

## I. Project Identification

**Project Title:**

<b>Agency Name</b>	<b>Agency Business Unit</b>
Department of Public Health	Office of Local Health

<b>Your Name (Submitter)</b>	<b>Phone</b>	<b>Email</b>
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## II. Project Details

### A. Project Dates

<b>Proposed Start Date (MM/DD/YYYY)</b>	<b>Expected Completion Date (MM/DD/YYYY)</b>	<b>Project Duration (in months)</b>
07/01/2015	06/30/2016	12

B. **Project Description** - This information will be used for listings and report to the Governor and General Assembly on capital funded projects.

The Department of Public Health (DPH) will update the mandated local health annual report in order for DPH to assure that the local health departments and districts (LHDs) are meeting the October 2014 statutory requirements for per capita funding by providing a basic public health program based on the Center for Disease Control and Prevention’s National Public Health Performance Standards, 10 Essential Services.

C. Summary.

**Summary - Describe the high level summary of this project in plain English without technical jargon**

The goal of this project is to update the local health annual report in order for the Department of Public Health (DPH) to ensure that the LHDs, that are eligible to receive per capita funding, are meeting the statutory requirements to receive the funds. As of October 1, 2014, LHDs are required to ensure the provision of a basic health program based on the Center for Disease Control and Prevention's National Public Health Performance Standards, the 10 essential public health services, in order receive per capita funds as per CGS Sec. 19a-245 and CGS Sec. 19a-202. Data on the 10 essential public health services will be collected from LHDs via the local health annual report, which is statutorily mandated in CGS 19a-200. All LHDs are required to submit an annual report however only 36 of 73 (49%) LHDs are eligible to receive per capita funding. The web based module used to collect the local health annual report data since 2009 is called the Local Health Management System (LHMS) which is part of the CT Electronic Disease Surveillance System (CTEDSS), built on the Consilience Software Maven application. From this point forward, it will be referred to as CTEDSS-Maven.

**Purpose – Describe the purpose of the project**

The purpose of this project is to revise the local health annual report in order to incorporate questions on the national recognized 10 essential public health services, which as per as per CGS Sec. 19a-245 and CGS Sec. 19a-202, LHDs are required to provide in order to receive per capita funds. The data collected by the local health annual report will be performance measures linked to the 10 essential public health services to determine if the LHDs that qualify to receive per capita funds are meeting the statutory requirements to receive funding. The data obtained will also be useful to the state and local public health departments to better understand the local health infrastructure and capacity to provide services in CT. Funds are needed in order to update the local health report to include questions regarding the 10 essential public health services.

**Importance – Describe why this project is important**

Since 2009, LHDs have been entering their local health annual report data each fiscal year into the Local Health Management System in CEDSS-Maven. Since LHDs have been using the CTEDSS-Maven application for over five years, users are familiar and comfortable with the system. The nationally recognized 10 essential public health service codify the responsibilities of the public health system. Collecting the data from the 73 LHDs provides the Department of Public Health (DPH) with a mechanism to identify trends and gaps in performance where corrective action can be taken to assure all towns and cities are receiving the essential public health services. Strengthening the public health infrastructure is a priority identified in the State Health Improvement Plan (2014) Focus Area 7 – Health Systems. The application allows DPH and local health staff to download the local health annual report data and run reports. Continuing to use this tool to collect the data to determine if LHDs that receive per capita funding are providing the 10 essential public health services as statutory mandated is the most logical solution.

**Outcomes – What are the expected outcomes of this project**

The outcome is a revised functional local health annual report which incorporates measurement of the 10 essential public health services. Reports and data extraction tools would also be updated so the data are easily accessible and available for analysis to DPH, LHDs as well as our public health partners, municipal leaders, local boards of health and the public, upon request.

**Approach and Success Evaluation – Provide details of how the success of the project will be evaluated**

The project will be evaluated using the Maven architecture processes that have been in place since 2009 for development and testing. The project will involve convening a workgroup to determine the content of the local health annual report in order to capture and measure the 10 essential public health services. The next step will be to work with the vendor to discuss the business requirements of the new annual report and its associated workflows and reports. Once programmed the new annual report will move from the Development to the Staging environment for user acceptance testing and modifications. After the testing and modifications have been completed, the application then will be moved to the Production environment. Both the Staging and Production environments of CTEDSS-Maven application are hosted by BEST.

- D. **Business Goals.** List up to 10 key business goals you have for this project, when (FY) the goal is expected to be achieved, and how you will measure achievement, Must have at least one. Please use action phrases beginning with a verb to state each goal. Example: "Reduce the Permitting process by 50%". In the Expected Result column, please explain what data you will use to demonstrate the goal is being achieved and any current metrics.

Business Goal (Action Phase)	Target FY for Goal	Current Condition	Expected Result
Revise the local health annual report and it associated downloadable reports	2016	2013 version of the local health annual reports and associated reports	2016 version of the local health report with updated reports
Collect data regarding 10 essential public health services via the local health annual report	2016	N/A	Questions regarding the 10 essential public health services are incorporated into the local health annual report
Determine if LHDs meet the statutory requirements in CGS Sec. 19a-245 and CGS Sec. 19a-202 for per capita funding via data analysis of local health annual report	2016	N/A	Valid data measures are collected from LHDs via the local health annual report and analyzed to determine if the LHDs meet the requirements for per capita funding

- E. **Technology Goals.** From a technical perspective, following the above example, list up to 10 key technology goals you have for this project and in which Fiscal Year (FY) the goal is expected to be achieved. Please use action phrases beginning with a verb to state each goal. Example: "Improve transaction response time by 10%".

Technology Goal	Target FY for Goal
Improve data quality	2016
Improve reports and data extractions for ease of use and data manipulation/analysis.	2016

F. **Priority Alignment.** The criteria in this table, in concert with other factors, will be used to determine project priorities in the capital funding approval process. Briefly describe how the proposed projects will align with each criterion.

Priority Criterion	Y/N	Explanation
Is this project aligned with the Governor’s Key Priorities?	Y	The project will result in a database that is user-friendly and accessible to both DPH and local health department staff. The data will help DPH determine if the local health departments are compliant with statutes in order to receive state per capita funding. The data are also posted on the DPH website for the public to access.
Is this project aligned with business and IT goals of your agency?	Y	The Maven application has been adopted by the DPH as the software to house the statutory reportable diseases and other reportable public health information.
Does this project reduce or prevent future increases to the agency’s operating budget?	Y	Funding for this project is a one time expense and will not affect the agency’s operating budget.
Will this project result in shared capabilities?	y	The Maven application has been adopted by the DPH as the software to house statutory reportable diseases and other reportable public health information. The project will result in a database that is user-friendly and accessible to both DPH and local health departments.
Is this project being Co-developed through participation of multiple agencies?	N	This project is specific to the DPH to address a statutory change.
Has the agency demonstrated readiness to manage project of this size and scope?	Y	The DPH licensed its first Maven application in 2008. The Local Health Management System was the first module to go into the CTEDSS-Maven instance in 2009. Staff has managed the size and scope of the project with the initial development in 2009 and updates in 2013.
Is the agency ready to deliver the business value proposed?	Y	The project is in line with DPH’s Health 2020 Improvement Plan to strengthen the public health infrastructure, which is identified as a priority focus area – Health systems.

- G. **Organizational Preparedness.** Is your agency prepared to undertake this project? Is senior management committed, willing to participate, and willing to allocate the necessary time, energy and staffing resources? How will the project be managed and/or governed and who will make the key project decisions?

The Local Health Management System (LHMS) was the first CTEDSS-Maven module to go into production in 2009. It was also the first module to be rolled to our local health department partners. The DPH is very prepared to undertake this project and there is commitment from the Commissioners and the Branch Chief. One of the focus areas in DPH's Health Connecticut 2020 State Improvement Plan is Public Health Infrastructure. With the passage of the requirements for LHDs to provide the 10 essential public health services in order to receive per capita funding is a step towards improving and modernizing the local public health infrastructure in CT.

The project will be managed by the Supervisor/Epidemiologist of the DPH Office of Local Health Administration (OLHA) along with the Nurse Consultant. The Nurse Consultant will be facilitating a workgroup with local health departments to determine the content of the revised local health annual report. The DPH OLHA staff will make the key project decisions with input from the workgroup.

- H. **Project Ramp Up.** If capital funds are awarded for this project, how long will it take to ramp up? What are the key ramp-up requirements and have any of these already been started? For example, has a project manager been identified? Has an RFI been issued? Is a major procurement required such as an RFP?

The DPH/LHD joint workgroup to develop the content to revise the local health annual report to include the 10 essential public health services will begin meeting in January 2015. The Nurse Consultant will be facilitating the workgroup. The goal is to have the content finalized and capital funds received by June 30, 2015 so programming can begin in July. The DAS is currently working on a contract with the vendor, Consilience that was recently purchased by Xerox. Therefore no there is no need for any procurement.

- I. **Organizational Skills.** Do you have the experienced staff with the proper training to sustain this initiative once it's a production system? Do you anticipate having to hire additional staff to sustain this? What training efforts are expected to be needed to maintain this system?

The Supervisor/Epidemiologist of the DPH OLHA has been involved with the development of the Local Health Management System (LHMS) module in CTEDSS-Maven since 2008; its inception. All OLHA staff have been trained on how to use the LHMS and provide technical assistance to the LHDs. No additional staff will be needed to sustain this project once it is implemented. All LHDs were trained on the system in 2010. A manual and "cheat sheets" were also developed for the module and specifically for the local health annual report. The manual and cheat sheets will be revised to incorporate the changes to the local health annual report which will then be distributed to the LHDs. Additional training if needed may be in a form of a webinar to review the changes in the report.

J. **Financial Estimates.** From IT Capital Investment Fund Financial Spreadsheet

Estimated Total Development Cost	Estimated total Capital Funding Request	Estimated Annual Operating Cost	One Time Financial Benefit	Recurring Annual Financial Benefit
\$226,912	\$74,880	\$14,064		\$56,000
<b>Explanation of Estimates</b>				
The estimated total development cost is based on a percentage of three office of local health administration staff's time and the contractor.				
The estimated total Capital Funding request is based on discussions with Consilience and from past expenditures for revising the local health annual report in CTEDSS-Maven.				
The estimated annual operating cost is based upon a percentage of three office of local health administration staff's time to provide technical assistance to users and for data requests.				
The recurring financial benefit will be in the form of staff time savings.				
<b>Assumptions: Please list key assumptions you are using to estimate project development and implementation costs</b>				
The assumption is that the time quoted by the Consilience programmer will be the actual time needed to complete the project.				

### III. Expanded Business Case

- A. **Project Impact.** Beyond the top business goals identified in Section II, 1) What impacts will this project have, if any, in the targeted areas below, 2) What would be the impact of not doing this project, 3) How will the project demonstrate benefits are achieved.

(1) Impact Area (Vision)	Y/N	Description of Project Impact
Will this project provide efficient and easily accessible services for all constituents?	Y	The LHMS module in CTEDSS- Maven is the web based tool currently being used collect local health annual report information from local health departments. This project, revising the local health annual report, is the most efficient mechanism to collect the data measures for the 10 essential public health services. The data are easily accessible to both DPH staff and local health departments.
Will this project promote open and transparent government with the citizens of the state?	Y	This project will continue to open access to local health annual report data to DPH staff and LHDs. Since the data are not confidential, citizens of CT, municipal leaders and other public health partners can request the data for all or some of the local health departments. Links to the annual reports for each of the 73 local health departments are posted on the DPH website as well.
Will this project establish efficient and modern business processes?	Y	This project will update an existing efficient and modern business practice, collecting the local health annual report data

		via CTEDSS-Maven, which was established in 2009.
Will this project increase accuracy and timeliness of data for policy making, service delivery and results evaluation?	Y	By incorporating the 10 essential public health services into the local health annual report, this project will allow DPH, LHDs, municipal leaders, local boards of health, and other public health partners to access the data to evaluate the local public health infrastructure in CT and to determine future policy, if needed.

<b>2) What is the expected impact of NOT doing this project?</b>		
An additional, separate survey tool will have to be developed if this project is not funded. The tool would then be emailed or mailed to the 73 local health departments. Staff time would be needed to gather the surveys back from the local health departments and enter the data manually. The data would then be distributed to the local health departments via email or regular mail.		

<b>(3) How will you demonstrate achievement of benefits?</b>		
The revised local health annual report will be rolled out to the local health departments in July 2016. LHDs will enter their data collected over SFY 2016. The DPH OLHA will analyze the data and share it with DPH staff and Local Health departments. The link to each local health department annual report will be posted on the DPH website.		

**B. Statutory/Regulatory Mandates.** 1) Cite and describe federal and state mandates that this project is intended to address. 2) What would be the impact of non-compliance?

<b>(1) Statutory / Regulatory Mandates:</b>		
Effective October 1, 2014, LHDs will be required to ensure the provision of a basic health program based on the Center for Disease Control and Prevention's National Public Health Performance Standards, the 10 essential public health services (ES), in order to receive per capita funds as per CGS Sec. 19a-245 and CGS Sec. 19a-202. Data on the 10 essential public health services will be collected from LHDs via the local health annual report, which is statutorily mandated in CGS Sec. 19a-200.		

<b>(2) Impact of non-compliance:</b>		
LHDs that are eligible may not receive the per capita funds because there is not a mechanism in place to determine if they meet the statutory requirements to receive the funds.		

- C. Primary Beneficiaries.** Who will benefit from this project (citizens businesses, municipalities, other state agencies, staff in your agency, other stakeholders) and in what way?

The DPH, LHDs, our public health partners and citizens of CT will benefit from this project. It critical that all LHDs be able to provide the basic, core public health services to their citizens. The statutory changes require LHDs that are eligible for per capita funds to provide the 10 essential public health services. The 10 essential public health services are a step towards standardizing public health services across LHDs and improving CT's public health infrastructure overall.

**Important:**

- **If you have any questions or need assistance completing the form please contact Jim Hadfield or John Vittner**
- **Once you have completed the form and the [IT Capital Investment Fund Financial Spreadsheet](#) please e-mail them to Jim Hadfield and John Vittner**

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