Disclaimer: DCFS intends to publish the Planning Advanced Planning Document (PAPD), approved November of 2016. However, the agency is currently in the process of finalizing the Implementation Advanced Planning Document (IAPD) which will provide a more complete, updated, picture of the Agency’s actual need in relation to Comprehensive Child Welfare Information System (CCWIS). A redacted version of the IAPD will be provided with the upcoming CCWIS RFP.
November 9, 2016

Rafael López, Commissioner
Administration on Children, Youth and Families
US Department of Health and Human Services
1250 Maryland Avenue, SW
Pentagon Building, Suite 8000
Washington, D.C. 20024

Attn: Mr. Terry Watt, Director
Division of State Systems
Room 8136, 1250 Maryland Avenue SW

Dear Mr. Watt:

The Illinois Department of Children and Family Services (DCFS) is pleased to submit the enclosed Planning Advance Planning Document (PAPD) for ACF’s review and approval. DCFS envisions the replacement of the existing Illinois Child Welfare System (ICWS) with a Comprehensive Child Welfare Information System to support the Department’s integrated business model.

DCFS is projecting the Planning Project estimated cost to be $5,658,906, and is requesting Federal Financial Participation (FFP) of $2,829,453. The Department looks forward to receiving your response so that activities set forth in the accompanying document may proceed. If your office has any questions please contact Roxanne Lizzano, Senior Deputy Director and Interim CIO of the Office of Information Technology Services, at (312) 814-1770 or via e-mail at roxanne.lizzano@illinois.gov.

We appreciate the support ACF has provided during the phases of ICWS. We look forward to your continuing support.

Sincerely,

[Signature]

George Sheldon
Director
Illinois Department of Children and Family Services

CC: Kendall Darling, MHD, Regional Program Administrator
    Mr. Terry Watt, Director, Division of State Systems
    Roxanne Lizzano, IDCFS
    Amber Wright, IDCFS

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EXECUTIVE SUMMARY

Introduction

The Illinois Department of Children and Family Services (DCFS) is designated as the single State agency for planning and coordination of child abuse and neglect prevention programs and services in accordance with 20 ILCS 505/ Children and Family Services Act. DCFS partners with over 80 private child welfare purchase of service (POS) agencies in order to assist the Department in the provision of services to our children and families. Additionally, Governor Rauner issued Executive Order 01-16 establishing the Department of Innovation & Technology (DoIT), a new state agency with responsibility for the information technology functions of agencies. Therefore, all DCFS technology employees are now DoIT employees.

DCFS has embarked on strategic and transformational work in support of its commitment to acting in the best interests of every child it serves and to helping families by strengthening their ability to provide a safe environment for their children when they are at risk of abuse or neglect.

Accordingly, and in an effort to establish a strategic framework for the transformational work, DCFS leaders came together with leadership from the Child Welfare Advisory Council (CWAC) in February of 2016 for an externally facilitated strategic planning session. This committee represents a collaborative partnership between state and private sector stakeholders. The Department’s 2016-2021 Strategic Plan redefines its direction on how the Department supports children and families by building on both successes and lessons learned while launching into a 21st Century approach. The strategic plan has been vetted by communities and stakeholders across Illinois for feedback and suggestions, and the final plan was formally rolled out at the State's inaugural Child Welfare Summit in October 2016.

On January 27, 2016, Governor Bruce Rauner announced the Health and Human Services (HHS) Transformation in Illinois to become a system of coordinated and community based supports for vulnerable children and families in Illinois. DCFS Director George Sheldon has been at the center of the development of this transformation plan that is inclusive of five major areas:

- Education and Self-Sufficiency
- Moving from Institutional to Community Based Care
- Paying for Value, Quality & Outcomes
- Prevention and Population Health
- Data Integration and Predictive Analytics

The HHS Transformation framework is also the guiding framework for the DCFS transformation. Each priority detailed in the DCFS strategic plan is a demonstrated operationalization of the framework. Working across the multiple Illinois HHS Agencies is also necessary to have the greatest possible impact on vulnerable children and families.
In alignment with this effort the Department has been preparing to modernize its overall Enterprise structure to facilitate data sharing and analysis that is necessary for holistically meeting the needs of the children and families of Illinois. A number of projects need to be successfully launched and executed by DCFS for this alignment and framework to successfully deliver integrated, proactive and preemptive services to the people of Illinois. These are:

- ICWIS Replacement
- Mobility
- Data sharing
- Data cleansing
- Analytics and Business Intelligence
- Enterprise Imaging/Workflow (critical for ICPC and Case Management)
- Integration/Enterprise API

In support of this modernization effort the Department intends to pursue a Comprehensive Child Welfare Information System (CCWIS) and is requesting Federal Financial Participation (FFP) from the Administration of Children and Families (ACF). The requested funding will be used to secure staff and consulting resources to conduct the necessary project planning activities associated with the pursuit of a new CCWIS. At present, there are four (4) acquisition options under consideration:

- Option #1: Replacement of the Department’s current systems with a Commercial Off-The-Shelf (COTS) product;
- Option #2: Replacement of the Department’s current systems with a transfer system that meets the majority of the business practice needs;
- Option #3: Replacement or supplementation of the Department’s current systems with a custom built product;
- Option #4: Redesign and supplementation of the Department’s current ICWIS and integration and/or retirement of legacy systems.

As part of the state’s transformation, Illinois has submitted an 1115 waiver request. HHS transformation seeks to improve population health, improve experience of care, and reduce costs. It is grounded in five themes:

- Prevention and population health
- Paying for value, quality, and outcomes
- Rebalancing from institutional to community care
- Data integration and predictive analytics
- Education and self sufficiency

Appendix A displays the State of Illinois’ exhibit 5 from the 1115 waiver request. The CCWIS will be a key component of DCFS participation.
This document describes the Department’s vision with respect to the desired solution and the intended plan to explore the options under consideration. The objective of this feasibility effort is to foster an open dialogue with stakeholders to collect and produce necessary requirements and analysis documentation for the CCWIS Request for Proposal (RFP) and submittal of the Implementation Advance Planning Document (IAPD).

It is the Department’s intent to leverage existing technology resources to reduce development costs and to integrate with new technologies to create a robust package that meets the needs of the users and Department.

**Background**

ICWIS, the primary case management application, is a custom-built application. The Intake/Investigations phase was launched in 2002 and the case management phase was launched in 2003, with private agency access granted in 2003-2004. Private purchase-of-service (POS) child welfare agencies provide full-service case management to slightly more than 80% of the children in care (in the legal custody of the Illinois DCFS), 90% of the full-service case management to Intact Families, and 100% of residential services (case management is done by both POS and DCFS). The ICWIS includes the following pieces of work (summarized):

- Intake
- Investigations/child protection (includes case opening processes)
- Case Maintenance/Management (numerous modules) for all types of cases including child placement, family and Intact.
  - General history
  - Person
  - Relationships
  - Assessments
  - Planning
  - Decision
  - Assignment tracking
  - Case and Contact notes
  - Resource referral
  - Peer Review
  - Case Summary
- Person Management
  - Basic Demographic information
  - Contact Information
  - Criminal Information
  - Legal/Placement (screen scraped from CYCIS)
  - Person Profile
  - Education
  - Health
  - Photos/Fingerprints
A decision was made in 2003 to stop pursuit of a certified SACWIS. That decision resulted in several needed modules being left out of the ICWIS, the building and maintenance of numerous interfaces, and the retention of several paper/data entry processes. These paper processes result in data disparity and synchronization problems and errors. The many stand-alone systems are testament to the need for a more integrated child welfare information system.

While there have been numerous enhancements to the ICWIS since its deployment, the need still exists to tie all case management applications together in a comprehensive system; the CCWIS rules will allow Illinois to accomplish that goal.

The Department relies heavily on the functionality of and information from the following in-house systems. These include legacy and ancillary systems, all of which will be consolidated, decommissioned, or will have bi-directional integration with the CCWIS environment.

- ICWIS – Illinois Child Welfare Information System. This is Illinois’ non-certified SACWIS. Interface to CYCIS. Part of the source data for AFCARS/NCANDS.
- CYCIS – Child and Youth Centered Information System. Interface to ICWIS. Directly integrated with MARS. Part of the source data for AFCARS/NCANDS
- MARS – Management And Reporting System. Directly integrated with CYCIS.
- PHT – Psychiatric Hospital Tracking (pulls demographic data from CYCIS)
- ACR – Administrative Case Review (pulls demographic data from CYCIS)
- IA – Integrated Assessment (pulls demographic data from CYCIS)
- SOC – System of Care (pulls demographic data from CYCIS)
- FAC – Family Advocacy Center (pulls demographic data from CYCIS)
- IB3 – Infant Birth to Age Three (pulls data from both CYCIS and ICWIS)
- CWEL – Child Welfare Examination and Licensing. Part of the VTC. Interface to CYCIS.
- VTC – Virtual Training Center (stand-alone)
- Illinois Outcomes (pulls child name/ID, caseworker assignment and supervisor data from CYCIS)
  - Residential Treatment Outcomes System
  - Integrated Assessment processes
  - CANS assessment processes
- PAS – Permanency Achievement Specialists (stand-alone)
- ICPC – Interstate Compact for the Placement of Children (stand-alone). Currently undergoing a change-over to NEICE which will eventually be a part of the ICWIS.
- MBS – Medicaid Billing System (stand-alone)
- CIPP – Clinical Intervention for Placement Preservation(stand-alone)
- CMT – Centralized Matching Team (stand-alone)
- DIYMONS – Dually Involved Youth Monitoring System (stand-alone)
- CDRT – Child Death Review Team (stand-alone)
- Cook County Courts data transfer to DCFS
- Cook County Public Schools data transfer to DCFS
Appendix B demonstrates the As-Is Data Feed Structure representing the Department’s many disparate systems and how data is transferred to and from each.

In 2014, the DCFS Integrated Performance Management Reporting Project (IPMR) was created based on a request from DCFS and the Governor’s Office to the Illinois Framework Team to provide strategic analysis services to assist DCFS in making decisions about its case management information systems and related business processes. In the project’s final recommendations document, the critical need for improvements in the overall ability for agency leaders and workers in the field to access information about the status of the children and families for which DCFS is responsible was identified as the primary issue.

Currently, Health and Human Services agencies are not integrated and therefore do not have the ability to share data. This deficiency in data, analytics, and transparency is hindering the State’s success in its ability to coordinate services, identify services that can be provided as a preventive measure, address “whole-person” needs, decrease duplication, and identify gaps to reduce costs. Illinois’ vision for integration is ambitious, and the current provider delivery system is not structured to support it.

Appendix C illustrates the DCFS As-Is Intra-agency Relationship showing the current lack of collaboration.

STATEMENT OF NEEDS

Business Case

DCFS has taken steps to initiate improvements in the reliability, accuracy, and timeliness of information needed to protect children and support families in our current case management systems and supporting data platforms. Maintaining multiple technical systems and applications for case management is very costly, both in dollars and the provision of services to children and families. Additionally, a child-centric approach to service provision is hindered by the fact the child specific data resides on various platforms.

ICWIS is currently written in ASP.NET and is supported by the Child and Youth Centered Information System (CYCIS), a mainframe legacy system which requires a nightly batch feed to ICWIS for synchronization. Due to the nature and age of the mainframe component, and the existence of numerous antiquated siloed systems, users confront duplicate entry of information, cumbersome processes, and the lack of major capabilities required to effectively support our programs. They face several unnecessary challenges in the Financial Management, Electronic Document Management, and interoperable functions. As noted previously, POS agencies manage over 80% of the cases; however, POS agencies do not access or use CYCIS.

The ICWIS system is supplemented by over 30 disparate data systems. Several of them are legacy mainframe. Due to the lack of integration, the Department is faced with gaps between systems, making it impossible to get to one source of truth in reporting and a comprehensive view of the child and family. The state of current DCFS systems presents barriers to service delivery and permanency.
for children and youth.

The challenge of data quality and availability limits effective, proactive performance management. Standard reports for key case management activities are inconsistent and are further confounded by pervasive timing and data synchronization issues. The data conveyed is often dated (lag could be 30 days or more) and aggregated at high levels. Its value to daily planning and oversight for case management activities is therefore impaired.

Additionally, the ICWIS does not fully support all ACF federally-prescribed requirements, nor does it effectively support an integrated business model. For one example, proposed changes to the AFCARS requirements will necessitate a complete rewrite of an out of date system so implementation will take longer than allowed and consume critical resources that would be more valuable in the effort to achieve a CCWIS.

The Department aims to discontinue supporting the deficiencies in these existing systems that inhibit staff effectiveness, data integrity, and reporting and focus our efforts to achieve a modular solution that can not only meet the needs the Department has today but have the ability to evolve with technological innovations and the transformation of child welfare.

It is imperative that DCFS align its technology programs and platforms with the work of the State’s Health and Human Services Innovation Incubator (HHSi2) team. The following diagram is a pictorial presentation of DCFS’ technology and analytics requirements and initiatives and will help focus the Department’s attention on integrated service delivery for the citizens of Illinois while maintaining the strategic alignment with the state’s Enterprise Architecture and future data sharing with external sources.
Objective and Scope

The potential replacement of the Department’s current ICWS with a new CCWIS will allow DCFS to efficiently and effectively assist staff in managing their workloads while helping to ensure and maintain data integrity. Achievement of these goals is necessary for effective decision-making and program modification, and to ensure alignment and integration with the new HHSi2 framework and enterprise architecture.

The in-house applications fall short of the Department’s vision of integrated and coordinated child welfare services information. In addressing this limitation and the other challenges and shortcomings posed by the existing applications, we are committed to acquire a Comprehensive Child Welfare Information System (CCWIS) that will meet ACF federally-prescribed requirements, conform to the State of Illinois and the Department’s enterprise architecture standards, and effectively align with continuing outcomes-driven innovation in child welfare programs.

The following represents some of the anticipated objectives to be accomplished from the planning efforts and the acquisition of a CCWIS:

The Convenience of Comprehensive and Modern Design Architecture Solution

• Integrated Solution: The convenience of an integrated solution will eliminate the need for and the maintenance of additional external systems, eliminate redundancy, streamline entry of data relevant to client demographics and needs, and manual workarounds. It will improve data accuracy and quality, staff efficiency and decision making capacity. An integrated-system solution will also result in a single-authentication process for users needing access to automated resources.

• Flexible Design: The new system will align with industry standards, promote a flexible, modular design thereby enabling the Department to address and implement needed updates to meet changing business needs and evolution in child welfare practices. An integrated modern design will also provide an enhanced end-user interface thereby achieving easy access and navigation based on assigned access.

• Enhanced Maintenance Support and Financial Benefit: The replacement of the Legacy platforms with current technology will allow more timely system enhancements to support evolving child welfare services practice, simplify and lower the risk associated with system maintenance, and reduce operations and maintenance cost.

The Promotion of Information Exchange

• The replacement of the current legacy systems with a new comprehensive solution based on modern technology will provide the interoperable capabilities to support easier and seamless interfaces and appropriate bi-directional data exchanges with mandated, related, and optional systems.

Incorporation of Required Practice Processes

• Eligibility Determination - Title IV-E: Existing in-house applications are not designed to fully support title IV-E eligibility and payment requirements. Hence, the inclusion of the IV-E automated process will significantly improve the capacity to determine eligibility, manage the funds, reduce errors, and easily interface with related systems.
• Financial Management: As part of the state’s data transformation, Illinois is pursuing a financial/HR ERP solution. DCFS is scheduled to go live in the ERP in the first quarter of calendar 2018. A new CCWIS will provide comprehensive, quality data to take advantage of the statewide ERP solution.

• Comprehensive Assessment Tool: The assimilation of a comprehensive family assessment tool will be of great assistance to address the broader needs of the child and family that are impacting the child’s safety, permanency, and well-being. This will also promote the development of an effective service plan.

Utilization of Modern Technology
The opportunity to employ and engage the use of modern technologies and new functionality will be extremely beneficial to both staff and recipients of the services provided.

• Mobile Devices: Improve engagement and outreach by expanding the use of mobile devices and functionality, giving workers and investigators instant access to case information and essential supports, and ensuring the highest quality investigations, interactions, and service delivery. This expansion will include the private agency providers, birth parents, families of origin, caregivers, children, and youth into the system to upload, view, and receive essential information. Mobile technology will also enhance the safety of investigators and caseworkers while in the field.

• E-Signature: This feature supports the mobility of field staff. Staff will be able to sign forms, notes, and in some instances, allow clients to sign the required documents directly from the worker’s device. Benefits of this feature will result in paper and mail reduction, and reduce potential audit findings.

• Document Management: This feature will provide for electronic storage and integration of case records, photos, evidence and other supporting documents into the case record. This will greatly improve the accessibility and delivery of critical information.

• Portal Technology: This feature will provide quicker access of information to providers, interested parties, youth, caregivers, and the community.

Enhanced Reporting Capabilities
• The CCWIS will provide improved data integrity and the ability to collect accurate data necessary to generate and share federal reports in a timely manner with limited manual interventions. The new functionality will include readily available historical and ad-hoc reporting capabilities with both point-in-time and cumulative data elements.

Improved Case Management Advantages
• An improved Case Management component will include dashboards of performance, timelines and work products with due dates, and will allow customization of the user’s landing page to simplify and improve the user’s experience to increase efficiency and productivity. This feature will provide supervisors and managers with the case management metrics needed to prioritize tasks, address overdue and pending items, monitor and evaluate performance. In addition, this will enable case workers to prioritize their cases and tasks, and track their daily
Retention of Needed Existing Functionality
• Significant focus will also be placed on ensuring that all required functionality supported by the current Legacy Systems is supported by the integrated solution to ensure a conversion/transfer that will be as transparent and non-disruptive as possible to the children and families of Illinois, other stakeholders, and the State.

Improved Customer Service
• Most importantly, in conducting the planning discussions and activities for the new comprehensive system, the major focus will be to achieve the Department’s goal to accelerate service delivery thereby improving outcomes for the children and families of Illinois, and generate data that will enhance program evaluation.

Once implemented, the new CCWIS will:
• Enable the Department to meet State and Federal child welfare requirements and be better poised to implement mandated changes to the child welfare program practices.
• Provide the opportunity for bi-directional data exchanges with agencies and partners involved in child abuse and neglect cases, achieving permanent homes for children, and maintaining data needed to create performance measures associated with achieving timely permanency.
• Greatly reduce administrative burdens and maximize efficiency through increased and improved automation. The change will empower workers with modern technologies, eliminate text screens and cumbersome navigation process, and provide a more intuitive user interface for data entry and navigation. These results will lead to quality time being spent with the children and families, thereby producing greater efficiency in the delivery of services and better outcomes for the children and families we serve.
• Reduce redundant efforts in documentation and allow mobile access, and increase face time with children and families potentially improving worker satisfaction and reducing turnover.

PROJECT MANAGEMENT PLAN
Nature and Scope of Planning Activities
The replacement of the Department’s current ICWS with a new CCWIS will allow DCFS to efficiently and effectively assist staff in managing their workloads while helping to ensure and maintain data integrity to assist in decision-making and program modification, and to ensure alignment and integration with the new HHSi2 framework and enterprise architecture is fundamental and key to DCFS’ success.
To help determine the best path forward for the Illinois DCFS while taking into consideration the requirements in the CCWIS Final Rule, the IL DCFS will seek a vendor to conduct a comprehensive study comprised of four primary phases:

- Requirements: As-Is and To-Be
- Alternatives Analysis & Cost-Benefit Analysis
- Implementation Roadmap
- Procurement Support Activities

Requirements: As-Is and To-Be

The Requirements Gathering and Validation effort envisioned for the IL DCFS Feasibility Study will provide a higher level, business view of a newly envisioned system considerate of the proposed CCWIS changes. The documentation to be produced during this effort will present the requirements in a way that can be largely devoid of technical language and is meaningful to users so that they can understand what a system will do and how it can be built. There should be consideration given to opportunities for business process re-design based upon opportunities to leverage existing IL DCFS and other Illinois state technology assets and investments, as well as data interfaces to streamline processes and improve data quality.

The gathering and validating of DCFS requirements should promote the discovery and clarification of the business and technical needs, conditions, and capabilities that are required of a new system to addresses current Child Welfare Program case practice issues and concerns.

In consultation with SMEs, users, and the Department’s authorized external users, the contractor will define requirements that will include the following key functional and non-functional areas:

- Intake
- Assessment
- Case Management
- Placements, Stability & Resource availability
- Permanency
- Foster/Adoptive Family
- IV-E Eligibility
- Financial /Provider Management
- System Interfaces – Future
- Data Management and Quality Monitoring
- Reports (Daily, Monthly, Quarterly, Yearly, Ad-hoc)

The contractor must:

- Delineate its approach to obtaining, defining, and documenting requirements (functional and nonfunctional) in a sufficient level of technical detail to allow for subsequent development and implementation of a new user friendly SACWIS compliant system.
- Identify stakeholders to be included in the requirements elicitation process and methods of obtaining input from across the state, regions, localities, and providers.
- Define comprehensive requirements in accordance with the requirements defined in the RFP.
• Include the Department’s requirements for comprehensive decision support and access to document imaging and faxed documents for all functional and nonfunctional system components as applicable.
• Include the Department’s requirements for expanded mobility alternatives and the implementation of new methods of data entry that ease entry functions for caseworkers.
• The collection and entry of client/case information should be performed through automated means by way of system interfaces.
• Data entry by caseworkers should be minimized to the degree possible and required only when no other methods of data collection are possible.
• Identify the best sources for data collection and entry: System Interfaces, Providers, Schools, Family members, appropriate Internet sites, etc.
• Define these processing capabilities as integrated functional requirements, and defined in such a way that potential contractors for the subsequent design, development, and implementation phase have a clear understanding of the complexity of each requirement and the best potential data collection method.
• Work in conjunction with ICWS technical support personnel in order to obtain meaningful development requirements.
• Maintain a cooperative working relationship and engage State staff on an on-going basis, in all of the activities for which the Contractor is responsible.
• Communicate on Project tasks and activities openly, honestly, prudently, timely, proactively and in the best interest of the Project.

Alternatives Analysis & Cost-Benefit Analysis

The purpose of an alternatives analysis and cost-benefit analysis is to provide DCFS with an objective and quantifiable analysis of available options to be considered as possible solutions for the Illinois child welfare information system. We are at an interesting time in child welfare, given the new ACF CCWIS requirements. This is a drastic change from the previously prescribed SACWIS requirements, and requires careful consideration as we move forward with the Illinois solution.

DCFS would like careful evaluation of non-traditional solutions that consider IL state enterprise assets, Commercial-Off-The-Shelf products, and hosted solutions as possible considerations. DCFS is open to modular technology solution components and agile methodology approaches that would allow for a faster implementation thus yielding immediate benefits to the business and return on our investments.

The contractor shall perform an evaluation of the feasibility of potential alternatives to the status quo to provide the DCFS with an informed view of the landscape of options and how they compare to one another in ability to meet identified business needs. All alternatives and the recommended approach shall be objectively and subjectively evaluated by the Contractor based on the total scope of defined system requirement as documented in the Requirements deliverable.

Following the HHS guidelines, the Contractor shall also provide a Cost-Benefit Analysis for each alternative considered. The Cost-Benefit Analysis shall contain a matrix of the pros, cons and risks of each alternative, cost-benefit data, and estimated Return on Investment (ROI) information.
The contractor must:
• Define methodology and approach for conducting alternatives analysis.
• Identify feasible alternatives to be considered in the analysis, making sure to eliminate alternatives that are not technically, fiscally, or operationally feasible.
• Evaluate Alternatives against identified business requirements.
• Determine Risks and Effects for each alternative.
• Score and rank alternatives.
• Define methodology and approach for conducting alternatives analysis.
• Cost the status quo.
• Cost alternatives.
• Identify and characterize benefits.
• Apply present value factors.
• Conduct Cost-Benefit comparison of alternatives.

Strategic Implementation Plan & Roadmap

The Strategic Implementation Plan and Roadmap provides an informed and documented course toward the recommended solution.

The contractor must:
• Formally document the recommended solution that best meets the defined business needs, based upon the findings of the Alternatives Analysis and Cost-Benefit Analysis activities.
• Identify deployment options and a go-forward strategy for implementing the solution.
• Provide a visual depiction of the roadmap over a period of relative calendar months/years to achieve the desired state.
• Describe the work streams required to execute the identified roadmap including Policy, Funding, Governance, Procurement, Organizational Readiness, Data, and Technology.
• Identify anticipated risks and mitigation strategies to be addressed during plan execution.

Approach

The selected vendor will follow standard project management processes, which will include the following activities and deliverables.

<table>
<thead>
<tr>
<th>Project Management Process</th>
<th>Purpose and Objectives</th>
<th>Deliverables/Milestones</th>
</tr>
</thead>
</table>
| 1. Initiating              | • Develop a clear understanding of the project’s goals, objectives, and constraints  
|                            | • Develop statement of work  
|                            | • Identify and assess initial project risks | • Statement of work  
|                            |                                                       | • Project risks |
### Project Management Process

<table>
<thead>
<tr>
<th>Purpose and Objectives</th>
<th>Deliverables/Milestones</th>
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<tbody>
<tr>
<td><strong>2. Planning</strong></td>
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<tr>
<td>- Establish project office and working environment</td>
<td>- Project management office setup</td>
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<tr>
<td>- Document and communicate project management processes, standards, template, and tools</td>
<td>- Communication plan</td>
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<tr>
<td>- Identify and assess project stakeholder needs</td>
<td>- Project schedule</td>
</tr>
<tr>
<td>- Develop project schedule</td>
<td>- Risk and issue log</td>
</tr>
<tr>
<td>- Communication plan</td>
<td></td>
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<tr>
<td>- Identify, document, and address project risks and issues</td>
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<tr>
<td><strong>3. Executing</strong></td>
<td></td>
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<tr>
<td>- Conduct activities and tasks to prepare project deliverables</td>
<td>- Project work products and deliverables</td>
</tr>
<tr>
<td>- Conduct necessary project communications</td>
<td>- Requested project scope changes</td>
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<tr>
<td>- Coordinate project resources</td>
<td>- Status reports and meetings</td>
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<tr>
<td><strong>4. Monitoring and Controlling</strong></td>
<td></td>
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<tr>
<td>- Monitor project performance metrics</td>
<td>- Project plan updates</td>
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<tr>
<td>- Monitor contractor performance (if needed)</td>
<td>- Scope changes</td>
</tr>
<tr>
<td>- Proactively management project issues and risks</td>
<td>- Deliverable and milestone sign-off</td>
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<tr>
<td>- Develop and approve preventative or corrective actions</td>
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<tr>
<td>- Review project deliverables</td>
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<tr>
<td><strong>5. Closing</strong></td>
<td></td>
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<tr>
<td>- Conduct activities to close out the project or project phase</td>
<td>- Project closing report</td>
</tr>
<tr>
<td>- Close contracts with vendors (if needed)</td>
<td>- Contract closeout</td>
</tr>
</tbody>
</table>

The Department intends to issue an RFP to acquire the services of a qualified vendor to assist throughout the Planning Phase which will include a comprehensive review, feasibility study, cost-benefit analysis, alternatives and recommendations, identification of the appropriate solution, and potential RFP development for the selected solution.

The planning effort will lend itself to discussions and activities aimed at identifying deficiencies in the existing systems/processes, requirements gathering, recommendations for policy and procedural changes and exploring opportunities that will stimulate a move to achieving higher efficiencies. In conducting these activities, the Department recognizes the advantages of engaging stakeholders in the decision making process.

During the planning phase, DCFS will continue to work in close coordination with the private agencies and community providers. To enhance this coordination, the Department will utilize the
expertise from the CWAC and the Illinois Technology Advancement Stakeholder Committee (ITASC) sub-committee and other workgroups as necessary. Each workgroup will be comprised of Subject Matter Experts (SMEs) from both the POS agencies and DCFS. In addition, the Department will partner with other State agencies within the Health and Human Services vertical and will seek input from other non-government stakeholders. This will require change within DCFS and also within private agency partners, the state’s court system, and other government and private institutions with which we must collaborate to provide the comprehensive approach to child welfare.

Upon engagement with the vendor, the planning project will commence with a series of meetings to communicate the project goals and objectives, determine and assign roles and responsibilities, convene the project planning team, select focus group members, develop communication guidelines, and draft the project schedule. Upon completion of the project initiation phase, additional planning activities will be conducted and several deliverables will be documented and completed. The activities and deliverables will minimally include:

**Needs Assessment/Requirements Analysis:**
The selected vendor will facilitate sessions with stakeholder focus groups to evaluate existing systems and business processes and articulate desired outcomes. The documented outcomes will include challenges of the current process. The discussions of the current system will be followed by participants discussing and defining the requirements for the new system. These discussions will result in determining and addressing the gap between the current systems and the desired solution.

**Feasibility Study:**
The selected vendor will lead a feasibility analysis to evaluate the four options under consideration and the best approach to achieving the desired solution. After the initial evaluation process, the vendor will work with the designated focus group in researching the various approaches and required steps to identify the preferred option. In support of this study, stakeholders may participate in demonstrations to review possible solutions.

**Alternatives Analysis:**
Upon completion of the feasibility analysis and narrowing down the list of options/alternatives that best fit the Department’s needs, the vendor in consultation with the designated stakeholder focus groups will analyze and determine the best technical and functional solution. Examination of the risks associated with the alternatives will be documented and a Cost-Benefit Analysis will be conducted and documented for each of the short listed options/alternatives. These components will be used to determine the development options that will be most cost beneficial for the Department to pursue.
Project Deliverables:
The vendor will be responsible for documenting, completing, and submitting the following:

- Business Requirements (Functional and Non-Functional, Mandatory and Optional) document;
- An as-is and to-be business process flow;
- Matrix for managing the requirements documented;
- Cost-Benefit Analysis document;
- Alternatives Analysis Report;
- Feasibility Study and Recommendation document;
- Gap Analysis document; and
- Request for Proposal document.

At the end of the planning phase, the vendor will also be required to submit a detailed Project Summary Report.

Project Implementation Deliverables:
During the course of the Planning Phase, designated staff will work concurrently on the Implementation Advanced Planning Document (IAPD) and the RFP for the development of the new system. The RFP for the desired solution will be issued in accordance with Federal and State procurement requirements. Both documents will be finalized at the end of the Planning Phase.
**Project Organization and Personnel**

The Department understands the complexity of the project and recognizes the tremendous need for executive support and stakeholders’ involvement in the planning process. To support these factors, the project organization and personnel dedicated to support the planning activities will include State Executives, oversight committees, technical staff, as well as contracted resources.

**Project Oversight – State Level**

Project oversight will be provided at both the State and Agency levels.

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCFS Executive Sponsor</td>
<td>Director George Sheldon – Director Sheldon includes this CCWIS project as part of the 2016-2021 Illinois Child Welfare transformation strategic plan and will advocate for the project at the executive level.</td>
</tr>
<tr>
<td>Health and Human Services Innovation Incubator HHSi2 CIO</td>
<td>Brad Long – as the CIO over the HHS vertical, Mr. Long will ensure coordination and alignment with the HHSi2 IT Framework.</td>
</tr>
<tr>
<td>State CIO – Department of Innovation and Technology (DoIT)</td>
<td>Hardik Bhatt – as the State CIO responsible for DoIT, Mr. Bhatt will support the project through the EPMO governance process.</td>
</tr>
<tr>
<td>DoIT Oversight Committee</td>
<td>The DoIT oversight committee is comprised of governance staff that will manage the EPMO governance process. This process is designed to manage the application of technology to business needs.</td>
</tr>
</tbody>
</table>
Project Personnel – Agency Level
The Department is dedicated to making a significant investment in terms of personnel.

<table>
<thead>
<tr>
<th>PROJECT TEAM PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONNEL</td>
</tr>
<tr>
<td>DCFS CIO</td>
</tr>
<tr>
<td>Consultant Advisory Services and Support Staff</td>
</tr>
<tr>
<td>DCFS Oversight Committee</td>
</tr>
<tr>
<td>Illinois Technology Advancement Stakeholder Committee (ITASC) Steering Committee (a sub-committee of the CWAC)</td>
</tr>
<tr>
<td><strong>Project Manager (PM)</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Planning Team</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Coordinators</strong></td>
<td>Two Project Coordinators will be assigned to provide coordination and program support to project staff at the State, Agency, and Vendor level and be responsible for all logistics, administration, scheduling.</td>
</tr>
<tr>
<td><strong>Project Delivery</strong></td>
<td>Two Project Delivery staff will be assigned to be responsible for reporting, charts, contract administration, budget monitoring, and change management activities.</td>
</tr>
<tr>
<td><strong>Vendor Consultants</strong></td>
<td>Members of the consulting vendor team will be responsible for facilitating the strategic planning process, assisting in researching available automation alternatives of the options under consideration, and maintaining project documentation and preparing deliverables.</td>
</tr>
</tbody>
</table>

*Appendix D depicts the States Project Planning Organization Structure*
**Proposed Activity Schedule**

The table below provides a listing of the schedule and milestones for various activities during the planning phase.

<table>
<thead>
<tr>
<th>#</th>
<th>Major Activity / Deliverable</th>
<th>Initiation Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Casey Family Program Rapid Response Analysis</td>
<td>1/2015</td>
<td>On –Going</td>
</tr>
<tr>
<td>2</td>
<td>Strategic Plan Development</td>
<td>3/2016</td>
<td>10/2016</td>
</tr>
<tr>
<td>3</td>
<td>Final Strategic Plan Released</td>
<td>10/2016</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Submit PAPD for Approval to ACF</td>
<td>11/2016</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Develop Planning Request for Proposal (RFP#1)</td>
<td>11/2016</td>
<td>12/2016</td>
</tr>
<tr>
<td>7</td>
<td>Release/Issuance of Planning RFP#1</td>
<td>1/2017</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Select Planning RFP#1 Vendor</td>
<td>6/2017</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Assign Roles and Project Staff (State Staff)</td>
<td>1/2017</td>
<td>6/2017</td>
</tr>
<tr>
<td>10</td>
<td>Engage Vendor</td>
<td>7/2017</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Analysis and documentation of the desired solution and planning activities including Needs Assessment/Requirements Analysis, Feasibility Study, Alternatives Analysis, Cost-Benefit Analysis, Business Requirements (Functional and Non-Functional), Gap Analysis, and Implementation Schedule</td>
<td>7/2017</td>
<td>1/2018</td>
</tr>
<tr>
<td>12</td>
<td>Draft and Review Implementation APD (IAPD)</td>
<td>1/2018</td>
<td>8/2018</td>
</tr>
<tr>
<td>13</td>
<td>Present Project Summary Report</td>
<td>2/2018</td>
<td>6/2018</td>
</tr>
<tr>
<td>14</td>
<td>Develop Implementation RFP#2</td>
<td>1/2018</td>
<td>10/2018</td>
</tr>
<tr>
<td>15</td>
<td>Submit IAPD for Approval ACF</td>
<td>8/2018</td>
<td></td>
</tr>
</tbody>
</table>
Proposed Planning Budget And Cost Allocation

This section of the PAPD describes the Proposed Budget estimate and the Cost Allocation for the Planning Phase. As the total project cost is $5,658,906 the Department is requesting $2,829,453 in federal matching funds at the 50% rate.

Planning Phase Proposed Budget

Staffing Resources
- Staffing resource costs is based on the effort that Department personnel will be required to provide in managing and participating in the planning activities. The estimate is based on the projected timeline and resources that will be required during the planning phase. The Department is projecting an estimate of $2,807,188 in staffing resources costs for the planning activities. These costs include salary and benefits.

Contractor Costs
- DCFS will engage the consulting services of a vendor to lead the strategic planning process, and prepare and complete the related deliverables. The consulting services vendor cost is estimated to be $1,000,000.

Travel Costs
- Staff and project participants will travel to attend meetings, participate in remote and on-site demonstrations. Travel costs are estimated to be $115,000.

Training Costs
- No training cost is anticipated during the planning phase.

Hardware Costs
- DCFS does not anticipate incurring any hardware cost during the planning phase.

Software Costs
- The agency does not anticipate purchasing any software during the planning project.

Miscellaneous Costs
- Other costs associated with the planning phase will include supplies, consultant laptops, end user software license, materials, meeting cost, and printing cost. These costs are estimated to be $30,000.
## Proposed Planning Budget

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Oct-Dec 2016 Estimated Costs FFY17 1st Quarter</th>
<th>Jan-Mar 2017 Estimated Costs FFY17 2nd Quarter</th>
<th>Apr-Jun 2017 Estimated Costs FFY17 3rd Quarter</th>
<th>Jul-Sep 2017 Estimated Costs FFY17 4th Quarter</th>
<th>Total FFY17 Estimated Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Staff</td>
<td>$186,957</td>
<td>$186,957</td>
<td>$186,957</td>
<td>$449,264</td>
<td>$1,010,133</td>
</tr>
<tr>
<td>Consultant Advisory Staff</td>
<td>$62,194</td>
<td>$62,194</td>
<td>$62,194</td>
<td>$123,581</td>
<td>$310,163</td>
</tr>
<tr>
<td>Planning Consulting Vendor</td>
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<td>$0</td>
<td>$0</td>
<td>$200,000</td>
<td>$200,000</td>
</tr>
<tr>
<td>Travel ( Lodging, Food, etc.)</td>
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<td>$0</td>
<td>$5,000</td>
<td>$0</td>
<td>$20,000</td>
</tr>
<tr>
<td>System Hardware</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>System Software/ License</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Training</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Misc Supplies / Hardware / Software</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Indirect Costs</td>
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<td>$60,088</td>
<td>$60,088</td>
<td>$144,393</td>
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<tr>
<td>Total Quarterly Planning Cost</td>
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<td>$314,238</td>
<td>$314,238</td>
<td>$943,238</td>
<td>$1,885,953</td>
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<tr>
<td>Total Project FFY17 Planning Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,885,953</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Oct-Dec 2017 Estimated Costs FFY18 1st Quarter</th>
<th>Jan-Mar 2018 Estimated Costs FFY18 2nd Quarter</th>
<th>Apr-Jun 2018 Estimated Costs FFY18 3rd Quarter</th>
<th>Jul-Sep 2018 Estimated Costs FFY18 4th Quarter</th>
<th>Total FFY18 Estimated Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Staff</td>
<td>$449,264</td>
<td>$449,264</td>
<td>$449,264</td>
<td>$449,264</td>
<td>$1,797,054</td>
</tr>
<tr>
<td>Consultant Advisory Staff</td>
<td>$123,581</td>
<td>$123,581</td>
<td>$123,581</td>
<td>$123,581</td>
<td>$494,325</td>
</tr>
<tr>
<td>Planning Consulting Vendor</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$800,000</td>
</tr>
<tr>
<td>Travel ( Lodging, Food, etc.)</td>
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<td>$20,000</td>
<td>$20,000</td>
<td>$20,000</td>
<td>$80,000</td>
</tr>
<tr>
<td>System Hardware</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>System Software/ License</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Training</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Misc Supplies / Hardware / Software</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>$144,393</td>
<td>$144,393</td>
<td>$144,393</td>
<td>$144,393</td>
<td>$577,573</td>
</tr>
<tr>
<td>Total Quarterly Planning Cost</td>
<td>$943,238</td>
<td>$943,238</td>
<td>$943,238</td>
<td>$943,238</td>
<td>$3,772,953</td>
</tr>
<tr>
<td>Total FFY18 Project Planning Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,772,953</td>
</tr>
<tr>
<td>Total Project Planning Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,658,906</td>
</tr>
</tbody>
</table>
**Planning Phase Proposed Cost Allocation**

The total project cost for the Planning Phase is $5,658,908. The table below depicts the cost allocation for the Illinois Comprehensive Child Welfare Information System during the planning phase.

<table>
<thead>
<tr>
<th>Planning APD Project Budget</th>
<th>$5,658,908</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal/State Program</td>
<td>Program Share of Cost (%)</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Title IV-E</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

**TOTAL PROJECT COST**

The Total Planning Phase estimate for the replacement project is $5,658,908. Initial investigation of the Total Project Cost for similar system replacement efforts, in other states, range from $65 million to $85 million.

**ACQUISITION ASSURANCES**

The Department assures that the Planning Project will comply with all applicable State and Federal regulations including the Procurement Standards (Competitive/Sole Source) specified in 45 CFR Part 95.613; and the retention of Software Ownership, Federal Licenses and Information Safeguarding detailed in 45 CFR 95.617.
### Appendix A State of Illinois’ exhibit 5 from the 1115 waiver request

Through the member archetypes, quantitative and qualitative analyses, and stakeholder input, Illinois has identified six primary pain points (Exhibit 5) the State must address to maximize the effectiveness of its behavioral health system.

**Exhibit 5: Key pain points in behavioral health system**

<table>
<thead>
<tr>
<th>Pain point</th>
<th>Description</th>
</tr>
</thead>
</table>
| Lack of coordination of behavioral health services   | • Currently no designated point of accountability for whole-person needs (medical and behavioral health care)  
                                                          • Services often delivered in siloes, resulting in gaps and interruptions in service, particularly during transitions between care settings and during major life changes (such as being released from incarceration; aging out of the Department of Child and Family Services, or DCFS, system; loss of housing)  
                                                          • Lack of coordination results in care deficiencies and sub-optimal care allocation  
                                                          • Evidence: At 23.5%, Illinois ranks 42nd in the nation in state psychiatric hospital 180-day readmission\(^{15}\)  
                                                          Behavioral health population has 80 admissions per 1,000 and 14 readmissions per 1,000\(^{16}\)  |
| Challenges in identifying and accessing those with the greatest needs | • No evidence-based approach to identify need and target care  
                                                          • Limited funding for identification and prevention services  
                                                          • Un-integrated, disparate access points for key subpopulations such as homeless individuals and parolees  
                                                          • Care tends to be reactive, rather than preventative  
                                                          • Evidence: More than 40% of core behavioral care spend is inpatient care, indicating failure to assess and intervene early\(^{17}\)  |
| Insufficient community behavioral health services capacity | • Limited community capacity prohibits behavioral health services from being provided in the most appropriate, lowest-acuity settings possible, such as in members’ homes and in less intensive outpatient settings  
                                                          • Community capacity has not expanded to meet the needs of an expanded and more heavily adult Medicaid population  
                                                          • Evidence:  |

\(^{15}\) Parity or Disparity: The State of Mental Health in America 2015, Mental Health America  
^{16} State Fiscal Year 2015 Illinois DHFS claims data  
^{17} Ibid.
<table>
<thead>
<tr>
<th>Limited support services to address “whole-person” needs</th>
<th>Illinois ranks 30th in the nation in mental health workforce availability(^{18}) Wait times for new psychiatrist appointments can be as long as 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Limited assistance in supportive housing, transport, and job training</td>
<td></td>
</tr>
<tr>
<td>• Existing services are poorly coordinated</td>
<td></td>
</tr>
<tr>
<td>• Evidence: ~40,000 individuals in Illinois have housing needs; only 17,500 of those 40,000 are receiving the services they need(^{19}) Only 29% of adults with known mental health conditions who are served in the community are employed, vs. 39% nationally(^{20})</td>
<td></td>
</tr>
<tr>
<td>Duplication and gaps in behavioral health services across agencies raise costs</td>
<td>• Duplication due to lack of cross-agency procurement strategy for common purchases</td>
</tr>
<tr>
<td>• Gaps and interruptions in services arise because many programs and services lack a “natural owner” to provide them</td>
<td></td>
</tr>
<tr>
<td>• Program-centric (rather than member-centric) orientation of behavioral health system leads to duplication and gaps</td>
<td></td>
</tr>
<tr>
<td>• Evidence: 42.2% of members served by the Division of Alcoholism and Substance Abuse (DASA) are criminal-justice referrals without direct coordination between entities(^{21}) Agencies occasionally offer same or similar services without capturing synergies</td>
<td></td>
</tr>
<tr>
<td>Deficiencies in data, analytics, and transparency</td>
<td>Illinois has submitted an Implementation Advance Planning Document (IAPD) to address the following pain point:</td>
</tr>
<tr>
<td>• Information often not shared across state agencies and providers, making it difficult to draw critical insights</td>
<td></td>
</tr>
<tr>
<td>• Evidence: No single view of the behavioral health member exists, making it difficult to understand member history and tailor service packages based on what is most likely to drive positive outcomes</td>
<td></td>
</tr>
</tbody>
</table>

---

18 Parity or Disparity: The State of Mental Health in America 2015, Mental Health America
19 Illinois Supportive Housing working group, 2016
20 SAMHSA Uniform Reporting System – 2014 State Mental Health Measures
21 DASA Provider Performance and Outcomes Reports – SFY 2015
Appendix B: As-Is Data Feed Structure

- ICWS
- CYCIS
- MARS
- HFS Datawarehouse
- Outgoing FTP Services
- University Partners
- Illinois State Police
- Chicago Police Dept
- Chicago Public Schools
- Chicago Courts
- Nomad
- CWEL
- VTC
- InCRRRA
- IDPH
- SSA
- IDHS
- ISBE
- ACR
- INCRRRA
- NYTD
- NCANDS
- AFCARS
- IV-E
- Medicaid
- DCFS
- Inventory/Asset Mgmt
- DHS (payroll)
- IL Comptroller
- IA
- IL Outcomes
- Sangamon County Adult Program
- Dept of Corrections
- Day Care Info Line
- Aurora Police Department
- Whiteside County Courts
- Fire Inspector Jay McCowan
- Will County Probation
- Joliet Police Investigations
- Office of Emergency Communications
- Chicago Business Info Srvs

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Appendix C: DCFS As-Is Intra-agency Relationship

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Appendix D: Project Planning Organization Structure