project Activities
February	Project Staffing and Hire Consultant
March	Planning, Invitee List Finalized, Invitations Sent
April	Symposium 1 Preparations: Agenda, Logistics, Speakers
May	Symposium #1, Request for Demo Released
June	RFD Awarded, Draft Reports Section: Governance
July	Draft Report Sections: OCM, IT, Legal Framework
August	Symposium 2 Preparations: Agenda, Logistics, Speakers Rehearsal for POC demonstrations/ Workgroup Presentations RFO Awarded for Implementation Strategy
September	Symposium #2, POC Demonstrations
October	Draft version of Final Report Submitted including CHHSA Interoperability Plan and Implementation Strategy
November	Final Report Submitted including CHHSA Interoperability Plan and Implementation Strategy

2.4 Cost Summaries

Line Item	Approved Budget	Estimated Cost
Personnel	205,152	138,832
Fringe Benefits	155,912	13,839
Travel	70,280	18,823
Other	693,656	812,534*
Total	1,125,000	989,327

*Note: With ACF's permission, $180,000 was moved into this line item
for a consultant to assist with the 24-month Implementation Strategy.

2.5 Final Travel Summary

Travel Line Item	Cost
Required travel to Washington	7067.88
Symposium 1 Travel Costs	7338
Symposium 2 Travel Costs	4418
Total	18,823.88

2. FINAL ACTIVITY SUMMARY

The following high-level activities were accomplished during the project period. These activities, along with the deliverables were within the SSIIP project plan, which tracked activities monthly. Updates to the project plan were provided on a monthly basis to ACF as part of the project reporting process.

- ✓ Obtained grant funding

- ✓ Hired project staff

- ✓ Hired consultant to conduct symposia and produce final deliverables

- ✓ Developed cross-organizational invitee list for first symposium

- ✓ Sent invitations to first symposium

- ✓ Conducted first symposium

- ✓ Created 4 workgroups: IT, Governance, OCM, legal/Confidentiality

- ✓ Released "Request for Demonstration" to create custom Proof of Concept demo

- ✓ Assessed vendor responses and chose three vendors to develop demonstrations

- ✓ Conducted a series of workgroup meetings for each of the four workgroups

- ✓ Produced work group deliverables to be included in final report/symposium

- ✓ Drafted sections of the Final Report

- ✓ Drafted sections of the Interoperability Plan

- ✓ Released RFO for detailed Implementation Strategy (for final report)

- ✓ Sent out invitations for Symposium #2

- ✓ Approved (3) vendor demonstrations for Symposium #2

- ✓ Completed the detailed Implementation Strategy (for final report)

- ✓ Conducted Symposium #2

- ✓ Completed "lessons Learned" for symposium #2

- ✓ Submitted draft versions of: Final Report, Interoperability Plan and Implementation Strategy

- ✓ Finalized: Final Report, Interoperability Plan and Implementation Strategy

4   FINAL REPORT INTEROPERABILITY PLAN ELEMENTS

In the formation of the California Interoperability Roadmap as it relates to the CHHS agency, the project team completed analysis of the ACF Grant Participants Interoperability Plan elements:

1. Improved Outcomes
2. Exploration Questions
3. Options Considered
4. Options Impact and Goals
5. Options Cost Benefit
6. Options Enterprise Architecture and/or Modules
7. Exploration Answers
8. End Result
9. Breadth
10. Human Services Programs and Initiatives
11. Information Technology Initiatives
12. Health Intersection
13. Stakeholders
14. Privacy and Confidentiality Framework
15. Benefit to Other States

Discussion of these elements is considered within the framework of partnership between the State of California Health and Human Services Agency and the Administration of Children and Families (ACF).

4.1 Element 1: Improved Outcomes

The highest priority for the SSIIP Grant project was to create awareness of the value of interoperability among Health and Human Services programs throughout California. To achieve this outcome, California produced the following deliverables:

- Conducted two Interoperability Symposia (with over 250 attendees) to increase understanding and support for Interoperability in California.
- Developed a CHHSA Interoperability Plan with a roadmap for Interoperability including Governance Model, and Organizational Change Management Plan.
- Produced an Implementation Strategy outlining the activities to be accomplished in the near term (0-6 months) and mid-range (6-24 months) of an Interoperability implementation effort.

4.2 Element 2: Exploration Questions

Many questions were explored in the execution of the project. The exploration questions included:
- What is our vision for interoperability for Health and Human Services in California?
- What are the barriers to exchanging data and what can be done to overcome them?
- What data can we share now to improve service delivery?
- What other current or near-future initiatives can be leveraged?
- What governance structure and policies are needed to effectively share data?
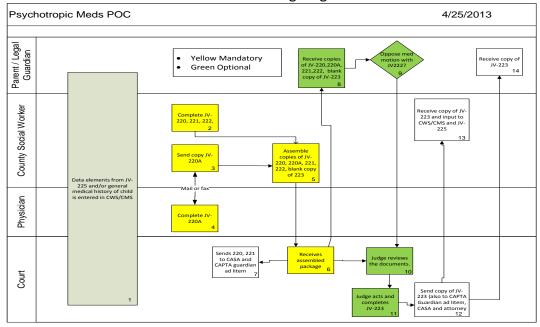
The answers have been vetted and are reflected in the attached Interoperability Roadmap.

4.3 Element 3: Options Considered

California considered three options for meeting the "improved outcomes." These options included:
1. Develop a report documenting the value of interoperable projects and share among State and County partners that may have upcoming projects.
2. Host Interoperability Symposium designed to raise awareness and involve State, County, Judiciary, and Non-profits attendees in developing a roadmap to CHHSA interoperability.
3. Conduct a pilot project in a key department that will showcase the value of interoperable systems.

The project team chose both option 2 and a small scale effort at option 3 as a proof of concept for integrating systems required to improve the Psychotropic Medication Authorization for Foster Care activities as outlined in following diagram:

4.4 Element 4: Impact and Goals

Options: The goals of the project focused on four change drivers:
- Governance and Leadership
- Information Technology
- Organizational Change Management
- Confidentiality and Privacy (as it relates to data sharing)

The roadmap for implementing these change drivers is contained in the attached Interoperability Roadmap. For example, we did an analysis of the POC effort to show how the new governance model processes capture and drive change in alignment with the ACF goals as follows:

ACF Goal #1: Improve Client Service Delivery

Shorten length of time for administering psychotropic medication
Better decisions with access to full medication history
Better information available for court

ACF Goal #2: Reduce Errors/Integrity Improvement

Reduce the risk of conflicting medications
Reduce data entry errors
Eliminate prescribing of medications already proven ineffective
Reduce the risk of loss of paper files

ACF Goal #3: Create Administrative Efficiency
Eliminate duplication of prescriptions
Replace paper-based manual process
Reduce costs of transporting paper files

Financial Incentive

The other key optional goal should be a financial indicator. From our Proof of Concept activities, we could easily assume a ten percent better outcome of reduced medication purchases.

Currently California serves 58,000 foster care children spending $28 million/year on prescriptions. Wit the assumption we can decrease dispensing these medications by 10%, it would be possible to save $2.8 million annually.

4.5 Element 5: Options Cost Benefit

The State considered the cost benefit options by considering: "How this project would impact the implementation of an interoperability roadmap." If an option didn't drive an actual implementation of the plan, then its benefit would be zero.

Additionally, with county representatives' input and feedback thru a collaborative effort in each of the change driver work groups, the project team established and developed Change Leaders, designated to drive the implementation of interoperability roadmap. The project benefited by participation from representatives of the following counties (there are 58 counties in California):

County of Alameda	County of Placer	County of Yolo
County of Lassen	County of Sacramento	County of Contra Costa
County of Los Angeles	County of San Bernardino	County of Riverside
County of Madera	County of San Diego	County of Ventura
County of Monterey	County of Santa Clara	County of Napa

4.6 Element 6: Enterprise Architecture and/or Modules

The recommended Information Technology Enterprise Architecture was developed (see attached Interoperability Plan) such that a full blown effort to inventory the "as-is" environment is not necessary. The problem of the current state is clearly defined. The opportunity for integrating systems, with implementation of:

- an effective governance model,
- a legal change of mind-set to "getting to yes" for data sharing,
- and an effectively executed organizational change management strategy

These lead to a direct path for implementing high value projects that will lead to improved constituent health and human services.

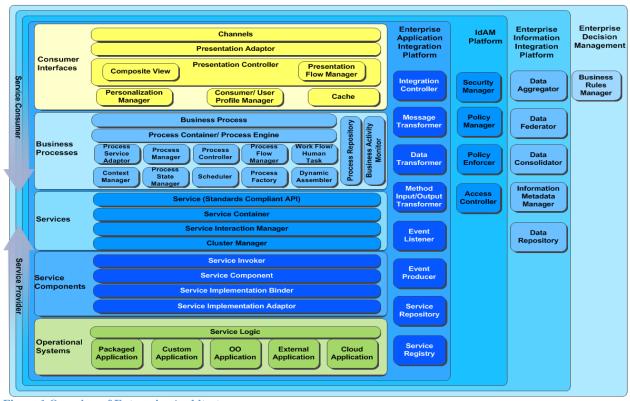A general look at the enterprise architecture is in the following diagram:

Figure 1 Overview of Enterprise Architecture

4.7 Element 7: Exploration Answers

One of the key answers we discovered was to find out how quickly we could stand up an integrated system solution in proof of concept. The technology solution available can be implemented in months, versus "parts of years."

ORIGINAL QUESTION	FINDINGS
What is our vision for interoperability for Health and Human Services in California?	The California Interoperability Roadmap provides short, medium and long-term vision for systems interoperability and integration in California.
What are the barriers to exchanging data and what can be done to overcome them?	The Legal workgroup produced a survey and a Privacy Framework to review and assess policies and laws that prohibit data sharing.
What data can we share now to improve service delivery?	Development of a Master Person Index was determined to be critical to sharing data across systems.
What other current or near-future initiatives can be leveraged?	The IT work group report included 18 examples of existing initiatives that should be reviewed for potential leverage.
What governance structure and policies are needed to effectively share data?	A Governance organizational structure, along with high level roles and responsibilities was developed by the Governance workgroup

4.8 Element 8: End Result

This project set goals to:
- Create awareness of the value of interoperability for Health and Human Services programs in California.
- Produce a CHHSA Interoperability Plan with a roadmap for Interoperability within CHHSA.
- A Governance Model
- An Organizational Change Management Plan
- A Legal Framework for managing data sharing opportunities
- Produce a 24 month Implementation Strategy that specifically defines activities to be completed.

The attached Interoperability Plan is summarized in the roadmap below.

Overview: California State Systems Integration and Interoperability Roadmap

	0 - 6 Months	6 – 24 Months	Beyond 2 Years
Governance	• Begin formalization of strategic level of governance model. • Begin process for staffing governance liaison position.	• Establish and staff major elements of the governance model • Draft governance policies, processes, and procedures. • Establish repositories. • Implement governance.	• Fully implement and follow governance across CHHS and counties. • Formalize mature governance policies, processes, procedures, and repositories.
Legal and Confidentiality	• Complete and compile survey on barriers to info sharing. Start analysis. • Finalize the Privacy and Confidentiality Framework.	• Complete analysis of survey results. • Prioritize/escalate through governance model and Privacy and Confidentiality Framework. • Categorize issues into buckets for action.	• Work with stakeholders to establish protocols for data./info sharing under formal agreements..
Information Technology	• Education and outreach re standards. • Identify lessons learned and document a process for collecting them. • Look for synergies across enterprise architectures and plan integration approach. • Influence CWS-NS procurement. • Implement early wins. • Focus on core/foundational capabilities and identify related info exchanges. • Enlist sponsors and support; establish collaboration forum; determine how to coordinate activities.	• Assess active projects and review plans in governance process. • Influence CA Dept of Technology re standards. • Determine how to apply lessons learned and document a planning process to incorporate. • Adjust and integrate enterprise architectures. • Test architectures through governance. • Establish common solution for info security. • Implement "Blue Button". • Identify data sharing needs. • Build on the core capabilities. • Build on lessons learned. • Adopt standard data dictionary. • Collaborate!	• Plan for full implementation of key concepts and standards. • Follow mature governance processes. • State and county systems integrate with intrastate HIE. • Integrate consortia systems SAWS. • Build on the core and initial capabilities. • Collaborate!
Organizational Change Management	• Identify key stakeholders and assess stance towards interoperability. • Cultivate champions to communicate and market interoperability. • Initiate development of personas to deepen understanding. • Develop communications plan.	• Adopt and track performance metrics. • Identify and prioritize behavior change needed. • Evaluate infrastructure and adjust.	• Monitor progress. • Continue to evaluate and develop personas to reflect evolving system of delivery. • Continue evaluation of organizational infrastructure.
Synthesis	• Define common vision for interoperability. • Identify and recognize champions. • Develop communications plan. • Refine/develop materials to foster cultural changes to adopt client-centered approach. • Develop detailed implementation plan. • Assess skill gaps. • Disseminate info re national standards CA has adopted.	• Establish funding strategy and tactics. • Identify security standards and protocols. • Identify approach for interoperability and adopting standards in all major system changes and procurements. • Champion culture change. • Develop workforce development plan and begin training.	• Measure progress towards client-centric approach. • Confirm plan for adopting standards. • Make training available for workforce development. • Initiate work on other change drivers (customer focus; open and inclusive processes; innovative funding; public and political will; data and performance measurement systems; bridging service silos)

Figure 2 Overview of Interoperability Roadmap

Implementation Strategy:

Components of the 24-month Implementation strategy include:
- Scope statement for the first 24 months
- Deliverables Listing for the first 24 months
- Configuration of any required systems/interfaces
- Cost Models
  - First 24 months estimate
  - Five year estimate
- Project work Plan (MS Project)
- Statement of Work to solicit consulting expertise

4.9 Element 9: Breadth

The scope of the Interoperability effort includes all of California Health and Human Services Departments as listed below:

Departments
- Department of Aging
- Department of Alcohol and Drug Programs
- Department of Child Support Services
- Department of Community Services and Development
- Department of Developmental Services
- Emergency Medical Services Authority
- Department of Health Care Services
- Department of Managed Health Care
- Managed Risk Medical Insurance Board
- Department of Public Health
- Department of Rehabilitation
- Department of Social Services
- Department of State Hospitals
- Office of Statewide Health Planning and Development

Offices
- Office of Health Information Integrity
- Office of the Patient Advocate
- Office of Systems Integration

4.10 Element 10: Human Services Programs and Initiatives

CHHSA is pleased to report the following current initiatives in place to continue efforts toward interoperability within the agency.

(1) California Department of Social Services has created an Office of Horizontal Integration to promote the sharing of human services information between the 13 departments and offices that fall under the Agency.   The Office has been created staffed with a manager and two staff and is currently defining the major objectives for the coming years.

(2) The CHHS Enterprise Architects are currently implementing a multi-year plan to introduce and implement standards such as MITE, NHSIA and NIEM into CHHS departments.

(3) The CHHS Chief Counsels recently created a task force to address data sharing challenges among departments internally and also with other state and county entities.

(4) The Governance structure proposed by the SSIIP project has been conceptually approved by CHHS management and a request for funding has been submitted to staff the "governance liaison role beginning July 1, 2014.

4.11 Element 11: Information Technology Initiatives

The California Health and Human Services Agency has adopted national standards for purchases of information technology related systems. This direction is consistent with the State Department of Technology. These standards include but are not limited to:

- National Human Services Interoperability Architecture (NHSIA)
- National Information Exchange Model (NIEM),
- Medicaid Information Technology Architecture (MITA)
- Other information sharing standards associated with NHSIA and MITA

A work group formed (IT Committee) during the planning process to complete analysis of the "as-is" and formation of the "to-be" enterprise architecture.. Here are their findings and recommendations:

1. Adopt National Standards
2. Leaders Support Key Concepts
3. Consider Adopting standards/Concepts at Every Opportunity
4. Build on Lessons Learned
5. Integrate Health and Human Services Architectures
6. Implement Actions for Specific Initiatives/Systems

7. Focus on High Priority Common Processes/Capabilities
8. Focus on High Priority Common Information Exchanges
9. Continue Collaboration

The IT committee identified several ongoing or upcoming IT initiatives that should be leveraged to further interoperability. In some cases, it would make sense to inject interoperability objectives into the initiatives. In others that already have strong interoperability aspects, the agency, departments, counties, and partners should maximize the value of the initiative for interoperability by reusing design, components, or other project elements. See the attached Interoperability Plan for the list of initiatives.
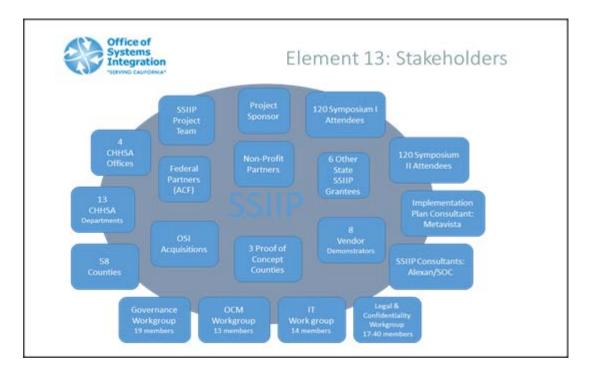
4.12 Element 12: Health Intersection

Not applicable to this project.

4.13 Element 13: Stakeholders

All 13 CHHS Departments were included in generating the planning phase deliverables and more than 22 counties provided their resources for inclusion in the development of the interoperability roadmap. Near 120 people attended the first symposium; the second symposium was attended by 132. The attendee profiles are below.

Symposium I Attendee Profile	
39%	State
22%	County
4%	Associations
11%	Legal Community
13%	Federal / Other
11%	Staff / Project Team

Symposium II Attendee Profile	
53%	State
27%	County
8%	Private Sector
5%	NFP / Foundation
3%	Legislature
2%	New York City
2%	Acadamia

The impact of the SSIIP project went beyond just the CHHS departments. The project effected many other organizational entities as evidenced by the stakeholder chart that follows:

4.14 Element 14: Privacy and Confidentiality Framework

The State Systems Interoperability and Integration Project (SSIIP) drafted a Privacy and Confidentiality Framework to address and help overcome barriers to sharing necessary and relevant data/information in the administration of public programs under the purview of the California Health and Human Services Agency (CHHS).   More information can be found in the interoperability roadmap to the following key deliverables:

1. Drafted key elements for interagency data sharing agreements;
2. Developed and administered an Interoperability Survey to identify specific areas in which there have been denials of, or barriers to, sharing or exchanging data/information, aka interoperability; and
3. Reviewed and provided feedback on the Governance Model structure and roles/responsibilities related to privacy and confidentiality.

4.15 Element 15: Benefit to Other States

The California Interoperability Plan contains ideas and recommendations that could provide a head start for other states.   From a project organization stand point, dividing the project stakeholders into four committees allowed participants to focus on their areas of interest and expertise. The committees or work groups included representatives from the counties and different departments within CHHS. The diversity of perspectives and knowledge was invaluable to the 'committees' efforts. Adding representatives from the client community (those who receive health and human services) and health and human services information system user communities would enhance future collaboration.

The following project deliverables were created during this effort and are available for re-use by other states:

- Interoperability Roadmap (6 months to 5 years)
- Governance Structure with Roles and Responsibilities
- Legal/Confidentiality Framework
- Organizational Change Management Plan
- Sample "No Cost Request for Demonstration"
- Three Interoperability Videos
- Collaboration Web Site
- Proof of Concept Case with three demonstrated solutions

The recommendations made by the committees for this California interoperability and integration project may be useful to other states as reference materials or a starting point. In many cases, the recommendations are not unique to California and/or could be tailored to fit other states. The SSIIP seeks lessons learned by other states and will continue to reach out to learn from their experiences.