

Fiscal Year 2015-16 Information Technology Request

Corrections

Offender Management Information System

PROGRAM PLAN STATUS and OIT BEST PRACTICES

2015-110

Approved Program Plan? Yes Date Approved: July 8, 2014

The project was approved by the Governor's Office of Information Technology (OIT) Gate 1 process for the intake step of the project. The project's alignment with OIT's best practices are discussed in detail in the Program Information section.

PRIORITY NUMBERS

Prioritized By	Priority	
DeptInst	1 of 1	
OSPB	3 of 10	Recommended for funding.

PRIOR APPROPRIATION AND REQUEST INFORMATION

Fund Source	Prior Approp.	FY 2015-16	FY 2016-17	Future Requests	Total Cost
CCF	\$5,796,000	\$0	\$0	\$0	\$5,796,000
GF	\$0	\$11,049,761	\$10,469,960	\$0	\$21,519,721
Total	\$5,796,000	\$11,049,761	\$10,469,960	\$0	\$27,315,721

ITEMIZED COST INFORMATION

Cost Item	Prior Approp.	FY 2015-16	FY 2016-17	Future Requests	Total Cost
Land Acquisition	\$0	\$0	\$0	\$0	\$0
Professional Services	\$620,000	\$1,955,100	\$1,396,695	\$0	\$3,971,795
Construction	\$0	\$0	\$0	\$0	\$0
Equipment	\$900,000	\$1,237,140	\$309,000	\$0	\$2,446,140
Miscellaneous	\$0	\$1,531,342	\$2,065,695	\$0	\$3,597,037
Contingency	\$276,000	\$526,179	\$498,570	\$0	\$1,300,749
Software Acquisition	\$4,000,000	\$5,800,000	\$6,200,000	\$0	\$16,000,000
Total	\$5,796,000	\$11,049,761	\$10,469,960	\$0	\$27,315,721

PROJECT STATUS

This request was previously funded in FY 2014-15 for Phase I. This year's request is for Phase II of the project. Next year, the department anticipates requesting state funds for Phase III of the project.

PROJECT DESCRIPTION / SCOPE OF WORK

The Department of Corrections (DOC), in cooperation with the Governor's Office of Information Technology (OIT), is requesting state funds for the second phase of a three-phase project to replace a legacy computer system with a new electronic information management system to track and record offender data from admission until an offender is released from parole. The project also includes an electronic health record (EHR) platform. The department says the system will improve and enhance information sharing and case management in order to reduce recidivism. Phase II will complete the implementation of a fully integrated Offender Management System (OMS) for the department. The system will replace the department's current legacy system, the Department of Corrections Information Management System (DCIS), and the Colorado Web-based Integrated Support Environment (C-WISE), which is used for managing parole information. The request also includes infrastructure improvements requirements

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for the efficient utilization of the OMS, including hardware, storage, backup, and licenses.

Phase I established the foundation by installing a new database and implementing the EHR system. Phase II moves offender data to the new OMS. Phase III brings parole and community provider data into the new system. According to DOC, the Department of Health Care Policy and Financing plans to develop a statewide health information exchange that will allow more connections between agencies' EHR systems. The Department of Human Services and the Department of Public Health and Environment are also in the process of developing EHRs. The request for Phase II funding includes:

- integrated case management;
- intake process;
- offender movement and transport tracking;
- facility bed management;
- custody classification;
- incident report tracking;
- offender banking and property inventory;
- time and release processing;
- program participation and compliance; and
- visitor information and tracking.

The proposed system will track and record data in three key areas, including: (1) offender management; (2) electronic health records; and (3) post-incarceration offender management in parole and community services. Offender management tracking and reporting will include integrated case management, custody classification, incident reports, banking and property inventory, program participation and compliance, movement and transport, and visitor information. The electronic health record component of the system will track and report dental health, mental health, and drug and alcohol treatment records; it will also provide an interface between various medical providers and with other state agencies. The post-incarceration offender management in parole and community services tracking and reporting will include parole plans and hearings, program participation, offender appointment scheduling, case management, drug test results, and treatment referrals and progress. An integrated system allows for a continuity of care across programs.

Existing system. The existing information management system, DCIS, is 20 years old. It is comprised of 1,800 application programs with at least 68 various processes, 2.7 million lines of code, and over 1,000 database tables that are used interactively throughout the system. The DCIS gives users access to information about inmates in all state prison facilities statewide, including parole and community corrections offices. It also provides access to several other databases, including the Colorado Crime Information Center (CCIC), the National Crime Information Center (NCIC), and the General Government Computer Center (GGCC).

PROJECT JUSTIFICATION

According to DOC, DCIS is obsolete and difficult to maintain. In 2012, OIT contracted with IBM to develop an operational risk assessment of 133 state information technology systems. The assessment identified the ten systems that pose the greatest risk to the state, including DOC's existing information management system. The existing system was determined to be a risk due to its age and size, and the limited availability of resources to repair and maintain the system. Additionally, the system was identified as a risk because the department lacked a clear plan to modernize the system. The department last requested funding to update the existing system in FY 2009-10. The project was prioritized as number 8 of 10 projects submitted for funding consideration in that year by the department.

The department says it currently tracks inmate data using several disparate programs and systems, including the DCIS. DOC says its staff must open multiple applications with different interfaces in order to input and view offender data because each application accesses only part of an individual profile. Although most data is recorded electronically, it is not all entered into or viewable in the DCIS. The department says that the proposed new system will track, record, and integrate more data than the existing system. It will also improve data integrity, decrease system response time, and streamline user training. DOC says that the more information that is integrated into a single system about an individual inmate, the better personalized care it can provide. It also asserts that better

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personalized care leads to reduced rates of recidivism.

Furthermore, the IBM report found that communications between DOC and county jails is limited to one-way “pull” technology from county jails, with no data receiving capability by DOC.

DOC currently uses C-WISE for parole information management. The department says C-WISE lacks the ability to interface with DCIS, which holds post-incarceration data on offenders. The department says that an integrated system that covers an offender from admission to discharge from parole is the most viable alternative based on the current needs of DOC.

Project Alternatives. The department looked at three alternatives. First, it considered replacing DCIS. DOC says this alternative is not a feasible option due to the multi-million dollar investment in the first phase combined with the risks associated with DCIS. Next, it considered custom development of a new system to replace DCIS, C-WISE, and major components of the Personal Computer Department of Corrections Information System (PCDCIS). The department eliminated this option due to the estimated development time of more than six years. Finally, the department considered a commercial off-the-shelf (COTS) solution. The department says several vendors have implemented OMS’s in other states using COTS software. Therefore, as the most cost effective alternative, the department decided to utilize a COTS approach.

The department says if the project is not funded, the EHR system funded in Phase I will be a stand-alone system that might not be integrated with DCIS, C-WISE, or other IT systems. The antiquated DCIS system would continue to operate using technology that is over 30 years old and does not meet the needs of a 21st century user base. The department also says that the programming code for DCIS cannot run on any other technology systems, eliminating the possibility to provide data to portable devices. Finally, the department says that despite best efforts to mitigate the short-term risks to DCIS, the system will become increasingly difficult to sustain over the long term.

PROGRAM INFORMATION AND IMPLEMENTATION PLAN

According to the department, a COTS system will best suit their needs for implementing a fully integrated OMS. DOC will use a phased approach to implement the new system, building upon the success of other states.

The department says the project aligns with OIT’s best practices, including:

- specific requirements for IT project plans, complying with House Bill 12-1288;
- following an established gating process (i.e., intake, initiation, planning, execution, and closing);
- following an established change management process;
- applying IT Infrastructure Library (ITIL) framework;
- defining high-level business requirements;
- defining utility and warranty requirements;
- defining operational management processes;
- documenting business processes by subject matter experts;
- defining the web-based enterprise;
- developing a request-for-proposal (RFP) to meet DOC functional requirements;
- awarding the contract to the vendor based on best-value criteria;
- verifying and testing the interactions among databases and services;
- completing user-level validation by DOC stakeholders;
- implementing the system by training DOC users and support staff;
- retiring the legacy systems after all utility and warranty criteria are met;
- following IT security and risk management controls;
- encrypting critical and sensitive data;
- following a modern and sustainable database management system; and
- establishing and maintaining modern and sustainable applications.

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COST SAVINGS / IMPROVED PERFORMANCE OUTCOMES

The department says that previous funding received on behalf of the project in FY 2014-15 could be offset by the receipt of federal Medicaid incentives, estimated at \$3 million, if DOC's providers can meet EHR meaningful use guidelines by 2016. The department also says the new OMS will facilitate information sharing with external constituents such as law enforcement, community service providers, and the courts. It also supports a mobile workforce, including parole officers, to allow information access anywhere and at any time. The department also estimates that the OMS will streamline staff time and increase productivity. Finally, the new OMS replaces obsolete IT systems, which have overly complicated user interfaces, lack of real-time data exchanges, and other security issues.

SECURITY AND BACKUP / DISASTER RECOVERY

The department says it protects data by ensuring all critical systems are redundant. It also says that a failover system and an updated firewall appliance will be purchased. Once a vendor is selected, the appropriate back-up solution will be determined.

BUSINESS PROCESS ANALYSIS

The IBM Operational Risk Report identified the DCIS, which serves as the backbone of DOC's prison operations, as one of the greatest operational risks to the state. The department says the integrated OMS will benefit the department, offenders, and ultimately, the public. The requested system will be implemented in all 20 state-operated correctional facilities, the Division of Parole, private contract facilities, community corrections, and the headquarters office. The department also says there is potential for integration with third-party criminal justice vendor solutions, including: Victim Information Notification Everyday (VINE) system for the notification of parole hearings and release dates for victims; Justice Exchange for booking records nationwide; and graphical mapping for offenders under intensive supervision.

PROJECT SCHEDULE

	Start Date	Completion Date
Contracting	February 2015	June 2015
Implementation	July 2015	July 2018
Equipment		
Completion		July 2018

OPERATING BUDGET

The department is requesting \$1,531,342 in operating funding on behalf of the project in FY 2015-16, including \$400,000 in maintenance costs. Staffing and employee costs are estimated to be \$1,131,342 for 10.0 FTE and 6 contractors for OIT and 5.0 FTE for DOC. OIT's contractors and FTEs include a solutions engineer, a security/firewall administrator, help desk support staff, developers, a business analyst, and quality analysts. DOC's FTEs include subject matter experts in offender management and central classification; case management; time and release; housing and security; and parole. Based on the assumptions and projections of the fully implemented OMS, the department estimates annual maintenance to be \$3.2 million plus additional licensing and maintenance costs for IT infrastructure, beginning in FY 2017-18.

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STAFF QUESTIONS AND ISSUES

1. Is it practical for DOC to train “staff or new hires” as Informix-4GL programmers to replace those that are retiring in 5 years?

The Department of Corrections (DOC) oldest computer systems (DCIS) are written in Informix-4GL. These systems are legacy, green-screen applications that are antiquated, difficult to use and running on thirty-year old technology. It is critical for the department to maintain Informix-4GL skills until such time that DCIS is replaced. A goal of the DOC Offender Management System (OMS) with Integrated Electronic Health Records (EHR) project is to eliminate redundant systems and data in favor of a single integrated system utilizing a single, consolidated database. A new system must support the encryption of Health Insurance Portability and Accountability Act (HIPAA) data, personally identifiable information (PII) and other sensitive data. The current Informix systems do not support this feature, which leads to risk for the State of Colorado. Informix-4GL training might be necessary to “keep the lights on” but it is not practical as an alternative to replacing the DCIS Informix-4GL systems.

2. What are the COTS products and technologies being considered and do they integrate with current state IT architecture?

The Department is currently soliciting via Request for Proposal (RFP) for open market, established, comprehensive, customized commercial off-the-shelf (COTS) integrated OMS-EHR solutions.

3. Has the state data center been involved in the project planning and have they approved of the COTS technologies being considering?

Business requirements have taken into account the state datacenter for various potential needs including hosting, disaster recovery, and database synchronization/backup services. Decisions regarding these needs will be made after the selection of a vendor solution. Office of Information Technology (OIT's) Database Services team has been engaged in determining system redundancy requirements.

4. Will any additional training of current data center staff to support the COTS products be required?

Additional staff training needs will be assessed after the selection of a vendor.

5. Have additional training costs been estimated?

Staff training on the vendor solution has been estimated and is included in this request. Technology training might be necessary for Programmers, System Administrators, Database Administrators, and/or other technology staff, but is unknown until a vendor is selected and therefore, technology training costs have not been estimated or included.

6. What other states currently utilize the proposed COTS products? What have these states reported? What were their primary issues with the COTS product they implemented? Any lessons learned?

The RFP solicitation requires that the proposed COTS solution be implemented in at least one other state, and the RFP evaluation is expected to include review and consideration of other entities' experiences. If advisable, a questionnaire can be utilized for this purpose as part of the RFP evaluation process.

7. Is there a comprehensive master training plan for the project?

This is to be included in the bidder's proposal for evaluation by the Department. Once the vendor has been selected and the project plan established, a section of that plan will include a comprehensive training plan that will address every aspect of staff training needs including desktop processes and a staff transition plan.

8. Why is there a need for a standalone EHR system? Does it integrate with CORE?

The Department is seeking an EHR that is completely and seamlessly integrated into an Offender Management System. These integrated vendor solutions are currently available in the commercial market space. Integration is critically important because health information is utilized extensively in the management of offenders in areas such as housing, security, classification, transportation, and food services. DOC will need features tailored to the correctional

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environment capturing, exchanging, and reporting on health care and offender management information. There are multiple federal laws and regulations and state statutes that regulate who can see and access protected healthcare information (PHI). The DCIS system did not integrate with COFRS. If a need or value to integration with CORE is identified, the interface will be addressed through a project change request.

9. DHS also has a funding request for an EHR system. Are these two different systems? Why would the state need to fund two separate systems that provide the same functionality?

The Department of Human Services (DHS) requested the Department included a provision in its RFP to enable DHS to contract for the same EHR solution as DOC, if it were deemed to meet DHS' needs. Regardless of what EHR solution DHS selects, one could expect additional licensing, integration, and training costs for implementing an EHR at a second agency. The Department can contract and share the vendor with DHS, but there will still need to be two completely separate systems. DHS is a hospital licensed by the Joint Commission and has regulations they are required to follow. The Department is not required to follow these same regulations, and this creates two completely separate needs.

Furthermore, the DOC seeks an EHR system that is fully integrated into an Offender Management System. Offender medical and mental health information is an integral component of offender management and is used in the determination of housing, classification, transportation, food services, and a plethora of other offender management functions. DHS is a hospital and has different record needs, whereas the Department has inpatient and outpatient health record needs along with the offender management system within the operations of prisons. The EHR will have to communicate to the Offender Management System so that offender needs are coordinated inter-departmentally. For example, if a health care appliance or diet is ordered by a healthcare practitioner security, housing, and food services would be notified automatically.

10. Has a security risk analysis been performed on the proposed COTS products?

Please see response to question number 13.

11. What vulnerabilities have been identified by other users of the products?

Please see response to question number 13.

12. Have there been any major attacks, and if so what was the response?

Please see response to question number 13.

13. Have there been any reported data breaches or thefts? If so, what was compromised and what was done to prevent further intrusions?

Once a vendor is selected, they will be required to complete Attachment H, OIT System Security Plan, of the RFP. This is an eight page document developed by OIT that addresses these questions and will provide information to the evaluation committee. The selected vendor will also be required to meet the provisions stated in SECTION THREE: STATEMENT OF WORK ~ 2. Security / Cyber Security Requirements, page 10 of the RFP.

14. Why is additional staff needed if computer administrative times are being reduced?

The staffing being requested is to support the implementation of the fully-integrated electronic offender management system. The streamline of computer administrative time for line staffing will not occur until the system is fully implemented.

15. "Previous funding received for...phase one for the EHR system costs could be offset by receipt of federal Medicaid incentives if DOC's providers can meet EHR meaningful use guidelines...The incentive is estimated at \$3 million." Please explain this further and how DOC can guarantee this \$3 million cost saving incentive.

DOC needs to have offenders enrolled in Medicaid in order to take advantage of meaningful use funds for electronic health records. In order to be enrolled in Medicaid, offenders must be on a suspended status. Creating the system

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functionality to enroll individuals in a suspended status requires changes to both the system that determines eligibility for Medicaid and the system that pays doctors, hospitals, etc. for their services. In addition, providers have to show that they are meaningfully using their EHRs by meeting thresholds for a number of objectives and must attest to demonstrating meaningful use every year to receive an incentive. With 47 current providers, DOC should be eligible to receive \$3 million dollars over the scheduled timeframes.

16. Why is DOC upgrading to a firewall appliance and failover system, which automates a manual process but requires a new FTE? Who did the manual process before and could they perform the new firewall tasks?

This project proposes to fundamentally change and modernize a system of applications and databases that are, and what could be best described as, an antiquated "closed system" having a character and menu based set of applications and locally installed, locally synchronized data to one that is accessible from the Internet with a browser based graphical user interface and is dependent on user authentication only. While greatly enhancing the efficiency, functionality, and usability, the conversion to an "open" architecture brings with it additional technical challenges that must be addressed but require updating the system designed to protect it. These are profound changes from an architectural perspective and will require a substantially different approach to protecting the system and the data it houses. The current Firewall implementation is not capable of protecting this new system in the ways that are required. The required technology is altogether different than the existing technology. The current Firewall is unable to perform inspection of the web based traffic to and from the new system and block unwanted malicious traffic, because it functions at a different technology layer meant to protect the old "closed" type of offender management system. Existing firewall protections are useful but are not suited to protecting modern web based applications at the level that is required to ensure the confidentiality, integrity, and availability of this mission critical system.

17. Can the project security analyst that is being assigned perform these duties?

Just as the technology for the new system is changing significantly, so too must the approach for administering the security tools that will protect the new system. While in the past the workload of managing the DOC security infrastructure could be primarily performed by one FTE, the added complexity and the significantly modernized platform brings the need for an additional FTE to ensure adequate resources are available. While greatly improved in efficiency and security, this newer Firewall technology also requires more input and interaction with an administrator to keep it optimally configured and tuned to prevent malicious actors from accessing or negatively impacting the accessibility of the system. Web based platforms are vulnerable to denial of service attacks and having the staff resources available to respond to, and prevent outages, is critical. Having the new Firewall technology but not the required staffing to support it would be just as detrimental to the security of the new system as not updating the Firewall technology. The only viable option is to upgrade the technology and fund a position to support the new technology.

18. Have all affected agencies been involved in the planning effort for this project?

All areas of the DOC, in partnership with the OIT, have been engaged in planning and requirements gathering. These include, but are not limited to, prison operations, offender management, clinical services, food services, the Adult Division of Parole, and the Colorado State Parole Board as well as various teams within the OIT. Discussions have been initiated with other state agencies such as Colorado Department of Public Safety and DHS and more discussions will be engaged after a vendor solution has been selected.

19. Have all training requirements been identified and addressed?

Staff training on the vendor solution has been estimated and is included in this request. Technology training that might be necessary for Programmers, System Administrators, Database Administrators and/or other technology staff are unknown until a vendor is selected. As a result, those costs have not been estimated and are not included.

20. Has the existing IT system (computers) been identified as adequate or targeted for upgrade to integrate with the new system?

The DOC is seeking a web-based and mobile-enabled solution that should have minimal impact on desktop (user) computers. Until a vendor solution is selected, it is unknown whether existing server hardware and infrastructure will be adequate.

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21. It is mentioned that once a vendor has been selected there might be a need to upgrade additional DOC IT infrastructure in order to ensure compatibility with the new offender management system. Have these costs been estimated? Can you provide a ballpark amount as a ceiling?

Until a vendor solution is selected, it is not feasible to estimate hardware and/or software needs and their related costs.

22. What has phase one funding been spent on so far?

As of January 13, 2014 no funding has been spent, there is \$130,000 encumbered.

23. What is the DOC proposal selection criteria for the project?

The following is the selection criteria from the RFP 2015000038 pages 52 to 54.

***EVALUATION CRITERIA:** The following criteria are identified as that which will be evaluated in order to determine the responsiveness of the proposals received. Bidders are asked to organize and identify the information in their proposals in accordance with the numbered "general" criteria listed. The more specific (lettered) criteria listed after each of the "general" criteria should be addressed in the proposal, but do not need to specifically categorized or identified by section. Conciseness in the 'direct response' section of the proposal is generally evaluated favorably. Page limits stated below if any, apply to the 'direct response' section of the proposal only.*

1. BIDDER'S QUALIFICATIONS AND EXPERIENCE

- History, organization, background
- Financial information
- Litigation information/disclosure
- Current contract/s, client base
- Comparable project/s, dates
- OMS reference names/emails for questionnaire
- Dedicated key personnel for project
- Proposed partner/s, subcontractor/s, roles
- Potential risks

2. PROPOSED OMS SOLUTION – SOW section A

- Technical overview, functionality and use
- Compliance with mandatory requirements
- Security/cyber security
- User Interface
- Business Needs
- Web portal to bidder's demo site?

3. PROPOSED OMS SOLUTION – SOW section B CLINICAL SERVICES / EHR SYSTEM

- EHR overview fit with CDOC Clinical Services
- Mandatory ONC 2014 certification
- Mandatory CRHIE interface
- Pharmacy system
- Appointments and scheduling
- Patient encounters
- External provider consultations
- Infirmary care
- Infectious disease tracking
- Behavioral health, mental health, substance abuse treatment
- Medical records

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- *Quality assurance*
- *Other beneficial features, capabilities, potential risks*

4. PROPOSED OMS SOLUTION – SOW section C CORRECTIONAL MANAGEMENT

- *Overall fit with CDOC prison operations*
- *Court services and detainer operations*
- *Sentence calculation*
- *Central classification*
- *Facility placement / offender movement*
- *Intake and diagnostic processing*
- *Case management*
- *Food service and laundry*
- *Visiting and volunteers*
- *Inmate banking, property, mail, law library access*
- *Incident tracking and reporting*
- *COPD and disciplinary process*
- *Institutional jobs, programs, work assignments, job board*
- *Specialized operations and management programs*
- *Correctional education program, other programs*
- *CCI programs*
- *Office of the Inspector General, PREA, victim services*
- *Legal services / grievances*
- *PPMU operations / private prison interface*
- *Research and reporting*
- *Youthful Offender System*
- *Other beneficial features, capabilities, potential risks*

5. PROPOSED OMS SOLUTION – SOW section D PAROLE and COMMUNITY OPERATIONS

- *Overall fit with parole and community operations*
- *Parole Board*
- *Adult Parole supervision*
- *Community Corrections and ISP*
- *Interstate Compact parole office*
- *Pre-release community re-entry program*
- *Other beneficial features, capabilities, potential risks*

6. BIDDER'S PROPOSED IMPLEMENTATION PLAN AND SERVICES

- *Schedule and narrative*
- *Project management plan*
- *Interfaces / integration services*
- *Migration of existing data, assurances, exceptions*
- *Performance guarantees / incentives*
- *Training services*
- *Other considerations, potential risks*

7. BIDDER'S PROPOSED COSTS / DELIVERABLES

- *Base system cost, narrative*
- *Cost of any optional OMS modules, components, enhancements to the base system*
- *'Add' or 'deduct' amount/s for any options / alternatives*
- *Ala carte pricing, fees, rate schedule/s and unit cost/s*
- *Proposed contract performance incentives, liquidated damage provisions*
- *Any cost factors associated with proposed implementation plan*

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NOTE: "Estimated" proposal costs in response to this solicitation are not acceptable. The bidder's proposed cost(s) will be considered to be the bidder's "best and final offer" for evaluation purposes. Due to the in-depth evaluation required for this RFP, bidder's costs are expected to remain firm and guaranteed for at least 120 days from the proposal due date. The bidder's proposal should address any potential for requesting price changes over the ensuing contract term of up to 120 months.

23. How many proposals were submitted?

To be determined; the due date is January 27, 2015.

24. Will gap analysis sessions be held to identify which requirements are not being met by the vendor?

Because the RFP solicits a customized, established COTS solution that is already in use elsewhere, the RFP requirements per se were intentionally very limited and generally broad based. The proposed solution must meet these limited requirements in order to qualify for further consideration. Once the Department has identified the proposed solution/s that meet these limited requirements, the RFP evaluation committee will further review and select a 'short list' of proposed solutions that best meet the overall needs of the Department. The short listed bidders will then be given another opportunity to address any identified deficiencies in their proposed solution and to submit a 'best and final offer', for final evaluation by the Department. If appropriate, the competitive negotiation process is also at the Department's disposal to address any identified deficiencies prior to award. The Department further recognizes that the contracting process will be critical in identifying critical system requirements, and in linking payment provisions to fully defined deliverables.

25. Where will the missing requirements be tracked to ensure their incorporation?

See preceding answer.

26. Has a project manager been selected and are they actively working on the project?

In keeping with IT Governances, a Project Manager has been assigned to the project. Prior to the Gate 1 Project funding and project approval the Project Manager has been coordinating the RFP process, tracking and documenting processes, and preparing Gate 1 documentation in preparation for launch upon project Gate 1 approval.

27. What types of data requests are being asked for that "is not currently captured" by the current DCIS? Who is requesting this information?

The Department receives requests for information from a variety of federal agencies, legislators, executive staff, Colorado Open Records Act (CORA), and Colorado Criminal Justice Records Act (CCJRA). Some examples of data requests that are not currently captured by the current DCIS system that require manual processes by paper trails are:

Death reporting - Additional data is gathered from medical staff and entered into an independent database to track the data - required reporting to the Bureau of Justice Statistics.

Centennial Correctional Facility/Residential Treatment Program reporting - Additional data is gathered by facility staff and entered into an independent database to track the data.

Maximum program reporting - Additional data is gathered by facility staff and entered into an independent database to track the data.

Prison Rape Elimination Act reporting - DOC Inspector General Office tracks this data in independent databases for required reporting to the Bureau of Justice Statistics.

For Education purposes DCIS shortcomings are extensive. The need for the information is primarily internal, to show accountability for programs or instructors. The system does not allow for: 1) interfacing with third party partners such as GED, Cisco, National Center for Construction Education and Research, Pueblo Community College, Diploma Sender, etc. 2) tracking of grades, student progression, daily

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attendance, program contact hours, length of time individual student was in class, program wait lists, staff credentials, Special Education information, grant management, federal Department of Labor Apprenticeship program (on the job hours, training standards, etc.), testing scores from external sources, 3) other components common to an education institution's learning management system, such as curriculum updates, program evaluations, textbook requirements, course scheduling, teaching aids, etc.

Details on the Inmate Pay program including the number of assigned offenders by pay grade. Currently the system does capture half-time offender assignments as well as full-time assignments and unassigned numbers. Current reporting duplicates the counts of the same offender if the offender is transferred to facilities or jobs in the same month which will increase the number of offenders reported.

28. "DOC backfill (5 FTE) and additional OIT contract (6 contractors) and 10 FTE support is estimated at \$1,131,342." How were these backfills determined if a COTS product has not been chosen? Are the numbers the same regardless of the COTS product chosen?

A project of this magnitude completely replaces the Department's current legacy systems with a fully-integrated system that encompasses offender information management and tracking, an electronic health records (EHR) system, and a platform to manage offenders who are under supervision in community corrections or on parole. The need to backfill DOC and OIT staff was based upon a need to provide support to existing staff who are critical to the success of the project while maintaining operations. The request will support the project throughout the implementation phase to assist in writing business requirements and definitions, system testing, and updating or changing business processes and procedures. As staff is utilized on the project, current work assignments will still need to be performed. It is not reasonable for staff to fulfill their project responsibilities and simultaneously perform their regular work schedule over the three years of system implementation. The numbers provided will be the same regardless of the COTS product chosen.

29. What is the planned disposition of each FTE once the project is complete?

Prior to the project being completed, DOC will evaluate and assess the need for each position. DOC anticipates the new offender management system will require on-going needs associated with staff training, skill development consistent with proven evidence-based practices and principles, methods of data collection and structured reporting mechanisms, policy and statutory changes that impact offender classification, and case-planning. In addition, auditing efficiency and effectiveness of work flow, work performance, and quality assurance measures will be critical factors in building sustainability and program fidelity within the department. If ongoing staffing resources are needed, the Department will submit the appropriate funding request.

For the OIT contract staff, the contracts will be completed as will be the OIT term limited FTE staff. OIT will also assess the staffing needs for technical support and make appropriate decisions after completion of the project if additional resources are required.

30. How will you ensure that the new FTEs work only on the project and that they are not being pulled to work on non-project activities?

When the Position Description/Job Descriptions are created for these positions, it will be documented that the staff support only this project. The training and direction provided to these staff will be aligned only with this project. It will be up to the supervisor and manager to ensure that these FTE do not work on other activities.

31. What has been the impact of IV&V on the project's Phase I?

Since a contract for a commercial vendor has not yet been selected for this project, an IV&V proposal has not been submitted. Once a vendor is selected, the OIT Project Manager and Project Sponsor will identify the high risk areas where the project would benefit from IV&V oversight. An IV&V vendor will be selected during the project's Initiation Phase utilizing the OIT IV&V Vendor List.

32. Why is there a rather costly (\$90k) project assistant being requested? What will be their duties? What are the qualifications being requested?

Fiscal Year 2015-16 Information Technology Request

Corrections

Offender Management Information System

Large, complex, financially large, and/or multi-functional platforms or implementations have Project Coordinators/Project Assistant (PC) assigned to assist the Project Manager (PM) in many of the processes and tools used by the PM. The PC is a project management trained individual as opposed to an administrative assistant; hence the cost is more. These persons employ the project methodology and take on specific components of the methodology to assist the PM in order to allow the PM to direct their attention to the management, planning, risk assessment, and resolutions, etc. This requires the PC to have that specific training and base knowledge in performing their duties to ensure project success. The requested amount for this position as a term limited FTE includes all associated payroll expenses and is the range of a PC position.

33. What is the "common policy" for project contingency? Where is it documented? How much of the FY 2014-15 contingency fund (\$276,000) was used? How was it used?

The Executive Branch Capital Construction and Information Technology Submission Instructions, Office of State Planning and Budgeting, FY 2015-16, page 27, states:

(G) "Project Contingency. These lines provide the contingency for the entire project. Each institution should plan for these funds to be reverted upon completion of the project. The project contingencies are for unexpected costs that occur during project implementation, and therefore property acquisitions are not considered in the contingency calculation. Project contingencies for all new construction, equipment purchases, or information technology-related planning studies will be 5% of the total project cost."

No contingency funding has been used to date.

34. Can you provide a detailed list of software costs for the basis of the estimate?

An accurate list can only be expected after the RFP process has been completed.

35. How many resources (FTEs and contractors) will be utilizing the space?

It is anticipated that staffing of 21 DOC, OIT, and contractors will utilize the office space.

36. Will all the resources be needed for the entire project or will they come and go as needed?

The request will support the project throughout the implementation phase to assist in writing business requirements and definitions, system testing, and updating or changing business processes and procedures. As staff is utilized on the project, current work assignments will still need to be performed. It is not reasonable for staff to fulfill their project responsibilities and simultaneously perform their regular work schedule over the three years of system implementation.

37. What is the maximum number of resources you would estimate to utilize the space at any given time?

The 4,300 square feet projected to be needed was based upon the 21 staffing requested.

38. Where will the office space be located?

The Department anticipates that an adjoining building to DOC's Headquarters will have the available space.