

Working together is hard work: Establishing the State of Washington Health and Human Services Enterprise Coalition

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| Category | Cross-Boundary Collaboration & Partnerships |
| State | Washington |
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| Project Initiation and End Dates | Fall 2017 – Fall 2020 |

Roadmap

- 3rd Quarter 2017 – Governance Committees Formed
- 4th Quarter 2018 – Enterprise Project Management Office Established
- 1st Quarter 2019 – Washington Legislature Formally Recognizes Coalition
- 2nd Quarter 2019 – Coalition Criteria Established, Project Inventory Conducted
- 3rd Quarter 2019 – Coalition Vision Established
- 1st Quarter 2020 – Coalition Portfolio Processes Established
- 3rd Quarter 2020 – Integrated Eligibility Program Established
- 3rd Quarter 2020 – Master Person Index Roadmap Completed

Executive Summary

Nearly three million Washingtonians are assisted in reaching their full human potential through over 75 health and human services programs that support foundational well-being. These programs are administered across four state agencies and the state’s public-private health benefit exchange partnership as well as thousands of community and vendor/contractor partners, supported by myriad IT systems.

In 2017, the heads of the four agencies and the health benefit exchange decided an intentional cross-organization collaboration was essential to improve service delivery, public stewardship, and client experience. This led to the establishment of an IT project governance framework called the Health and Human Services Enterprise Coalition or HHS Coalition.



The creation of the HHS Coalition was driven by HHS Coalition agency leadership input, federal funding agency expectations and the governor and legislature expectations around coordination for IT investments. The HHS Coalition has established three levels of governance committees that ensure strategic, operational and tactical focus on initiating new projects, and their associated investment of public funds to meet HHS Coalition business needs.

To support collaboration, Washington leaders developed a vision to align the needs and priorities of the HHS Coalition organizations. This process identified focus areas for the HHS Coalition to work on and areas where the leaders would like to establish enterprise standards for shared assets to be used across multiple organizations. This work set the vision for two planned projects – Master Person Index and Integrated Eligibility – that will fundamentally affect each organization, by direct involvement or by creating an asset used for future IT projects.

At any given time, there are nearly 30 projects in the HHS Coalition portfolio, and 10 projects have successfully completed since the inception of the Coalition. This intentional collaboration, and the resulting relationship- and trust-building, have been essential in responding to the challenges posed by the COVID-19 pandemic. One major successful cross-organization project is the recent implementation of an electronic asset verification system to expedite eligibility for specific Medicaid programs; the project’s implementation approach saves over 50,000 hours of manual staff processing work per year and avoided the loss of \$112 million in federal funding.

The HHS Coalition is making a broad contribution to its collective goals and to the state’s strategic vision. Acting State CIO Mark Quimby explains, *“Having five of the key state agencies commit to a set of shared governing principles and a cohesive architecture is a remarkable achievement. This work promotes the Governor’s vision and furthers technology priorities such as improved cybersecurity and privacy, reuse of*

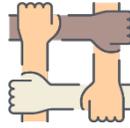
core technologies and cloud adoption. I consider the work of the HHS Coalition to be some of the most strategically impactful activities underway in Washington state government.”

Idea

More than 75 health and human services programs deliver vital services supporting almost three million Washingtonians in reaching their full human potential through cash assistance, childcare subsidy, food assistance, health insurance programs, immigrant/refugee assistance and medical assistance.



75+ Programs



~2.9 million people



~\$17 billion/year

Washington state agencies, public-private partnerships, and community and vendor/contractor partners deliver the programs, which expend approximately \$17 billion annually. In addition, public health programs and services improve population health for all Washingtonians.

This crucial network is supported by a complex, interrelated web of IT systems that support a range of functions including eligibility; case management; benefit issuance; provider payments; public health activities; analytics; and other functions used by program beneficiaries; case workers; service providers and organizations; and program staff. While only a small portion of program expenditures, the spending on these systems runs tens of millions annually with significant federal funding investments.

The leaders of Washington’s state health and human services organizations decided that increased collaboration on IT investments is critical to improving the health and well-being of the people, families and communities of Washington by promoting service coordination. Additionally, the Centers for Medicare & Medicaid Services required that Washington establish governance to oversee its Medicaid-funded technology projects as a federal funding condition. The leaders decided to establish the HHS Coalition as a collaborative to govern IT project investments across Washington’s HHS organizations, and the Washington Legislature formally recognized the HHS Coalition in the 2019 legislative session.

The organizations in the HHS Coalition are the Washington State Department of Children, Youth, and Families (DCYF),

HHS Coalition leaders established five goals:



Defining IT vision and strategic objectives and ensuring IT projects align with them.



Defining and implementing a decision-making framework for IT projects.



Providing a forum for identifying opportunities and addressing issues.



Monitoring IT project performance and addressing issues that impede progress.



Promoting communication about program and operation goals, and IT projects.

Department of Health (DOH), Department of Social and Health Services (DSHS), Health Benefit Exchange (HBE) and Health Care Authority (HCA), with the Office of the Chief Information Officer (OCIO) and the Office of Financial Management (OFM) serving as ex-officio members.

Implementation

The HHS Coalition organizations balanced time spent on establishing the governance model and achieving the identified goals with current, ongoing work on IT investments, focused on four areas:

1. **Structure:** It was necessary to determine how the cross-organization collaboration would be organized and the structures that will carry out the work.
2. **Vision:** In order to align the work, the leaders needed to establish a shared vision for what things are most important for the HHS Coalition to work on together.
3. **Scope:** It isn't feasible or realistic for the HHS Coalition to be concerned with all projects in all organizations, so it was necessary to determine how to identify projects of collective interest.
4. **Process:** The HHS Coalition needed to determine a set of collective expectations on how to govern projects when they fall within the HHS Coalition.

Structure

The HHS Coalition has established three levels of governance committees that ensure strategic, operational and tactical focus on HHS Coalition-related IT investments and their associated investment of public funds. The committees are hierarchical and have shared responsibilities for HHS Coalition activities. Fifty leaders from each of the HHS Coalition organizations participate in the committees, from the top executives to business, IT and financial leaders and subject matter experts. The HHS Coalition also established an Enterprise Project Management Office in 2018 with two staff members and contractors that support collaboration activities, communication and continuity across governance.



Vision

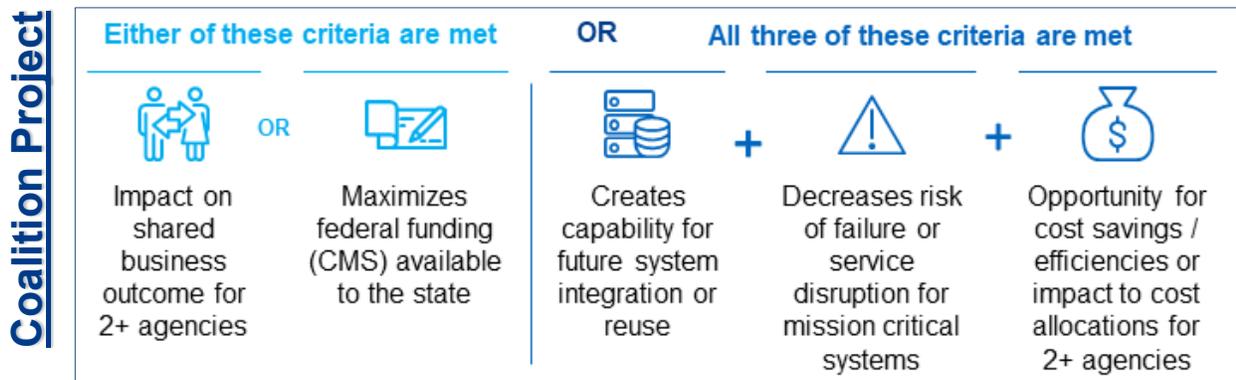
In 2019, HHS Coalition leaders completed a visioning process to align their needs and priorities and articulate how they want to collaborate across IT investments and projects in service to Washingtonians.

This process resulted in the HHS Coalition Vision for Technology Investments. The HHS Coalition Vision for Technology Investments has five identified focus areas for the HHS Coalition’s work, and five areas to establish enterprise standards for shared assets that will be used across multiple organizations.



Scope

The HHS Coalition had to determine how best to focus its collective work and oversight of project investments in its organizations. In Spring 2019, the HHS Coalition collaborated on a set of criteria to define what is a “Coalition Project.” The criteria, illustrated below, are focused on elements of IT investments that are important to Washington and federal funders. The HHS Coalition also identified criteria for a secondary tier of these projects that would benefit from enhanced collaboration, based on a variety of factors such as HHS Coalition organization involvement, complexity, alignment to HHS Coalition strategies and other success and risk factors.



After establishing the criteria, each organization screened a list of current and planned IT projects to see if they met the definition of a “Coalition Project.” Of 137 projects screened, 29 were identified as within the HHS Coalition portfolio, and seven of these met the secondary tier criteria for enhanced collaboration focus.

Process

Once the HHS Coalition determined the scope of Coalition Projects and the size of the portfolio, its focus turned to developing a set of procedures to guide how projects would interact with the HHS Coalition. A workgroup of representatives from each of the HHS Coalition organizations met in late 2019 and early 2020 to discuss what the HHS Coalition oversight process aims to achieve and what it might look like. The workgroup considered how to provide oversight of these investments in alignment with existing state IT project oversight, which already applied to many of the projects in the portfolio. The result of the workgroup was a procedure handbook to guide organizations in how to engage with the HHS Coalition from the earliest phase of an idea about an IT project through planning, implementation and close-out, as well as ongoing monitoring during the project's lifecycle. Having these procedures in place provides a map for managing projects as a collaborative even when each of the HHS Coalition organizations has different cultures, practices and policies.

Impact

HHS Coalition members see their collaboration as still being in the early stages, however the organizations are seeing the first fruits of tangible and intangible benefits. The HHS Coalition is actively monitoring a portfolio of approximately 30 projects and 10 projects have completed successfully since the establishment of the HHS Coalition portfolio. HCA Director Susan Birch said, *“Working with the other Washington health and human service leaders improving our state health IT systems was an important endeavor under the Inslee administration. It became even more critically important when the pandemic hit. We are better able to have a smoother process in accelerating adoption and implementation of modern, scalable IT solutions because we had an established governance process. As our state recovers, deals with inequities, interoperability and cybersecurity requirements, our team of HHS secretaries and directors will have greater clarity and efficiency in responding.”*

A great example of cross-organization collaboration is the implementation of an electronic financial asset verification system for specific Medicaid programs lead by DSHS. This project expedited eligibility determination for initial applications as well as continuing coverage for approximately 300,000 older adults and individuals with disabilities; the project's innovative approach implemented these verifications in a manner that saves over 50,000 hours of manual processing by financial eligibility staff members. Electronic verification also allowed Washingtonians to “Stay Home and Stay Healthy” during the COVID-19 pandemic by not requiring a visit to state offices or mailed documentation to complete verifications. The timely launch of this program improved program integrity and preserved state funding resources by avoiding a loss of \$112 million in federal funding if the state didn't implement the system. DSHS Secretary Cheryl Strange noted, *“Washington residents deserve an effective and responsive government. In today's world with so many human services being delivered across multiple government agencies, it is imperative to have a governance structure that protects their interest, delivers on service, and ensures wise investments of taxpayer dollars.”*

In addition to IT projects, the HHS Coalition has established topical workgroups as needed. One current workgroup is related to policy and technology considerations in serving people with non-binary gender identity and the impacts of associated IT system changes. The workgroup developed a training that is

being delivered to more than 15,000 customer-facing staff in assisting non-binary individuals in navigating the IT systems and has inventoried over 100 systems to determine where changes to the storage and capture of sex and gender data would have downstream impacts. The next step is for the group to determine a uniform way to capture the data and the best order to make these changes. DCYF Secretary Ross Hunter noted, *“The Coalition agencies are all dependent on a complex, interrelated ecosystem of hardware and software that determines eligibility and allows effective administration of services to families in Washington. Joint governance allows us to make decisions that reflect a balanced view of our mutual needs. Our agencies now understand our partners’ dependencies and work with each other, producing better outcomes for the families we serve. In addition, joint planning is building a more flexible system that will allow better response to emergencies like the current pandemic.”*

From the visioning process, the HHS Coalition leaders identified two initiatives – development of a Master Person Index and a modern Integrated Eligibility solution – that will fundamentally affect each HHS Coalition organization. These two initiatives are in the planning and funding request phases and are providing a successful model for cross-organization collaboration on implementation and governance of IT systems, with a Master Person Index roadmap being established in summer 2020 and an Integrated Eligibility vision established around the same time. The Master Person Index planning has also provided a springboard for a related effort to support DOH’s data and processes for COVID-19 contact tracing, automating the matching of tens of thousands of records per week and saving many hours of manual labor. DOH Secretary Umair Shah reflected, *“Public health infrastructure, including technology systems, has long been under-funded, and the pandemic made this visible to all. Participating in the HHS Coalition has allowed us to identify opportunities to stretch limited public health resources through match dollars, and during the pandemic, our partner agencies have made space for us to accelerate systems development to meet response needs, while doing so in a way that keeps longer-term shared investments and solutions in view.”*

The HHS Coalition engaged a third-party evaluation of the governance model and processes in late 2020. The evaluation identified key strengths in the collaboration, including strong or improving trust across organizations, strong communications within and across governance committees and smooth operations of the governance portfolio processes. The evaluation also highlighted some opportunities to improve that are driving the next round of continuous improvement for the HHS Coalition, focused on streamlining processes, updating roles and responsibilities for committees and enhancing collaboration across organizations. HBE CEO Pam MacEwan observed, *“We have learned how dependent we are on each other to optimize our technological capabilities. The HHS Coalition has enabled us to work together effectively and move more expeditiously to provide enhancements to the people we serve. The experiences of the past year responding to the pandemic has made it very clear that we can optimize service if we collaborate.”*

Additional Resources

<https://www.hca.wa.gov/assets/program/health-human-services-enterprise-coalition-20191126.pdf>