



## Agency Recommendation Summary

The Department of Children Youth and Families requests \$8,180,000 (\$6,655,000 in General Fund-State) and 16.0 Full Time Equivalents (FTE) in the 2025-27 Biennial Budget to implement the Health Care Authority’s (HCA) brokered HCMACS (Health Care Management and Coordination System) solution to coordinate medical care for all young people committed to Juvenile Rehabilitation (JR) two institutions Echo Glen Children’s Center (EGCC) and Green Hill School (GHS).

## Program Recommendation Summary

### 090 - Program Support

The Department of Children Youth and Families requests \$8,180,000 (\$6,655,000 in General Fund-State) and 16.0 Full Time Equivalents (FTE) in the 2025-27 Biennial Budget to implement the Health Care Authority’s (HCA) brokered HCMACS (Health Care Management and Coordination System) solution to coordinate medical care for all young people committed to Juvenile Rehabilitation (JR) two institutions Echo Glen Children’s Center (EGCC) and Green Hill School (GHS).

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
<b>Staffing</b>						
FTEs	15.0	17.5	<b>16.25</b>	15.5	15.5	<b>15.5</b>
<b>Operating Expenditures</b>						
Fund 001 - 1	\$3,118,000	\$3,537,000	<b>\$6,655,000</b>	\$2,153,000	\$2,153,000	<b>\$4,306,000</b>
Fund 001 - A	\$623,000	\$742,000	<b>\$1,365,000</b>	\$452,000	\$452,000	<b>\$904,000</b>
Fund 001 - C	\$73,000	\$87,000	<b>\$160,000</b>	\$53,000	\$53,000	<b>\$106,000</b>
Total Expenditures	<b>\$3,814,000</b>	<b>\$4,366,000</b>	<b>\$8,180,000</b>	<b>\$2,658,000</b>	<b>\$2,658,000</b>	<b>\$5,316,000</b>
<b>Revenue</b>						
001 - 0393	\$696,000	\$829,000	<b>\$1,525,000</b>	\$505,000	\$505,000	<b>\$1,010,000</b>
Total Revenue	<b>\$696,000</b>	<b>\$829,000</b>	<b>\$1,525,000</b>	<b>\$505,000</b>	<b>\$505,000</b>	<b>\$1,010,000</b>

## Decision Package Description

DCYF provides direct medical, mental health, drug and alcohol treatment and dental services in two institutional facilities for 230-350 young people annually at both Echo Glen Children’s Center (EGCC) and Green Hill School (GHS). To coordinate this care, DCYF uses a custom-built medical database as part of their ACT case management system, developed in 2009 that contains 17 modules and more than 40 reports. This medical database does not exchange medical records electronically or interface with any external medical system to provide functions like electronic pharmacy ordering or billing. Due to the limitations of the current medical database, DCYF uses paper-based processes that do not meet the standard as defined in the American Recovery and Reinvestment Act.

DCYF needs an enterprise Electronic Health Record (EHR) system to:

- Electronically share medical records with community providers and authorized family of the young people in the custody of JR annually as they transition in and out of DCYF care.
- Provide, refer, and bill for medical care, mental health services, and drug and alcohol treatment for the young people in the custody of JR annually.
- Streamline adoption home study forms which are currently faxed back and forth to doctors.
- Provide secure exchange of information with providers when an evaluation is required for licensing purposes.
- Support Washington’s section 1115 Medicaid demonstration waiver, entitled Medicaid Transformation Project (MTP) Re-Entry Initiative, which requires the ability to bill Medicaid.

DCYF is part of the Re-Entry cohort 1 group that is working to implement the new Medicaid supported re-entry activities by July 1, 2025, as part of the Medicaid Transformation Project (MPT). Other members of the cohort include DSHS, HCA and DOC. The federal requirement to participate in this cohort is the agency must have the ability to bill Medicaid and coordinate care navigation and care management with external

providers. At this point, DCYF does not do any Medicaid billing for JR, nor do our current systems report comprehensive care coordination. The HCMACS software solution includes a Medicaid billing module which will simplify the Medicaid billing for all involved agencies. The other option that is under consideration and moving to a RFP with HCA is a third-party clearing house to manually create invoice and bill Medicaid.

Without an EHR solution, DCYF will continue to use paper records which must then be manually transferred as residents receive health-care services in the community and/or from 3<sup>rd</sup> party providers, as well as when residents move between agencies. This lack of EHR infrastructure to support care coordination and care management for residents in need will continue to result in challenges for agencies like DOC who will be able to use their EHR for DOC workflows but will need to reference paper files for youth transferred from DCYF. Current analysis shows that approximate 12-16% of our youth move to DOC facilities and that number is expected to grow larger with time and expected trends.

The implementation of an EHR would have important implications for 100% of our population, however, including those who currently reside in JR facilities and those with lengthy JR sentences, including individuals transitioning to Community Facilities, released to CTS, parole, and directly to the community. The ability of JR to deliver, manage, and coordinate care, as well as exchange clinical records with partners, will remain impossible without access to an enterprise EHR system. This challenge will be further exacerbated in the future, because the population of JR is expected to grow, resulting in increased medical and behavioral health needs that are not sufficiently met, by our current IT infrastructure.

Enrolling in the HCA brokered HCMACS statewide EHR solution takes advantage of economy of scale and provides the most financially feasible option for obtaining the benefit of an EHR solution to DCYF. DCYF will be able to partner with other state and Health and Human Services Coalition agencies who also utilize the HCMACS standard platform to exchange medical records related to our shared clients.

DCYF explored several niche-correctional electronic health record systems and determined the HCMACS solution as the most viable solution. The niche-correctional electronic health record system solutions considered were not in use with our partner state agencies (Department Of Health, Department of Social and Health Services, and the Health Care Authority), which makes the HCMACS solution the efficient solution to easily refer, bill, and exchange medical records with providers across the state and our partner state agencies who provide various other services for our shared clients.

This EHR system may need to interface with the JR ACT system and with the Comprehensive Child Welfare Information System (CCWIS) project that is underway at this time. The cost for these interfaces (if needed) are not included in this DP submission. More analysis of the use cases will be required to understand which interfaces make sense.

Note: The DCYF EHR project will be moving into the HCMACS program structure as soon as we are able to navigate the governance changes to support that change.

## Assumptions and Calculations

### ***Expansion, Reduction, Elimination or Alteration of a current program or service:***

DCYF requests funding to support the implementation of EHC in JR prior to agency's ability to partake in the HCMACS program.

This is not an expansion, elimination or a reduction of a current program. This request will provide DCYF the ability to electronically transfer health care data for young people in JR's care.

### ***Detailed Assumptions and Calculations:***

DCYF requests \$3,814,000 in FY2026 and \$4,366,000 in FY2027, a total of \$8,180,000 for the biennium, to allow DCYF to enroll in the HCA brokered HCMACS service.

The following professional services are being requested:

Project Director Services: 25/26 annual cost = \$604,800; 26/27 annual cost = \$600,000

Quality Assurance Services: 25/26 annual cost = \$180,000; 26/27 annual cost = \$180,000

Epic Training Services: 25/26 annual cost = \$45,000; 26/27 annual cost = none

HCA EHR as a Service: 25/26 annual cost = \$300,000; 26/27 annual cost = \$600,000

Wi-Fi Improvement: 25/26 annual cost = 150,000; 26/27 annual cost = none

**Workforce Assumptions:**

This critical infrastructure improvement in EHR creates additional federal, state, and regulatory requirements pertaining information governance, privacy and technology/IT security. As such, specialized positions who provide expertise in the security rule and HIPAA privacy requirements will provide assessment necessary infrastructure to ensure this project is on solid footing before, during and after implementation. This will assist in identifying the necessary oversight, checks and balances, and separation of duty's necessary to meet compliance with these requirements.

DCYF requests the following 15.0 FTES in the 25-27 biennium to support DCYF's enrollment in the HCA brokered HCMACS service. Several of these positions will serve as subject matter experts (SME) in their applicable area of expertise.

Total workforce cost in FY2026 = \$2,533,782; total workforce cost in FY2027 = \$2,985,639 for a total cost in the biennium of \$5,519,421 to provide the following job functions below:

1 Technical Deployment Manager, Epic recommended (DCYF WMS Band 3), position will start in September 2025, will act as a lead to manage DCYF Epic infrastructure with their team to get the training needed to support post go live. DCYF cost = \$144,979

1 Training and Readiness PM, Epic recommended, (DCYF WMS Band 3), position will start in September 2025, PM to manage all the training and change management activities for DCYF. DCYF cost = \$144,979

1 Physician Champion, (DCYF PP), position will start in September 2025, DCYF physician to be the SME to the agency with EPIC. DCYF cost = \$347,548

1 Nursing Informaticist, (DCYF WMS Band 3), position will start in September 2025, DCYF nurse to be the SME for the agency with EPIC. DCYF cost = \$144,979

1 EpicCare Inpatient EMR SME, Epic recommended, (DCYF WMS Band 3), position will start in September 2025, SME from DCYF to become expert in the Inpatient Epic module. DCYF cost = \$144,979

1 EpicCare Ambulatory SME, Epic recommended, (DCYF WMS Band 3), position will start in September 2025, SME from DCYF to become expert in the Ambulatory Epic module. DCYF cost = \$144,979

1 Cadence ENT Scheduler SME, Epic recommended, (DCYF WMS Band 3), position will start in September 2025, SME from DCYF to become expert in the Cadence Epic module. DCYF cost = \$144,979

1 Cogito Biz Intelligence SME, Epic recommended, (DCYF WMS Band 3), position will start in September 2025, SME from DCYF to become expert in the Business Intelligence Epic module. DCYF cost = \$144,979

1 IT Project Management Senior/Specialist, (DCYF ITPMSS 11IT), position will start in September 2025, to manage day to day project activities. DCYF cost = \$171,709

1 Administrative Assistant 4, (DCYF AA4 W40), position will start in September 2025, to manage meetings, notes, hiring paperwork and support team staff. DCYF cost = \$99,822

1 IT Business Analyst Senior/Specialist, (DCYF ITBASS 07IT), position will collaborate with Epic and the program on workflows, requirements, configuration and testing. DCYF cost = \$164,753

1 Budget Analyst 4, (DCYF BA4 W61), position will manage project costs and Medicaid billing work. DCYF cost = \$132,936

1 IT System Administration Journey, (DCYF ITSAJO 06IT), position will start in September 2025, will manage the technology in Green Hill and Echo Glen. DCYF cost = \$264,123

1 Project Director, (DCYF WMS Band 3), position is responsible for running the DCYF part of the HCMACS program. DCYF cost = \$144,979

1 Management Analyst 5 (DCYF MA5), position will start in September 2025 to provide IT security requirements, this position will end after June of 2027, DCYF cost = \$141,127

1 Privacy Manager (DCYF WMS Band 3), position will start in September 2025 to ensure privacy concerns related to the project are met, this

position will end after June of 2027, DCYF cost = \$173,109

**Historical Funding:**

There is no historical funding for the EHR enrollment.

**Strategic and Performance Outcomes**

**Strategic Framework:**

This decision package supports the Health & Safe Communities initiative for Results Washington by improving healthcare services and outcomes to the youth in this program.

The implementation of an EHR will enable better agency functioning and support the agency’s strategic plan through more efficient clinical care delivery and documentation to meet the physical, mental, and behavioral health care needs of young people under the care of JR, facilitate better care coordination internally and externally across care providers, enable the use of data to reveal and craft solutions to eliminate disproportionalities in care/services provided to youth, improve the quality and intention of practice in JR, and create opportunities for better tracking and reporting youth health-related outcomes.

**Performance Outcomes:**

This package supports the Governor’s Results Washington Goal 4: Healthy & Safe Communities by:

- Improved healthcare results with timely and accurate medical and dental information.
- Better care coordination
- Improvements in patient experience (e.g., more accessible records),
- Improvements in clinician experience (e.g., comprehensive care), and

Supports the Governor’s Results Washington Goal 5: Efficient, Effective & Accountable Government:

- Better use of public dollars (e.g., attaining economies of scale).

**Equity Impacts**

**Community Outreach and Engagement:**

DCYF has engaged youth, families, health care providers, and state entities focused on facilitating health care to marginalized populations that typically fall under Medicaid eligibility criteria. In the future, having an established EHR will enable JR to better engage and communicate with youth and families who could potentially be impacted by decisions made about health care, mental health, and substance use disorder care. DCYF intends to continually gather feedback to inform the use of the EHR from those who would be most impacted by the solution.

**Disproportional Impact Considerations:**

Prior internal reviews of system data and outcomes have revealed that assessments gathered through the current system have exacerbated disparities for specific populations of youth served. For example, prior assessment iterations in the system over-identified BIPOC youth as having greater risks and needs than non-BIPOC youth. A modernized EHR system would enable more efficient collection of data to aid in data analysis, care provision, and continuity of care planning that identify and mitigate problematic outcomes that could be more easily addressed in the future.

**Target Communities and Populations:**

The implementation of an EHR will enable DCYF to provide equal access to clinical care, documentation, discharge/transition planning, and records for the young people under JR’s care. It will also enable the ability to provide supports and services to young people who are Medicaid eligible, under the state-facilitated Medicaid Transformation Project, Re-Entry Initiative.

**Community Inputs and Incorporation:**

DCYF received input from various stakeholder groups, including DCYF employees, health care and behavioral health providers, health care entities, HCA, residents, and others with a stake in health care decisions and care that is provided to young people under the care of JR.

**Other Collateral Connections**

**HEAL Act Agencies Supplemental Questions**

Not Applicable

**Puget Sound Recovery:**

Not Applicable

**State Workforce Impacts:**

Not Applicable

**Intergovernmental:**

Not Applicable

**Stakeholder Impacts:**

Not Applicable

**State Facilities Impacts:**

Not Applicable

**Changes from Current Law:**

Not Applicable

**Legal or Administrative Mandates:**

Not Applicable

**Governor's Salmon Strategy:**

Not Applicable

**Reference Documents**

[WaTech202527ITAddendum EHR.pdf](#)

**IT Addendum**

**Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?**

Yes

**Objects of Expenditure**

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Obj. A	\$1,833,000	\$2,245,000	<b>\$4,078,000</b>	\$2,015,000	\$2,015,000	<b>\$4,030,000</b>
Obj. B	\$534,000	\$647,000	<b>\$1,181,000</b>	\$578,000	\$578,000	<b>\$1,156,000</b>
Obj. C	\$1,280,000	\$1,380,000	<b>\$2,660,000</b>	\$0	\$0	<b>\$0</b>
Obj. E	\$26,000	\$32,000	<b>\$58,000</b>	\$28,000	\$28,000	<b>\$56,000</b>
Obj. G	\$35,000	\$42,000	<b>\$77,000</b>	\$37,000	\$37,000	<b>\$74,000</b>
Obj. J	\$106,000	\$20,000	<b>\$126,000</b>	\$0	\$0	<b>\$0</b>

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