

Health and
Human Services

Strategic Technology Plan: A Comprehensive Overview

2024-2027

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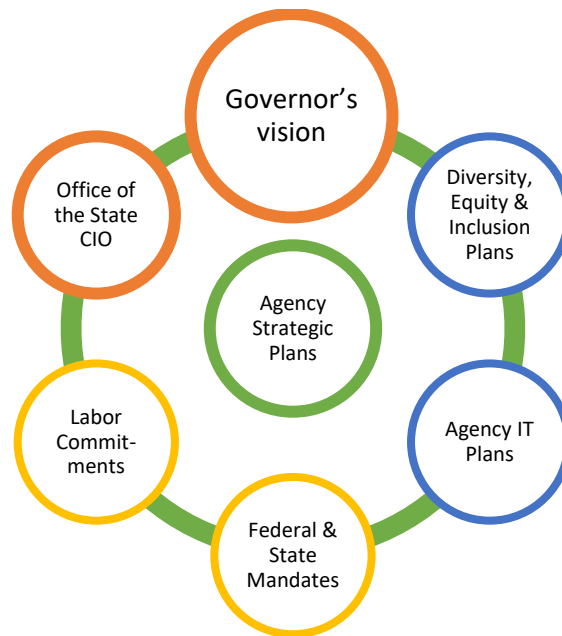
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1. Executive Overview

This Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) Strategic Technology Plan 2024-27: A Comprehensive Overview document is intended to communicate the alignment between the vision, planning and execution of major technology initiatives.

This Executive Overview section is the heart of the plan, and no further reading is necessary to get a basic understanding of the technology goals and strategies. However, reading the subsequent sections will provide a deeper understanding of the drivers, priorities and frameworks within the ODHS|OHA's technology organization.



It represents priorities of the governor, Oregon Department of Human Services (ODHS), Oregon Health Authority (OHA), Enterprise Information Services (EIS), Office of Information Services (OIS) and many other organizations as noted below.

1.1. Health and Human Services Programs

The Oregon Health Authority (OHA) has eight core divisions. The Oregon Department of Human Services (ODHS) has eight core programs. Both agencies have Shared Services units that support the needs of both agencies.

Oregon Dept. of Human Services	Oregon Health Authority
<ul style="list-style-type: none">• Self-Sufficiency (SSP)• Child Welfare (CW)• Aging and People with Disabilities (APD)• Office of Developmental Disabilities Svs. (ODDS)• Vocational Rehabilitation (VR)• Oregon Eligibility Partnership (OEP)• Director’s Office• Central and Shared Services	<ul style="list-style-type: none">• Equity and Inclusion (E&I)• Health Systems (HSD)• Health Policy and Analytics (HPA)• Oregon State Hospital (OSH)• Public Health (PHD)• External Relations• Agency Operations• Fiscal and Operations

There are 15+ shared services areas, such as financial and facilities services between the two agencies. The combined Health and Human Services organization supports 1.5 million clients; 16,700 staff; more than 50,000 partners; and more than 140 office locations. The agencies have a combined Legislatively Approved Budget (LAB) of \$54.25 billion.

1.2. Office of Information Services (OIS)

For the purposes of this document, we'll focus on the Office of Information Services (OIS). However, also, important to the agencies are other units with a strong focus on technology which we refer to as "local IT" and we'll lightly cover them in this document.

OIS exists to provide services in helping Oregonians achieve health, well-being, and independence. In support of this mission, OIS provides information technology systems and services that help ODHS|OHA to:

- Determine client eligibility
- Provide medical, housing, food and job assistance
- Provide addiction, mental health and vocational/rehabilitative services
- Protect children, seniors and people with physical and/or developmental disabilities
- Process claims and benefits
- Manage provider licensing and state hospital facilities
- Promote and protect the state public health
- Support internal ODHS|OHA administrative functions, including human resource, finance and procurement programs

OIS supports more than 75 core business applications that are used by approximately 16,700 agency and partner staff located at 140 locations throughout Oregon.

The OIS organizational structure consists of the Office of the chief information officer and several major units that play vital roles in achieving the agencies' mission:

- Risk and Privacy Office
- Business Engagement Services (BES) including Enterprise Alignment
- Project Solutions (PS)
- Vendor Managed Services (VMS)
- Health and Service Equity Transformation (focused on HB 3159)
- Customer Services and Support (CSS)
- Solution Development and Delivery (SDD)
- Business Operations

1.3.Strategic Goals and Strategies

OIS exists to provide services in helping Oregonians achieve health, well-being, and independence. To support this mission, the Strategic Technology Plan’s goals, and strategies were developed with the purpose **to strengthen the Office of Information Services’ ability to deliver IT functions with greater perspective and effectiveness.**

Goal 1: Cultivate IT Workforce - Cultivate a highly skilled, diverse, and customer-focused organization.

- Improve equitable hiring
- Increase recruitment cycle transparency
- Accelerate customer service and technical training
- Accelerate development opportunities

Goal 2: Strengthen Cybersecurity, Risk and Privacy - Strengthen cybersecurity and consider the risk in the decision-making process.

- Improve the security and privacy posture
- Prevent, monitor, and rapidly respond to emerging threats and vulnerabilities
- Prioritize initiatives through a risk-based approach

Goal 3: Accelerate Technology Modernization - Enhance and augment IT infrastructure, systems, cloud capabilities, and processes to address pressing human services and health care challenges.

- Align IT investments with business strategy
- Modernize legacy IT; include a specific evaluation for new AI technologies
- Share technology solutions
- Promote ADA accessibility, language access, and user experience

Goal 4: Increase Data Insights - Consider community involvement in data that is collected, and used in a way that does not perpetuate or exacerbate existing inequities ensuring accuracy and completeness.

- Improve how we handle, organize and deliver information
- Connect systems through standardized approaches
- Make data easily available and accessible while respecting privacy

Goal 5: Optimize Technology Management - Provide inclusive, customer-focused collaboration

- Center technology governance processes on equity and inclusion
- Improve customer service
- Enhance communication and partnerships

1.4. Action Plan and Measures

To ensure accountability in achieving the plan goals and strategies, each goal has 3-5 action items that are tracked and reported using the Performance Management System Quarterly Target Reviews. Actions and measures are re-evaluated periodically and will be refreshed in quarter 1, 2024, and again upon the completion of the agency strategic plans. As a side note, operational measures also exist and are reviewed on a quarterly basis.

1.5. OIS Operating Principles

Operating principles have helped define the culture of OIS and provide guidance for decision making at all levels of the organization.

Each decision we make can affect technology, process, and people. OIS uses these operating principles to guide our choices as we navigate the complex opportunities and challenges of our work.

- **Honor Business Drivers** – We use governance effectively, partnering with the business to prioritize investments.
- **Choose Wisely** – We consider diverse options and choose solutions by thoughtfully evaluating their benefits, costs, and risk. We consider the impact across the enterprise IT ecosystem and throughout the lifecycle.
- **Consider the Data** – We provide solutions that support keeping the data accurate, unduplicated, secure, and accessible for multiple uses.
- **Invest for Sustainability and Agility** – We seek and embrace opportunities to simplify, including reducing redundancy, promoting re-use, and embracing standards and modularity.
- **Deliver Incremental Value** – We deliver value efficiently and predictably, continuously learning and improving.

1.6. Challenges

While strategic plans create vision and excitement, a plan would not be complete without discussing known challenges. The list below includes the top challenges in implementing technology in Oregon state government that causes significant delays in modernization, maintenance and operations.

- **Lack of IT investment strategy to fund technology modernization** – While IT roadmaps exist for technology modernization, an IT investment plan does not exist. This puts technology groups in a reactive state, which is a catalyst for the technology to age beyond usefulness. The biennium budget policy option package process is too slow and siloed to be effective in providing funding to keep systems modernized and policy nimble.
- **Competitive IT market elongates the recruitment cycle to on-board staff** – A typical OIS recruitment averages 6-12 months from vacancy to job requisition to on boarding or 110 days from posting to first offer (depending on how it is measured).
 - Pay structures for large agencies affect IT professionals, who are paid significantly less (in most classifications) compared to other Oregon public sector entities.
 - Pay equity assessments capped at the step six have, also, lengthened the process and frustration for both candidates and hiring managers.
- **Heavy administrative processes** (IT, Human Resources, Procurement) slow down the delivery of services.
 - Backlog and cumbersome processes in DAS and agency human resource groups cause a delay in the hiring process.
 - Long procurement processes (agency, IT, agency procurement, Department of Administrative Services (DAS) procurement, DAS Enterprise Information Services, Department of Justice) for large technical projects take 12-18 months to get an executed contract.
- **Lack of shared vision, needs, schedules and workloads are barriers to accelerating technology modernization.**
 - These barriers continue to impact cross program, agency and IT organizations.
 - Centralized approaches take much longer than program specific approaches. Program specific approaches can cause re-work and significantly increase agency costs and increase IT risks.
 - Improved communication and collaboration will be needed to accelerate technology modernization.

2. Drivers

2.1. Governor

As Gov. Kotek took office in January 2023, she set clear direction on the top priorities, improving customer services in state agencies, and priorities for ODHS|OHA.

Priorities for Oregon	State Agencies & Customer Service
Housing and Homelessness	Increased accountability
Behavior Health	Prioritizing customer service
Education and Early Learning	Making things work efficiently as possible
	Providing tools and not barriers
	Improving access to services when and where people need them.

The governor provided direction to ODHS|OHA leadership that listed the following priorities.

- Transition of **Employment Related Day Care (ERDC)** to the new Department of Early Learning and Care (DELIC) agency.
- Process **Medicaid Redeterminations**, which is the first time in three years (paused during the pandemic) that 1.5 million people on the Oregon Health Plan (OHP) must go through a benefit renewal process.
- Implement the 1115 **Medicaid Waiver** that has many new opportunities, including housing for up to six months for people at risk of homelessness and people at risk of extreme weather events due to climate change.
- Expand the **Healthier Oregon** to people who meet eligibility regardless of immigration/citizenship status.

- Provide a **Basic Health Program** which is initially focused on OHP members who will no longer be eligible after the redetermination.

2.2. Oregon Department of Human Services (ODHS)

The Oregon Department of Human Services (ODHS) is the largest executive branch agency. The mission of the ODHS is to help Oregonians in their own communities achieve safety, well-being, and independence increasingly through locally informed, culturally appropriate, customer-focused services and customer service provided at the state and local level in a way that protects, empowers, respects choice and preserves the dignity of all Oregonians in need of ODHS services.

In 2023-2025, ODHS' top focus areas in alignment with the mission are:

Strengthening ODHS foundations

- Building the capacity we need to serve our communities more equitably and effectively.

Preparing for and responding to emergencies

- Providing mass care, shelter, food, and water in times of disaster while investing year-round in agency and community preparedness.

Creating the future of ODHS and human services in Oregon

- Working internally and externally to break down silos, connect systems together and identify and bridge gaps in services, while acknowledging that people and communities are the experts in their own lives and partnering with them to design services that better support their needs and goals.

ODHS has several initiatives and frameworks to guide the work of the agency.

Equity North Star - – The [ODHS Equity North Star](#) informs our work toward our vision of an agency free of racism, discrimination and bias.

RiSE - [RiSE](#) is about creating an intentional, positive, equitable and trauma informed organizational culture. The vision is an organization where we all feel

safe, valued, supported, strengthened and engaged in our personal growth and the agency's growth.

Building Well-Being Together Initiative (BWTI) – The [BWTI](#) goal is to focus on the whole well-being of people, families, and communities, especially those being left behind due to race, age, disability, identity and place.

2.3. Oregon Health Authority (OHA)

The Oregon Health Authority (OHA) is one of the state's largest executive agencies with a single overarching strategic goal: **eliminate health inequities in Oregon by 2030**. OHA's work is guided by the definition that the Oregon Health Policy Board (OHPB) and OHA adopted in 2020¹:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling and rectifying historical and contemporary injustices.*

To advance that goal, OHA is focused on accelerating the transformation of Oregon's health care system, expanding health coverage, and providing easier access to care, delivering better health outcomes, improving health care quality, and containing health costs for Oregon Health Plan members, and improving public health services in all Oregon communities. The focus areas for 2023-2025 include:

- **Reducing health disparities**, advancing health equity, and protecting health coverage
- Implementing the **1115 Medicaid waiver**
- Addressing unmet **behavioral health** needs

¹ Oregon Health Policy Board Health Equity Committee, <https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx>

- Supporting **Oregon State Hospital**
- Sustaining and **expanding public health** capacity

2.4. Joint Initiatives

The ODHS|OHA initiatives are being discussed at the recently formed Joint Governance Board and will be available early 2024.

2.4.1. Digital Accessibility in Hardware, Software and Systems

ODHS|OHA are committed to providing equitable access to information and services.

The agencies are committed to effective communications that are culturally and linguistically appropriate and accessible for a wide spectrum of people who have different communication needs or abilities.

In 2023, the agencies commissioned a workgroup to formalize a Digital Accessibility policy that define the expectations around scope and [Web Content Accessibility Guides](#) (WCAG) compliance. The EIS legislative and communications coordinator has participated in the agency workgroup. The policy is expected to be finalized in the first half of 2024.

2.5. Enterprise Information Services (EIS)

Enterprise Information Services led by State Chief Information Officer Terrence Woods has provided direction and guidance to Executive Branch Agency Leadership through several strategies and frameworks.

- [EIS Strategic Framework 2023-2026, Version 2.0](#) – EIS strategic plan including objectives, goals, and strategies for the EIS organization.
- [Cloud Forward: A Framework for Embracing Cloud in Oregon](#) – Define and communicate the EIS cloud vision and to enable state agencies to accelerate cloud adoption across the enterprise.
- [EIS Modernization Playbook: An Agency Guide to Digital Transformation, Version 1.0](#) – Recognizes the urgent need to modernize state IT systems and lay the foundation for digital transformation.
- [Oregon's Data Strategy: Unlocking Oregon's Potential, 2021-2023](#) – Oregon's Data Strategy establishes a central vision and critical actions to enable Oregon to better use, manage, and share its data to create

information, knowledge, and insight. Note: Will replace newer version upon publication.

For the context of this document and to provide an overview of alignment between various strategic plans to technology, we'll focus on the EIS Modernization Playbook for the next two sections. **The focus will continue to be on embracing and accelerating the move to cloud technology.**

2.5.1. EIS Guiding Principles

EIS crafted the following principles to align with the vision of the Enterprise Leadership Team, common goals, and outcomes, and shared with leadership across state government. They are derived from the 2021 EIS Modernization Playbook and abbreviated for inclusion here.

- **Put People First.** Successful modernization starts and ends with people – the experience of people who rely on the essential services provided by the State of Oregon, the ability of the state employees to effectively provide those services, and the ability of the agency leadership to drive digital transformation.
- **Aligned and Enabled.** Alignment with EIS vision for user-friendly, reliable, and secure IT systems between agency business and IT leadership that will enable agencies to fulfill their mission and strategic objectives, while continuing to deliver the core services that the people of Oregon rely on.
- **Data- and Privacy-Informed.** Modernization provides a unique opportunity to leverage data as a strategic asset across systems and programs, govern and manage that data through its lifecycle, enable data informed decision-making, transparency by default, while considering personal and private information.
- **Secure by Design.** Secure by design embraces coding practices and the seamless integration of security policy and controls into the fabric of the IT system itself.
- **Agile and Continuous Improvement.** Modernization requires sustained investment in our people, the formation of empowered teams that embrace agile practices, and a culture of continuous improvement encompassing people, processes, and technology.

2.6.Federal Mandates

This section includes a short list from the volume of federal mandates we must adhere to. The mandates below were chosen as we have active technical projects to meet the relevant mandate(s).

- **CMS MES Modernization** – CMS has for the past eight years signaled its interest seeing states move to a modular architecture for their Medicaid Management Information Systems (MMIS). In 2023, at the annual Medicaid Enterprise Services Conference, CMS announced that it will now focus on modernization as in “MES Modernization.” (Technical Project: Medicaid Enterprise Services Modernization)
- **Fair Labor Standards Act (FLSA)** – In context of ODHS Home Care Workers (HCW) and Personal Service Workers (PSW), the FLSA requires that the records include certain identifying information about the HCW/PSW and data about the hours worked. (Technical Project: Provider Time Capture)
- **Federal Department of Health and Human Services** – The Federal Department of Health and Human Services (HHS) rule on Comprehensive Child Welfare Information Systems (CCWIS) went into effect on Aug. 1, 2016. The rule governs the next generation of technology to support child welfare programs. The new rule focuses on modularity, interoperability, reusability, data sharing between programs, lifecycle data management, and data quality. ODHS Child Welfare declared that it would move towards a CCWIS environment. (Technical Project: Child Welfare CCWIS Project)

2.7.State Mandates

This section lists the states mandates with a significant technology effort, over \$1 million, and significant risks if not completed. It is not intended to be comprehensive and is focused on new legislation from 2023. A more detailed list is provided in Appendix A.

- **HB 2683 (2023)** – Directs the Early Learning Council to adopt rules to establish eligibility for certain children to participate in Employment Related Day Care subsidy programs.
- **SB 966 (2023)** – Requires OHA to adopt standards for types of data collected for all payers and that all claims’ databases are consistent with standards adopted for collection of data on race, ethnicity, language,

disability, sexual orientation, and gender identity. (Technical Project: REALD/SOGI Registry-Repository)

- **SB 972 (2023)** – Requires OHA to transition from healthcare.gov to state-based marketplace by Nov. 1, 2026. (Technical Project: State Based Marketplace)

2.8. Negotiated Labor Union Commitments

Through the Collective Bargaining process, ODHS|OHA have made commitments to the labor unions. Many of the agreements include large and small technical work with any changes over 40 hours going through the technology governance process – see Section 4.7, Technology Governance. For the 2023-2025 Collective Bargaining Agreement there are 11 large effort commitments. An example of these changes include:

- **Compensation and Payroll System Design** (925 development hours) – This request is to create multiple tiers of pay for ODHS/APD homecare workers and OHA/HSD personal care attendants.
- **Holiday Pay** (450 development hours) – Homecare workers who work on a specific holiday get 1.5 times their hourly rate of pay. Anything up to 8 hours would be 1.5 times; beyond 8 hours on the holiday, would be paid at their current rate.
- **Carina Registry** (300 hours) – Development of a web service interface with the Carewell/Carina registry to verify the identity of in-home service Medicaid, State Plan Personal Care, and Oregon Project Independence in-home consumers.

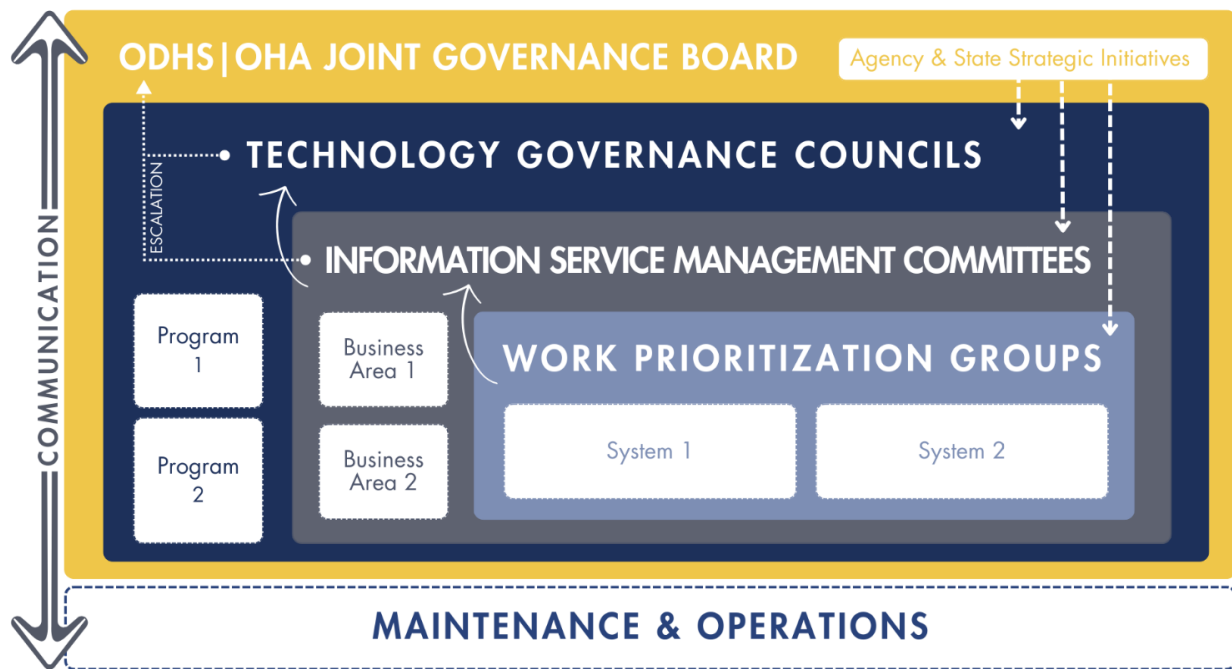
3. Large Technical Projects & Governance Model

3.1. Technology Governance

The current technology governance structure for ODHS|OHA has been intentionally evolving and maturing from as early as 2012. The technology governance process continuously matures and has received an EIS assessment score of 3 out of 4 for 2021 and 2022. Proposed changes for 2024 are in review.

The agencies recognize a strong investment prioritization structure and process are key to managing competing priorities where there are unlimited needs and limited resources.

Planning, coordination, and support for the overall governance structure and improvements is provided by Business Engagement Services, Business Relationship Management team, in partnership with agency leaders. The visual below represents the evolving technology governance structure. A written description of the different governing groups and roles follows the visual representation.



ODHS | OHA Joint Governance Board:

Starting at the top of the visual above, the Joint Governance Board (JGB), formed September 2023, was established to provide strategic direction on ODHS | OHA individual/joint strategic initiatives.

The strategic initiatives set by the board will help drive alignment with the agencies’ goals of health equity and well-being. The board will help ensure the strategic direction is aligned with the governor’s office initiatives, negotiated labor contracts, legislation, federal partners, as well as state and agencies goals. Priority setting at the Technology Governance Councils, Information Services Management Committees, and Work Prioritization Teams, described below, will be aligned to the top priorities of the JGB.

When lower-level governing body chairs/co-chairs are unable to resolve competing priorities, the board will act as a point of escalation.

Technology Governance Councils:

The ODHS|OHA Technology Governance Councils provide strategic guidance and prioritization on larger more complex technology initiatives and projects. These projects generally involve the implementation of a new system, platform, service, component, or module offering new capabilities and meet thresholds for EIS oversight.

Projects that will have an impact on and/or require staffing resources across the two agencies are reviewed and prioritized at both councils. The individual and joint agencies capacity to support and accomplish the individual and collective projects are part of the prioritization decision. Projects prioritized at the councils are vetted through a subordinate Information Services Management Committee (ISMC) prior to council prioritization, with a few exceptions. Project level governance is established within each project and the councils act as a point of escalation and review of proposed project schedule extensions.

During the biennial budget cycle policy option packages, existing, and new projects meeting the criteria go through a scoring process that is reviewed and finalized at the councils. After the councils complete their review, the policy option packages and projects scores and supporting documentation go through a statewide scoring process by the Enterprise IT Governance Committee (EITGC), which is made up of EIS and agency leadership. The EITGC is in process of being re-chartered for the 2025-2027 budget cycle.

Information Service Management Committees (ISMCs):

Both ODHS|OHA have ISMCs which review all change requests, prioritize, and sequence small to medium efforts greater than 40 hours that do not require project management or oversight support. There are six ISMCs prioritizing change requests for systems that support more than one program/division. There are nine ISMCs prioritizing change requests for systems supporting individual programs or divisions. Larger efforts requiring project management and/or oversight are prioritized at the appropriate ISMC and moved to the individual

agency council or both councils, in some circumstances, for review and final prioritization.

Work Prioritization Groups:

For tasks or small requests that will take less than 40 hours, there are small informal groups that collaborate to plan and coordinate accomplishing the work. Efforts greater than 40 hours are moved to the ISMC for review and prioritization.

3.2. Large Technical Project Portfolio

ODHS|OHA maintain a large portfolio of IT projects. A short list of the most significant and largest in-flight projects is presented here. Most of these projects are under oversight by OSCIO and the Legislative Fiscal Office.

The project management office continuously matures and has received a Enterprise Information Services assessment score of 4 out of 4 on both the portfolio and program management and maturity; and project management experience scores.

3.2.1. Major IT Projects Underway

As of October 2023, there are 45+ active technical projects with a project portfolio investment of \$210 million. Not all projects meet the EIS thresholds for oversight. However, any time a professional technical project manager is assigned, we apply the same project management methodologies as large projects (though adjusted for size and complexity). Highlighted below are some of the active projects (listed alphabetically) with the full project portfolio available in Appendix A listed by agency priority.

- **Joint Department of Early Learning and Care (DELIC) Technology Initiatives** – Work associated to DELIC is being done with an interagency agreement via ODHS and activities are following project methodologies but is not an official designated project and is being managed through the technology governance processes. (Governor Priority)
- **Joint HB 3159 REALD & SOGI** – Establishes a centralized registry to collect Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) data from CCO's, health providers and insurers in a consistent manner.

- **Joint Mainframe Migration Provider & Client Payment Systems** – Planning project to move ODHS|OHA off the mainframe with the focus around replacing payment type IT applications as the first phase.
- **Joint Medicaid 1115 Waiver Technology-only Portfolio** – Portfolio of the technical side of the projects in support of Health-Related Social Needs (Climate and Housing); Community Information Exchange; and the Basic Health Program. (Governor Priority)
- **Joint ONE & MMIS Infrastructure / Cloud Migration** – Two projects on two of the largest state IT systems are going through a significant lifecycle upgrade to keep the infrastructure reliable and secure. Both systems will be migrated to the cloud.
- **ODHS Case Management System** – Comprehensive Oregon Intellectual & Developmental Disability (I/DD) statewide case management system.
- **ODHS Comprehensive Child Welfare Information System (CCWIS) Portfolio** – To satisfy federal partners requirements and favorable cost allocation, Oregon has elected to migrate from the current legacy system to CCWIS. This is a case management information system that state and Tribal title IV-E agencies developed for the Child Welfare Program with a focus on data management and quality.
- **OHA Marketplace Transition from Federal to State-based Platform** – Move from a federal marketplace to a state-based marketplace in increased flexibility; provide more control over operations, customer service, and service levels; and consumer cost savings.
- **OHA Medicaid Enterprise Services (MES) Modernization** – Oregon Medicaid Enterprise System (MES) Modernization Planning effort is to move away from a single, monolithic system to a modular MES environment facilitating more efficient administration of Oregon’s Medicaid program.
- **OHA OEBC/PEBC Benefit Management System Replacement** – Replacement of two legacy customized benefit systems with a solution that supports the delivery of required functionality, meets legislative mandates, and improves member experience.

3.2.2. Major IT Projects Recently Completed

There have been significant successes in project closures in recent years.

In March 2021, the final rollout of the Oregon Eligibility (ONE) implementation was completed and has transitioned to maintenance and operations. In the 2021-2023 biennium, 18 projects closed with an investment of \$38.1 million.

In 2023-2025 biennium, 31 projects will close for an investment of over \$125 million based on current project schedules. Of the significant and large projects listed above, the following are projected to close this biennium.

- Joint Department of Early Learning and Care (DELIC) Technology Initiatives
- Joint Mainframe Migration Provider & Client Payment Systems (Planning only)
- Joint Medicaid 1115 Waiver Technology-only Portfolio
- Joint ONE & MMIS Infrastructure/Cloud Migration
- OHA Medicaid Enterprise Services (MES) Modernization (Planning only)
- OHA OEBC/PEBC Benefit Management System

3.2.3. Mapping Projects to Strategic Goals and Drivers

The *Drivers* and *Aligning Strategy, Priorities, and Plans* sections are the basis for the mapping criteria. Liberties have been taken to categorize the Drivers and IT Strategic Alignment criteria into three categories for document readability and simplification. The alignment assessment was done by the chief information officer in review with the deliverable workgroup and agency leadership.

Mapping Projects to Strategic Goals and Drivers

<h2 style="text-align: center;">Mapping Projects to Strategic Goals and Drivers</h2>		Strategic Alignment	Operational: Efficiency, Risk Management, Maintenance	Compliance	Strengthen Cybersecurity & Privacy	Accelerate Technology Modernization	Increase Data Insights
		Drivers			IT Strategic Alignment		
Joint	Department of Early Learning and Care (DELIC) Technology Initiatives	X	X	X		X	X
Joint	HB 3159 REALD & SOGI	X	X	X	X	X	X
Joint	Mainframe Migration Provider & Client Payment Systems	X	X	X	X	X	X
Joint	Medicaid 1115 Waiver Technology-only Portfolio	X	X	X	X	X	
Joint	ONE & MMIS Infrastructure / Cloud Migration		X	X	X	X	
ODHS	Case Management System	X	X	X	X	X	X
ODHS	Comprehensive Child Welfare Information System (CCWIS) Portfolio	X	X	X	X	X	X
OHA	Marketplace Transition from Federal to State-based Platform	X	X	X		X	X
OHA	Medicaid Enterprise Services (MES) Modernization	X	X	X	X	X	X
OHA	OEBS/PEBS Benefit Management System Replacement	X	X	X	X	X	X

Incorporating strategic goals and drivers is part of our governance process – during Intake, and then validated as part of the Project Initiation phase, working with EIS to validate it meets the goals and drivers including OIS, ODHS|OHA, EIS, and our federal partners.

4. Continuous Modernization

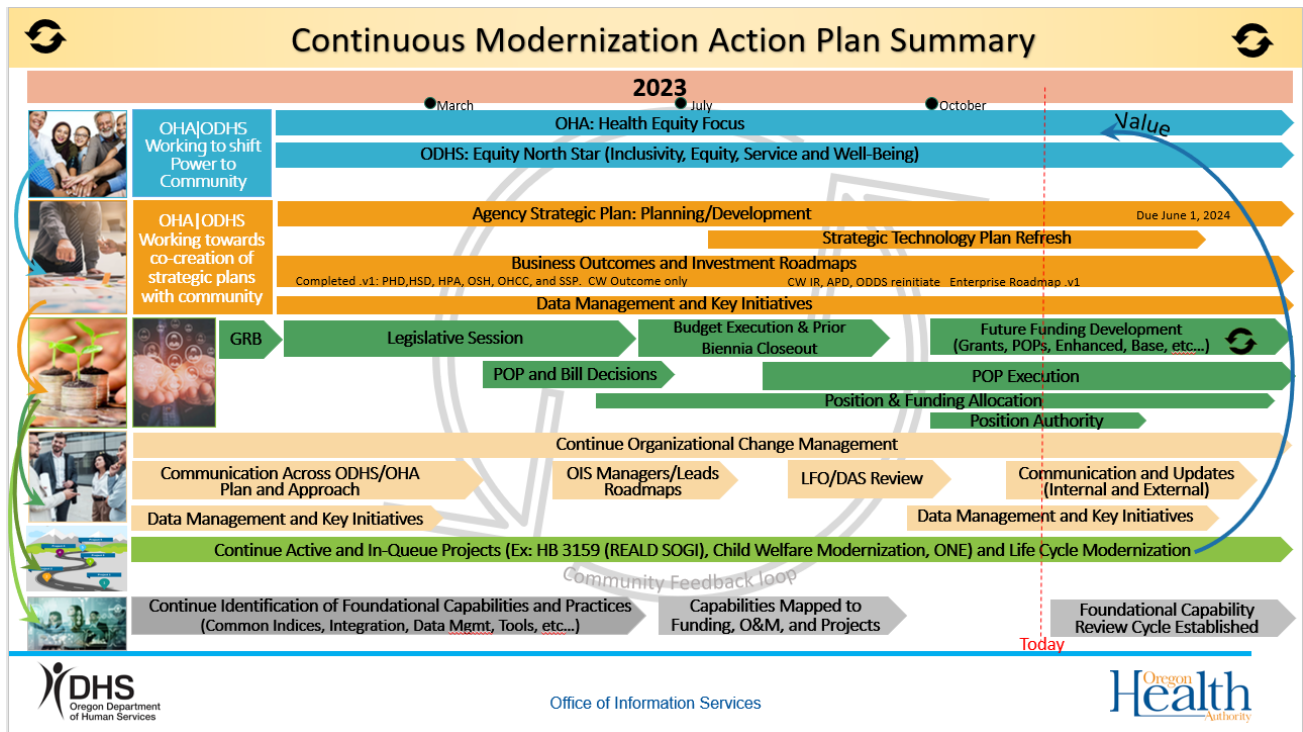
Our IT Modernization Framework aligns state level, business strategy and technical strategies. OIS is working closely with agency programs to develop what we refer to as Business Outcome Statements (business strategy) and Investment Roadmaps.

The work results in identification of current and future state capabilities, fosters proactive planning through investment roadmap development, positions the agency to be more strategic in decision making around funding requests, helps identify common capability needs and better informs decisions around prioritization of technology investment projects. The Outcome Statements and Investment Roadmaps will be refreshed and used to inform updates to the Strategic Technology plan.

The approach is based on various leading frameworks with heavy influence by Gartner frameworks. Other key contributors included the Enterprise Information Services (EIS) Assistant State CIOs and EIS Senior IT Portfolio manager. In addition, the strategies and plans have been shared with the LFO IT analysts who help provide further guidance in the process.

4.1. Continuous Modernization Action Plan

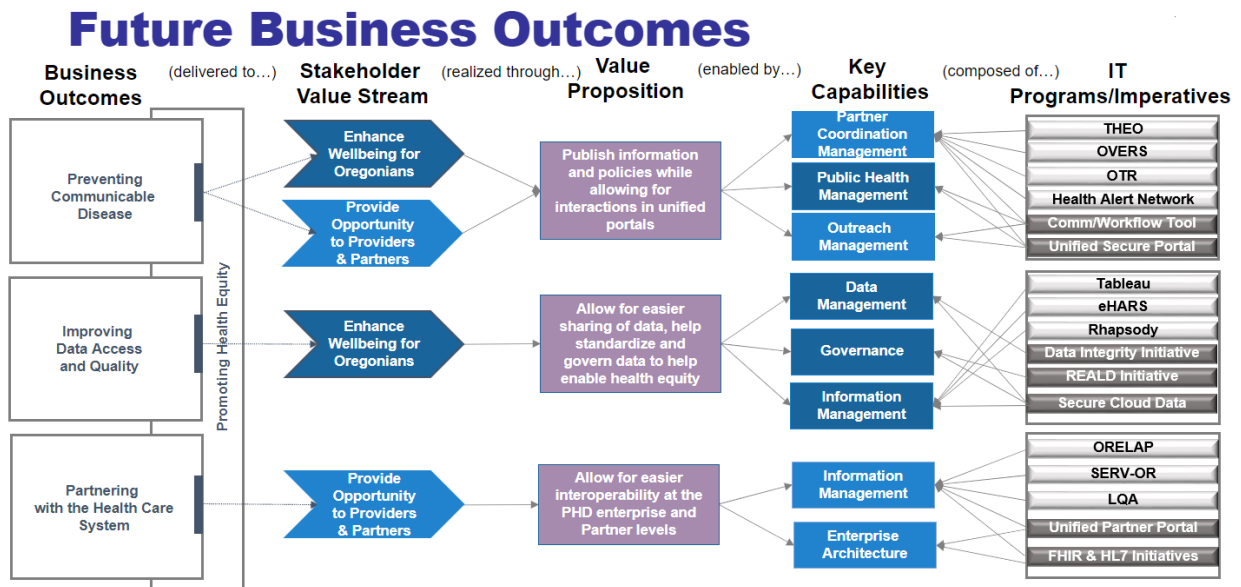
The visual below depicts the Continuous Modernization Action Plan. The plan and resulting deliverables are led from a health and service equity perspective. The resulting deliverables drive and inform technology investments to meet the outcomes the agencies' desire. See Appendix A for a larger visual.



4.2. Business Outcome Statements

The Business Outcome States are the heart of the Continuous Modernization Approach. Enterprise architects' partner with program leadership to understand and collaborate on the desired business outcomes, compare it to an Integrated Health and Humans Services Capability Model (see Appendix A) and map it to technology components.

There are four components in every Business Outcome Statement, including Disruptive Business & Technology Trends; Business Goals and Objectives; Current Business Outcomes; and Future Business Outcomes. The visual below is a small portion of OHA's Public Health Division's Business Outcome statement, reflecting the future business outcomes component. See Appendix A for a larger visual.



4.3. Investment Roadmaps

The current capability gaps or future capabilities identified in Business Outcomes are mapped to Investment Roadmaps. The work results in identification of current and future state capabilities, fosters proactive planning through investment roadmap development, positions the agency to be more strategic in decision making around funding requests, helps identify common capability needs and better informs decisions around prioritization of technology investment projects. The Outcome Statements and Investment Roadmaps will be refreshed and used to inform updates to the Strategic Technology plan.

Portfolio Roadmap			Center for Public Health Practice Investment Roadmap																Last Updated Oct-23					
Initiative:	Project	Status	Year 1		Year 2				Year 3				Year 4				Year 5				Year 6			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Promoting Health Equity	Gender Neutral records for REALD Master Patient Index	Planned	Plan	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Tools to help with Health Equity that are focused on equity-based decisions	Future	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
Preventing Communicable Disease	New Laboratory Information System (LIMS)	Current	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	New ALERT Immunization Information System (IIS) Unique Health Identifier for everyone	Planned	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
Improving Data Access and Quality	Increased use of cloud Disaster Recovery (DR) Health Data Warehouse	Planned	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	Increased use of Rhapsody	Current	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Partnering with the Health Care System	Increased interoperability with external portal	Planned	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	End of Current Budget																							
Public Health Enterprise Interoperability Database & Reporting Structures	Expand Rhapsody across all Centers	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Expand FHIR across all Centers	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Statewide REALD Database	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy

The visual above is a small portion of the OHA’s Public Health Division’s Investment Roadmap. See Appendix A for a larger visual.

4.4. Business Outcome Statements and Investment Roadmap Status

Since 2022, the Enterprise Architecture group has been working with the programs and divisions on the development of the Business Outcome Statements and Investment Roadmaps. A status by core programs is noted below.

Oregon Department of Human Services	Outcome Statement	Investment Roadmap	Target Start	Target Completion
Self-Sufficiency (SSP)	100%	90%		12/31/2023
Child Welfare (CW)	100%	45%		01/31/2024
Aging and People with Disabilities (APD)	100%	45%		01/31/2024
Office of Developmental Disabilities Svs. (ODDS)	100%	45%		02/28/2024
Vocational Rehabilitation (VR)	100%	45%		02/28/2024
Oregon Eligibility Partnership (OEP)			To be coordinated	TBD
Director's Office			To be coordinated	TBD
Central and Shared Services			To be coordinated	TBD
Oregon Health Authority				
Equity and Inclusion (E&I)			To be coordinated	TBD
Health Systems (HSD)	100%	100%		Complete
Health Policy and Analytics (HPA)	100%	90%		12/31/2023
Oregon State Hospital (OSH)	100%	90%		12/31/2023
Public Health (PHD)	100%	45%		01/31/2024
External Relations			To be coordinated	TBD
Agency Operations			To be coordinated	TBD
Fiscal and Operations			To be coordinated	TBD

5. Strategic Focus Areas

5.1. ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI)

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) provides mission critical information to leadership and employees, legislators, partners, and the public. The office uses ODHS and inter-agency program data and tools such as predictive analytics, workload modeling and other quantitative and qualitative methods to improve outcomes for children and families. The office translates data into information and develops practitioner tools to ensure decisions are data informed.

ORRAI helps ensure our programs and services are accountable. ODHS reports to federal agencies, the Oregon state government, funders, and other community partners on an ongoing basis as well as in response to changes in policy or requirements. In addition to reporting, ORRAI staff conduct research and analytics to ensure ODHS programs and services are effective, efficient and best meet the needs of Oregonians. The implementation staff ensures that research and analysis are informed by workers, experts, and clients and that resultant changes are implemented through planned, consistent, and coordinated processes.

5.2. Cybersecurity, Risk and Privacy

Enterprise Information Services/Cyber Security Services (CSS) provides cybersecurity services for the executive branch. As such, this group is accountable for cybersecurity for ODHS|OHA. OIS is responsible for executing many cybersecurity activities and tasks in alignment with CSS. Examples of security activities that OIS handles include maintaining and adhering to the agency security plan; ensuring the security event and incident response plans are updated and adhered to; designing, developing, and procuring systems meeting statewide security requirements; implementation and adherence to the statewide standards and controls; and remediating known risks and vulnerabilities.

ODHS|OHA through the Office of Information Services has an Information Security and Privacy Office (ISPO) unit. ISPO has five primary functions – privacy; IT risk and compliance; information exchange; awareness and education; and e-discovery.

Due to the data protection obligations that originate from federal and state laws that include Health Insurance Portability and Accountability Act of 1996 (HIPAA), ODHS|OHA must have a Privacy Program and a dedicated Privacy Officer (PCO). The Privacy Program also supports privacy and security investigations for both ODHS and OHA including third party partnerships.

In addition, ISPO has a position for ONE (Oregon Eligibility) Security Advisement that supports federal compliance requirements with the Centers of Medicare and Medicaid Services (CMS).

ODHS Shared Services has a position for the Criminal Justice Information Services (CJIS) Local Agency Security Officer (LASO) in coordination with Oregon State Police CJIS Information Security Officer.

ODHS and OHA have state and federal requirements around regulated data sets including HIPAA (Protected Health Information); CJIS (Criminal Justice Information Systems); IRS (Federal Tax Information); SSA (Social Security Administration); MARS-E (Minimum Acceptable Risk Standards for Exchanges); PCI (Payment Card Data) and others.

5.3. Data Focus

In alignment with “Oregon’s Data Strategy” and in compliance with EIS policy, ODHS|OHA each have named a lead data officer. These two roles along with the IT Director/Enterprise Architect provide leadership on respective agency data strategies, data governance, and ongoing data management practices necessary to manage data as an asset as required by policy and statute.

Lead data officers for both agencies work with leaders in other domains including the OHA REALD/SOGI director; ODHS REALD/SOGI(E) director; and ODHS|OHA Health & Service Equity IT director.

5.4. Newer Artificial Intelligence Technologies

Newer artificial intelligence capabilities have become a conversation topic from family dinner tables to board rooms to federal, state, and local governments.

In October 2023, the federal government released a [Blueprint for an Artificial Intelligence Bill of Rights](#). The blueprint emphasizes the need for ethical and equitable principles, practices, and guidelines for government artificial intelligence adoption to protect individuals from harm.

In November 2023, State of Oregon Gov. Kotek signed [Executive Order No. 23-26: Establishing a State Government Artificial Intelligence Advisory Council](#). The Council will be convened to guide awareness, education, and usage of artificial intelligence in state government that aligns with the State’s policies, goals, and values and supports public servants to deliver customer service more efficiently and effectively. The recommended action plan shall include concrete executive actions, policies, and investments needed to leverage artificial intelligence while honoring transparency, privacy, and diversity, equity, and inclusion.

The agencies are having many conversations around this new AI technology and especially Generative Artificial Intelligence (GenAI). Freely available tools such as ChatGPT are being used and experimented with use cases include summarizing publicly available documents, rephrasing public information at different reading levels, and getting an opinion (with precautions) on a wide range of subjects. Broader application use cases being discussed in health and human services include using chatbots to provide quick and efficient answers to the public and assisting case workers by summarizing case notes across multiple platforms.

The fast pace of GenAI has the potential to shape our business and technology processes. The Office of Information Services has drafted an interim guidance document that the agencies can use until further direction from state leadership is provided. “Guidance on the use of generative AI technologies in the workplace” is beginning to be socialized with technical and agency leadership and will be adjusted to meet the needs of the agencies.

6. Operational Modernization

6.1. IT Infrastructure Overview

OIS supports the hardware and software that our staff, providers, and clients use.

On the client side, OIS is accountable for the infrastructure noted in the table below. This includes 32,100 computers and printers and 14,700 mobile devices geographically used across Oregon in 140 office locations.

People We Serve	
Clients	1,628,790
Staff	16,700
Partners	35,000
Medicaid providers	16,000

Locations We Support	
Office network devices	3,500
Web conferencing rooms	280
Offices around the state	140

Technology We Support	
Computers and printers	32,100
Mobile devices	14,700
Servers	1,800
Applications (Mission Critical)	75

On the server side, EIS is accountable for the state network, hardware infrastructure, server provisioning and operating system and virtual machine (VM). OIS is accountable for the applications that the agencies use in this infrastructure. Application development, patching, maintenance and operations all are under the responsibility of OIS.

Currently there are 1,544 virtual machines allocated to ODHS|OHA which represents 37 percent of the total VMs in the state. All changes to these systems are managed through OIS who ensures that change management processes are followed, including post-change testing and validation.

6.1.1. IT Infrastructure Modernization

In alignment with EIS, and a benefit to the agencies, there are two large technical projects to shift infrastructure to cloud services – see Section 4.8.1 Major IT Projects Underway – which are the ONE & MMIS Infrastructure/Cloud Migration

projects. With the completion projects in 2023-2025 the VMs hosted in the cloud will move from <5 percent to 62 percent.

ODHS|OHA has, also, invested resources and funding in planning efforts to migrate applications off the mainframe - see Section 4.8.1 - Mainframe Migration Provider & Client Payment Systems technical project. This planning project is in the pre-initiate phase. OIS leadership connects periodically with EIS (Data Center Services) leadership as there are plans underway on the future of support of Oregon's mainframe needs.

Also, OIS has an active project on IT Asset Hardware Management that will be completed this biennium.

6.2. Direct Customer Support Model

OIS has a presence in all 140 OHDS|OHA office locations throughout the state to the benefit of our staff, providers/partners, clients, and other agencies through our customer service and support field technicians support model. It's a support model that allows OIS to quickly provide in-person services; assistance to EIS on replacement of the 3,500 network devices in the agency's offices; and efficiently keep workstations reliable and updated through the workstation lifecycle replacement program (every four years.)

These field tech professionals are, also, the ones who respond to local needs in local or large scale disasters, such as relocating a majority of the workforce into remote working environments during the pandemic; handling infrastructure outages during severe weather events or fires; and providing support to other agencies in a disaster, such as assisting other call centers with setup during the pandemic or responding to urgent needs in recent local government security events that required workstations to be rebuilt.

6.3. Application Portfolio

The ODHS|OHA organization has a large and complex application portfolio. The holistic application portfolio includes roughly 450 applications with 75 considered mission/business critical. OIS manually maintains an application inventory for service support reasons and has an active project implementing an IT Asset Management Software system.

The five largest and most complex applications include the Oregon Eligibility (ONE); Medicaid Management Information System (MMIS); OR-Kids Child Welfare System; Oregon State Hospital Electronic Health Records (Avatar); and COBOL-Based Financial/Payment applications. OIS plays a variety of roles in each mission/business critical application ranging from technical oversight of a vendor-based systems to application development and support of on-premise systems.

The last application portfolio assessment was in 2020, led by the OIS Enterprise Architecture Team and Gartner Research. While it was completed, many interviews to validate the accuracy of the information were not held due to the agencies' limited availability during the global pandemic. Gartner concluded (at that time) that ODHS|OHA is lagging peers on the modernization and cloud journey migration. This 2020 result validated what the technical organization is aware of and continues to make progress and seek funding and resources to address legacy IT systems.

6.3.1. Application Portfolio Modernization

In alignment with EIS strategy, cloud-based applications are the preferred replacement for core applications. Of the five largest and most complex applications noted in the section above, all have active cloud projects in the continuous modernization journey.

For applications that OIS is responsible for developing, major initiatives are underway to remove dependence on non-standard operating systems, database platforms, application stacks, and programming environments. For example, OIS has decommissioned Sybase entirely, and is working to modernize off AIX, DB2, PowerBuilder and the mainframe platform.

In support of in-house application modernization, a lot of work has been done with process, practice, and standards maturity. OIS continues to incorporate modern operational processes and toolsets including agile development which is a highly iterative and flexible development process; DevOps which is aimed at streamlining software development and delivery into production environments; and using software tools that aid with accessibility and vulnerability maturity.

For details around the holistic application portfolio modernization – see Section 4.9, Continuous Modernization.

7. Investments

7.1.OIS Workforce

For the 2023-2025 biennium, OIS has 650 legislatively approved budget positions. Of these positions 6 percent are management/supervisory, 94 percent are staff with a management to staff ratio of 1:10.7. Our current OIS vacancy rate is less than 12 percent.

OIS is a Shared Services organization and ODHS|OHA use a 64 percent/36 percent cost allocation model. Direct charge codes are used for project-based work. It's common for OIS units to be fully dedicated to business units in our software development and delivery as the nature of the work is around internally developed and supported products. For a few examples, the OIS OR-Kids (child welfare) unit comprised of software engineers; OIS ONE unit comprised of project managers, contract administrators, system administrators; OIS Health & Service Transformation unit in dedicated support of REALD/SOGI. Approximately 100 staff direct charge 100 percent of their time on a monthly average, approximately 75 staff direct charge a portion of less than 100 percent of their time on a monthly average.

7.2.OIS Budget

OIS has a \$234,600,000 budget for the 2023-2025 biennium, which is 0.44 percent of the combined ODHS|OHA budget. About 80 percent of the budget is for personnel services or labor, with the other software maintenance (10 percent), IT professional services (5 percent), and other services and supplies (5 percent).

Personnel services of local IT groups and product and solution business analysts are in agency budgets.

7.3.Technical Policy Option Package Investments in 2023-2025 budget

In 2023-2025, there were five investments (over \$2 million) in technology through Policy Option Packages with descriptions in the Large Technical Project Portfolio – dollars are represented as total funds. The POPs below support the program and technology needed as outlined in the POP. This includes:

- **Joint Ongoing Maintenance (POP 143) – \$39.1 million** – This policy package requests funding for ongoing maintenance and enhancements, ODHS Oregon Eligibility Program resources, cloud migration, additional

software licensing needs, and one-time payment to IT vendor for final contract cost.

- **REALD & SOGI Implementation: Getting to Data Justice (POP 403)** – \$15.7 million – Supporting data collection by external providers, insurers, and individuals, the Initial Registry, Initial Repository, and creating the Enterprise Scale Statewide REALD & SOGI Registry and Repository represents an investment in data equity and facilitates data justice within communities most impacted by health inequities.
- **Joint – Mainframe Migration/Provider & Client Payments System (POP 203)** – \$13.1 million – The policy package received funds and resources to start the planning work of a multi-biennia project to migrate the mainframe COBOL based payment & financial components to modern platforms. The oldest payment systems are complicated, antiquated, and fragile with limited resources being available in the IT industry. These mainframe COBOL components processed 14.5M payments for a total of \$3.7B and is one of the greatest risks of the ONE Environment. This POP gets us started on planning and ideally to a pilot effort.
- **OHA – OEBC/PEBB Benefit Management System Replacement (POP 435)** \$6.6 million – This policy package would fund implementation activities including additional project staffing, vendor implementation costs, hosting and licensing fees, oversight fees for quality assurance, and contingency allowances.
- **OHA – Marketplace Transition from SBM-FP to SBM (POP 416)** – \$2.1 million – This (planning) policy package requests fund to end Oregon’s reliance on the federal health insurance exchange eligibility and enrollment platform and the federal call center, and to fund the initial stage of its transition to a state-based marketplace platform and state-controlled call center.

8. Continuous Planning

8.1. Accountability

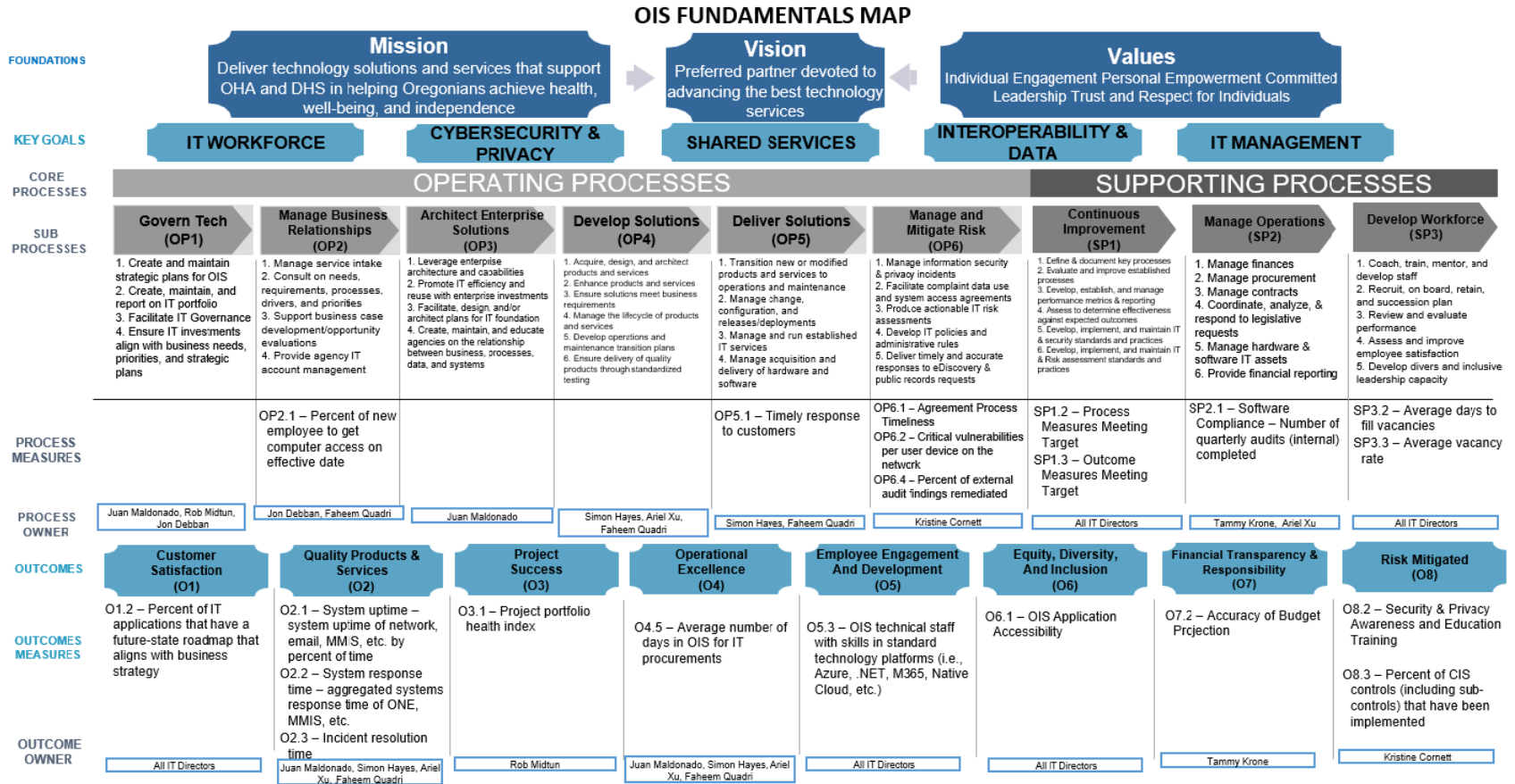
The ODHS|OHA chief information officer (CIO) and deputy CIO are accountable for the Office of Information Services. Key strategic documents such as this document, Strategic Technology Plan, and the Performance Management System will be a shared responsibility. Periodically, usually at year end and the end of the biennium, the materials are reviewed and refreshed.

8.2.Communication

IT progress and strategic artifacts are co-created, reviewed, and communicated to agency leadership. In recent years and going forward the leadership bodies for communication strategy includes agency directors and deputy directors; program/division directors; ODHS cabinet; OHA leadership team; agency technology councils; OIS and local IT technical directors, OIS all managers, and OIS all staff. Additionally, materials are co-created with and/or reviewed with the Healthy Policy assistant CIO; Senior Investment Program manager, and LFO IT analysts.

9. Appendix

9.1. Performance Management System – Fundamentals Map



NOTE: inactive measures removed for readability

9.2. Project Portfolio with IT Governance Prioritization

The following snapshots are dated October 2023. Cross-agency projects will appear on both lists. Dollars are represented as total funds.

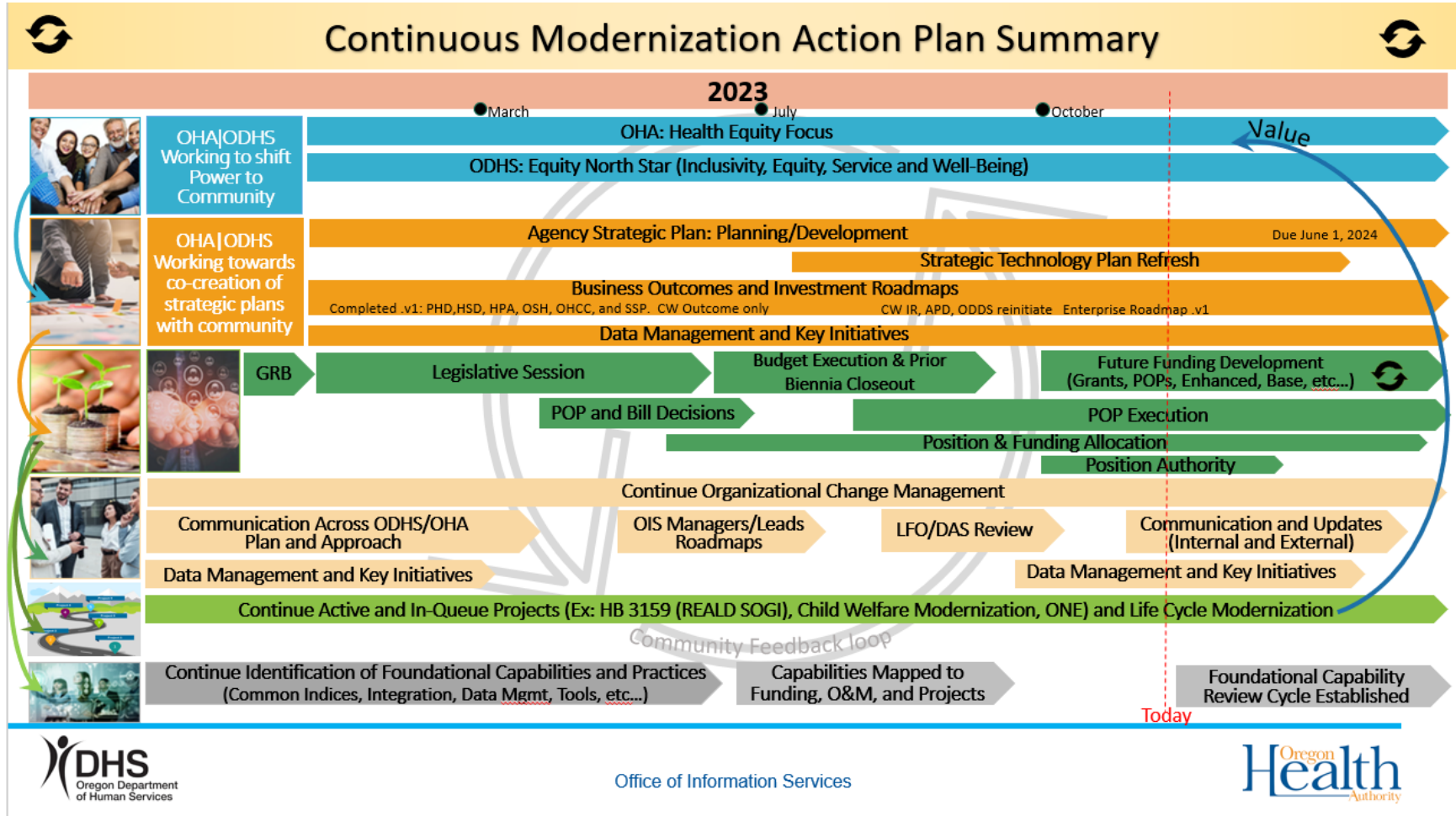
ODHS Governance Council Prioritization

Priority	Project Name	Health	Project Budget	Project Phase	Projected End
1	1115 Waiver Technology Implementation			1-Initiating	
2	Mainframe Modernization - Payment Systems			0-Pre-initiation	
3	SB155 Enhancements		\$784,658	4-Closing	05/31/2023
4	Provider Time Capture (PTC)		\$31,367,810	3-Executing	01/20/2025
5	CCWIS		\$8,898,851	2&3-Planning/Executing	06/30/2024
6	REALD and SOGI Registry Implementation		\$10,900,000	2-Planning	06/30/2025
7	Case Management System		\$6,110,500	2-Planning	
8	Provider Enrollment Maintenance System		\$9,200,000	2-Planning	
9	Resource Parent Inquiry Certification and Training (RPICT)		\$1,363,107	1&2-Initiating/Planning	08/31/2024
10	GO Priority - DELC - Childcare Regardless of Citizenship			3-Executing	
11	ONE Program Cloud Migration			1-Initiating	12/31/2024
12	Aspen to iQIES Transition		\$0	1&2-Initiating/Planning	09/16/2024
13	APS Community Workflow and REALD		\$1,352,600	1-Initiating	07/10/2024
14	IT Service Management		\$4,137,792	2-Planning	
15	Email Retention and Special Schedule Initiative			0-Pre-initiation	
16	Laserfiche Enterprise		\$1,019,120	3-Executing	12/11/2023
17	OregonBuys Implementation		\$220,000	2&3-Planning/Executing	03/29/2024
18	ODDS Electronic Visit Verification - Non-Web Solution			1-Initiating	

OHA Governance Council Prioritization

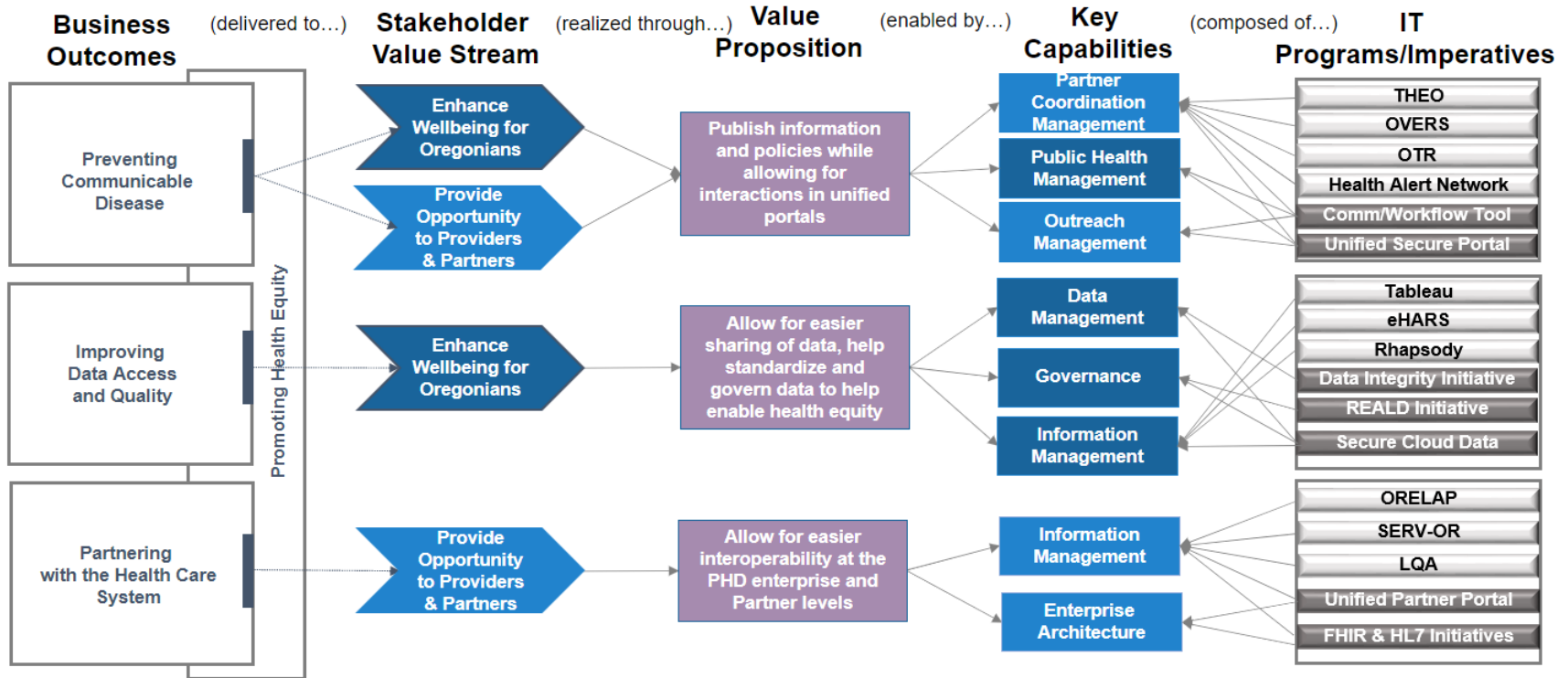
Priority	Project Name	Health	Project Budget	Project Phase	Projected End
1	1115 Waiver Technology Implementation			1-Initiating	
2	REALD and SOGI Registry Implementation		\$10,900,000	2-Planning	06/30/2025
3	Mainframe Modernization - Payment Systems			0-Pre-initiation	
4	MES Modernization (formerly Modularity) Planning Phase		\$922,994	3-Executing	12/31/2024
5	Oregon State-Based Marketplace		\$1,200,000	2-Planning	04/04/2025
6	HASP 2		\$2,067,840	3-Executing	02/02/2024
7	MES Interoperability - Claims & Provider Directory		\$4,929,001	3-Executing	04/08/2024
8	SERV-OR		\$769,980	3-Executing	09/12/2024
9	Compass Modernization		\$1,788,046	1-Initiating	04/11/2024
10	OSH Incident Reporting and Infection Surveillance (IRIS)		\$697,000	3-Executing	03/31/2024
11	MMIS Program Integrity - Release 4		\$8,258,688	2&3-Planning/Executing	07/31/2023
12	HPA HEDIS			0-Pre-initiation	
13	ALERT IIS Replacement		\$10,000,000	1-Initiating	
14	OEBB-PEBB Benefit Management Systems (BMS) Replacement		\$14,470,585	3-Executing	08/04/2025
15	OSH Scheduling and Time Replacement			1-Initiating	
16	Email Retention and Special Schedule Initiative			0-Pre-initiation	
17	OregonBuys Implementation		\$220,000	2&3-Planning/Executing	03/29/2024
18	HIV-E (HIV-Electronic)		\$23,700,949	3-Executing	06/29/2027
19	TWIST TO WEB		\$16,359,475	3-Executing	01/31/2024
20	IT Service Management		\$4,137,792	2-Planning	
21	OVERS ICR		\$6,455,838	2&3-Planning/Executing	07/26/2024
22	MMIS Letter Generator Upgrade		\$1,179,731	3-Executing	12/22/2023
23	OSPHL LIMS Replacement		\$1,873,953	2-Planning	
24	MMIS Infrastructure Replacement - Phase 1		\$10,072,072	3-Executing	12/31/2024
25	Laserfiche Enterprise		\$1,019,120	3-Executing	12/11/2023
26	ONE Program Cloud Migration			1-Initiating	12/31/2024
27	Oregon Trauma Registry (OTR) Replacement		\$636,888	2-Planning	12/08/2023

9.3. Continuous Modernization Action Plan Summary



9.4.Future Business Outcomes Example

Future Business Outcomes

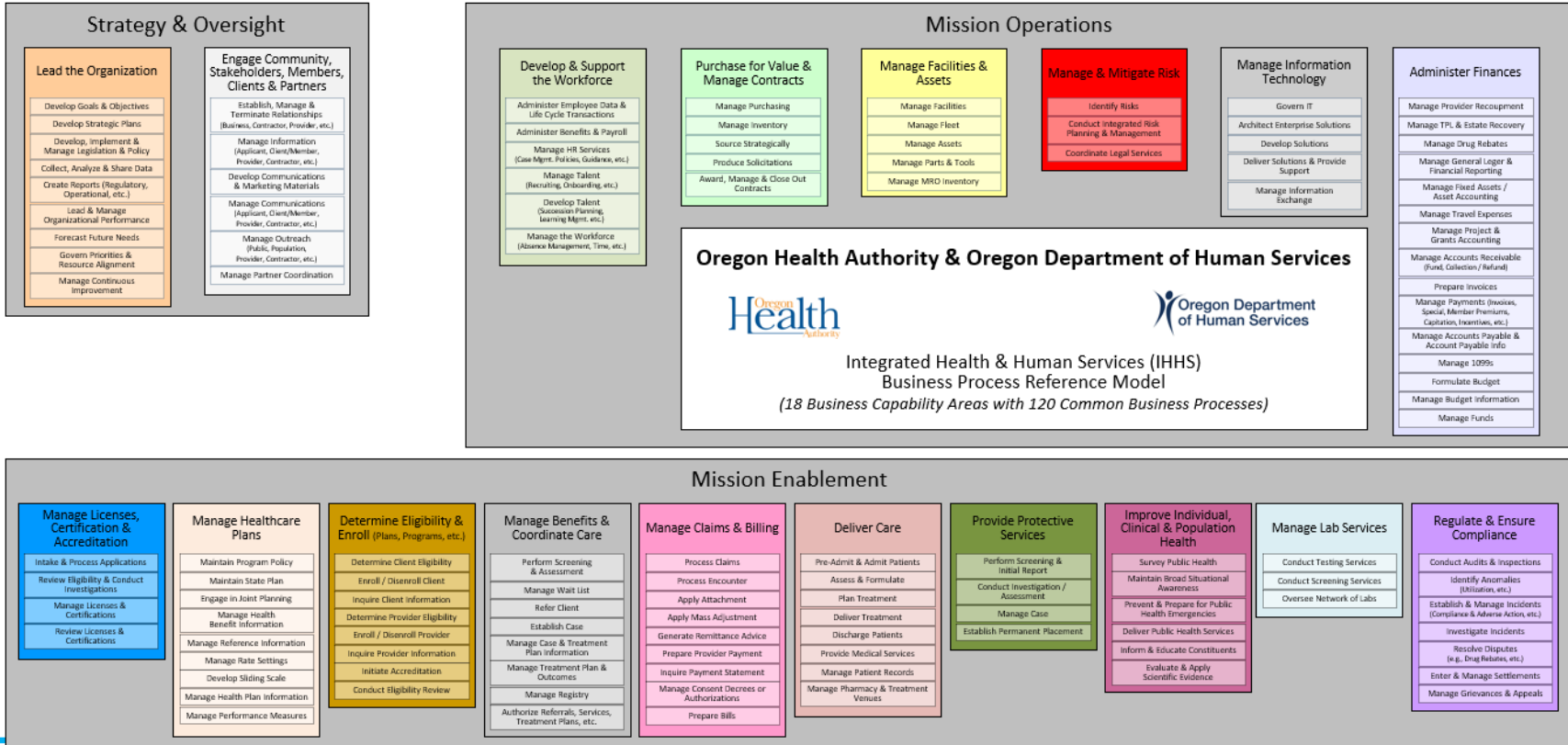


9.5. Investment Roadmap Example

Portfolio Roadmap			Center for Public Health Practice Investment Roadmap																Last Updated Oct-23					
Initiative:	Project	Status	Year 1		Year 2				Year 3				Year 4				Year 5				Year 6			
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Promoting Health Equity	Gender Neutral records for REALD	Planned	Plan	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Master Patient Index	Future	Plan	Plan	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Tools to help with Health Equity that are focused on equity-based decisions	Future	Plan	Plan	Plan	Plan	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Preventing Communicable Disease	New Laboratory Information System (LIMS)	Current	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	New ALERT Immunization Information System (IIS)	Planned	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Unique Health Identifier for everyone	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Improving Data Access and Quality	Increased use of cloud Disaster Recovery (DR)	Planned	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Health Data Warehouse	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Partnering with the Health Care System	Increased use of Rhapsody	Current	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Increased interoperability with external portal	Planned	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
Public Health Enterprise Interoperability	Expand Rhapsody across all Centers	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Expand FHIR across all Centers	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy
	Statewide REALD Database	Future	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy	Design / Deploy

9.6.Integrated Health & Human Services (IHHS) Business Process Reference Model

ODHS/OHA Business Process Reference Model



9.7.Federal Mandates

Top Federal Mandates
CMS MES Modernization – For the past eight years, CMS has signaled its interest seeing states move to a modular architecture for their Medicaid Management Information Systems (MMIS). In 2023, at the annual Medicaid Enterprise Services Conference, CMS announced that it will now focus on modernization as in “MES Modernization.” (Technical Project: Medicaid Enterprise Services Modernization)
Fair Labor Standards Act (FLSA) – In context of ODHS Home Care Workers (HCW) and Personal Service Workers (PSW), the FLSA requires that the records include certain identifying information about the HCW/PSW and data about the hours worked. (Technical Project: Provider Time Capture)
Federal Department of Health and Human Services – The Federal Department of Health and Human Services (HHS) rule on Comprehensive Child Welfare Information Systems (CCWIS) went into effect on Aug. 1, 2016. The rule governs the next generation of technology to support child welfare programs. The new rule focuses on modularity, interoperability, reusability, data sharing between programs, lifecycle data management, and data quality. ODHS Child Welfare declared that it would move towards a CCWIS environment. (Technical Project: Child Welfare CCWIS Project)
21st Century Cures Act – Requires HCW and PSW time entries to be accurate and attested to by both service recipients and providers. (Technical Project: Provider Time Capture)
Hospital Accreditation – Patient safety and hospital accreditation require that federally mandated electronic health management systems be highly available. (Technical Project: Hospital Application Survivability Platform 2)
CMS Interoperability and Patient Access Final rule – The rules advance the efforts to make health information more easily available to patients and improve coordination of care. (Technical Project: Medicaid Enterprise Services Interoperability)
CMS MARS-E mandate – Federal mandates around information security, privacy, and accountability are evolving rapidly. Of relevance is the Minimum Acceptable Risk Standards for Exchanges (MARS-E). MARS-E provides a single, integrated approach to security and privacy that addresses multiple federal requirements. (Technical approach – ONE maintenance and operations)

9.8.State Mandates

Top State Mandates
HB 2468 (2023) – Requires property owners to allow dwellings to be used as family childcare homes and sets rules around certification, other children on premises, and subsidy payments from DELC.
HB 2665 (2023) – Requires the Health Licensing Office to establish processes to receive and investigate complaints regarding temporary staffing agencies. Requires OHA to develop rules to establish maximum rates that temporary agencies may charge.
HB 2683 (2023) – Directs the Early Learning Council to adopt rules to establish eligibility for certain children to participate in Employment Related Day Care subsidy programs.
HB 2757 (2023) – Expands and provides funding for a coordinated crisis services system including 9-8-8 suicide prevention and behavioral health crisis hotline.
HB 3127 (2023) – Identifies certain covered vendors and prevents state agencies from downloading and installing covered products from those vendors. Requires OSCIO to adopt rules, policies, and standards for state agencies to implement the removals relating to the vendors, including definitions and timelines of agency notification.
SB 11 (2023) – Requires certain executive department boards or commissions that conduct public meetings through electronic means to record and promptly publish recordings on websites or hosting services so the public may observe or listen to meetings for free.
SB 231 (2023) – Directs ODHS to establish and maintain a centralized child abuse reporting system.
SB 966 (2023) – Requires OHA to adopt standards for types of data collected for all payers and that all claims’ databases are consistent with standards adopted for collection of data on race, ethnicity, language, disability, sexual orientation, and gender identity. (Technical Project: REALD/SOGI Registry-Repository)

SB 972 (2023) – Requires OHA to transition from healthcare.gov to state-based marketplace by Nov. 1, 2026. (Technical Project: State Based Marketplace)

SB 1089 (2023) – Establishes a Universal Health Plan Governance Board. (Note: Bill analysis stated need for single payer plan system)

HB 3159 (2021) – Getting to Data Equity - HB 3159 mandates a registry and repository for collection of Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data from providers and insurers. REALD & SOGI data is OHA’s best tool to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health. (Technical Project: REALD/SOGI Registry-Repository)

SB 855 (2019) – Directs professional licensing boards to study matter in which people who are immigrants or refugees become authorized to practice occupation or profession – Directs the Oregon Home Care Commission (part of ODHS) to develop and implement methods to reduce barriers to enrollment for applicants who may be immigrants or refugees. (Technical Project - Provider Enrollment Maintenance System)

SB 1067 (2017) – Relating to government cost containment; and declaring an emergency – Per the bill, SB 1067 Oregon Educators Benefit Board (OEBB) and Public Employees Benefit Board (PEBB) are seeking to integrate the administrative and support of the two IT systems, with improved user experience and customer care, into a single platform to drive cost reductions and operational improvements consistent with applicable law and administrative rule. (Technical Project – OEBB-PEBB Benefit Management Systems (BMS) Replacement)

SB 774 (2015) – Requires Home Care Commission to adopt statewide plan to expand home care worker workforce – Directs ODHS to implement a single online application and universal provider number for the agency provider workforce and increase the size of the workforce available to serve individuals receiving services. (Technical Project – Provider Enrollment Maintenance System)