
STATEWIDE CASE MANAGEMENT SYSTEM

**READINESS GUIDE FOR
STATE CHAPTERS**



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INTRODUCTION

State Chapters have been in a period of rapid growth and development over the last several years. Perhaps you have been at a conference or in a collaborative meeting and learned about an exciting initiative another Chapter has undertaken that sparked your interest. Amidst the generosity of idea sharing, many Chapters learn about and wish to pursue projects that run a spectrum—from *the next right step* to a step that will overrun their current capacity.

Southern Regional CAC has designed a series of readiness guides to assist CAC state Chapter organizations in conducting reflective self-analysis before committing to any one specific statewide project. These readiness guides are not intended to be used together or to build upon one another. Rather, they are designed to address the implementation of specific, standalone state-wide initiatives. Our hope is that these guides will help you grow your capacity to prepare for the initiative you wish to undertake, or perhaps help you understand when an initiative may not be the right fit at your current stage of development. To develop the guide, we consulted with several Chapters that have been through the process of undertaking implementation of a statewide case management system. The guide is built on their wisdom and insight they shared with us. Each of these readiness guides was also reviewed by our national Victims of Child Abuse Act (VOCAA) partners and include the Midwest, Northeast, and Western Regional Children’s Advocacy Centers; National Children’s Advocacy Center; National Children’s Alliance; Zero Abuse Project; and the National Native Children’s Trauma Center.

Wherever you find yourself on the spectrum, your Regional CAC is here to help your Chapter grow and evolve to meet the emerging needs of the Children’s Advocacy Centers (CACs) in your state—and, ultimately, to ensure survivors of child abuse in your state find hope and healing.

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HOW TO USE THIS GUIDE

This guide starts with *why* and *why not*. We believe the best initiatives are always grounded in the *why*, and we also believe understanding *why not* may help you weigh the choice about whether to proceed with establishing a statewide case management system in partnership with your Children’s Advocacy Centers (CACs).

Next, you will find a checklist that asks you to answer a series of questions. These questions are centered around items it would be wise to consider before undertaking this initiative. Answer the questions as accurately as you can, because they will serve as key components for evaluating your readiness.

Following the checklist, you’ll find information that explores those central components—or readiness focus areas—with a description of what you may want to consider. You don’t need to answer *yes* to every item on the checklist in order to pursue establishing a statewide case management system, so we have designed the descriptions to help you weigh each area’s importance. In addition, we have included a guided reflection section at the end, so you can reach out to your Regional CAC for assistance moving forward.

Finally, we hope you don’t review this readiness guide alone. This guide will be most useful if you use it with a committee, workgroup, or team. You may want to consider including key staff at your Chapter, representatives of CACs in your state, and board members, volunteers, and/or contractors with relevant legal, data management, and IT expertise. Establishing a statewide case management system will impact your Chapter staff, board, and membership for years to come, so including them at the onset of the project will help you evaluate undertaking this initiative.

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WHY SOME CHAPTERS ESTABLISH STATEWIDE CASE MANAGEMENT SYSTEMS

Data is a powerful tool. If a Chapter is able to access timely, reliable case data from CACs in its state, it can unlock worlds of potential. Chapters can use that data for quality improvement initiatives, to undertake collaborative research projects, to identify trends, and to make more compelling cases for funding proposals. If CACs are using a standardized case management system, it can help the Chapter understand what's actually happening at local centers so that Chapter assistance can be data-driven and tailored to meet current and emerging needs.

If CACs are members of the Chapter and/or members of the National Children's Alliance, they are already tracking and reporting data in some way to maintain membership. However, CACs can do this in a variety of ways, from a sophisticated software-based system to an Excel spreadsheet to paper files. Homegrown systems, especially ones that are less sophisticated, can increase risk for data reporting errors, data loss, and even security breaches. Some Chapters undertake establishing a statewide case management system to mitigate risk for the entire network and the kids and families their CACs serve. If one CAC's data is exposed through a security breach, it can impact the reputation of the entire network as well as jeopardize the safety of individuals whose data was accessed. The truth of the matter is that the process of setting up a statewide case management system can uncover areas of vulnerability and potential liability that will need to be addressed to safeguard confidential client information and the integrity and operations of the CAC. Addressing these issues can be daunting for CACs, but it can offer an opportunity for the CAC and their state Chapter to work together in partnership to shore up IT operations and security.

Finally, as a CAC network matures in a state, statewide case management systems can help standardize workflows and definitions of services. Therefore, a Chapter is better positioned to ensure the reliability of its statewide data. When CACs have multiple funders, they often require different data reports, so a Chapter can help facilitate building statewide reports specific to a funder's needs. Finally, some CAC networks wish to have a conflict check system, so that a local CAC can see if the alleged victim and/or alleged offender has been identified or served at another CAC in the state.


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WHY SOME CHAPTERS DON'T ESTABLISH STATEWIDE CASE MANAGEMENT SYSTEMS

There are many reasons a Chapter may not wish to establish a statewide case management system. First and foremost, undertaking this initiative is a significant change process that may strain relationships with centers. A Chapter may not have authority over or enough influence with CACs to lead them to change from their existing systems. And, even if CACs are willing to and able to successfully make the transition to the new system, they need to be prepared to develop a detailed training plan for their staffs to ensure that the system is being used correctly and to alleviate any apprehension about adopting and learning a new system.

Second, establishing a statewide case management system is often a costly endeavor—both in terms of financial investment and in terms of opportunity cost. The initial build (if applicable) to establish a statewide system can cost a significant amount of money, and ongoing costs for CAC subscriptions can be significant and prohibitive for some Chapters. In addition, the investment of staff time and resources may not be the highest priority for a Chapter, as taking on this initiative can divert Chapter attention and resources from other important focuses.

Finally, initiating a statewide database may uncover certain vulnerabilities and liabilities with a CAC's recordkeeping practices and IT infrastructure. Some CACs, for example, may still be using paper files or spreadsheets to hold sensitive case and client information that could expose protected health information (PHI), leaving the CAC liable for lost data and/or security breaches. Many CACs may not even realize that the information they have for children receiving services requires HIPAA compliance. (The later section in the guide, "Information Technology Infrastructure" discusses HIPAA compliance in more detail.) In general, many CACs may not fully understand basic legal and IT security requirements for holding confidential information and protecting their infrastructure, given the complexity of these issues. Prior to undertaking this statewide initiative, Chapters should work with their member CACs to assess any potential risks and vulnerabilities in their current IT infrastructure and records management practices. Once these areas have been assessed, the Chapter will want to work in partnership with the CAC to mitigate any issues prior to implementing this initiative. Resolving these issues is necessary but may result in the Chapter having to divert resources and potentially delay efforts in developing the system.

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ITEM	YES	NO	DON'T KNOW
Will every CAC in the membership participate?			
Can the Chapter sustain a challenge to its relationships with centers at this time?			
Will case management software be a membership benefit?			
Does your membership have consensus around service definitions?			
Has the Chapter engaged in quality improvement efforts with CACs?			
For chapters wanting to implement a software-driven conflict (duplicate person) check feature:			
Does your network already have a uniform and established way for CACs to assess for/communicate about duplicate children, caregivers, and/or alleged offenders that is Health Insurance Portability and Accountability Act (HIPAA)-compliant?			
Will this be the primary/only large-scale statewide project or anticipated network-wide transition for the Chapter and CACs at this time?			

Will every CAC in the membership participate?

Some of the reasons your Chapter may want to undertake this initiative—one-click statewide reports, leveraging funding opportunities, undertaking statewide research—rely on 100% participation from your membership. Keep in mind that a member CAC may already have invested (both time and money) in a case management database and, therefore, would be understandably reluctant to transition to a new statewide system. In those instances, the Chapter should have a discussion with the CAC about their database or the advantages to migrating to a statewide database. Would their database be an option for the state to consider for adoption? If not, are there incentives that the Chapter could offer to the CAC

to encourage them to transition? At the very least, it is important for the Chapter to recognize that a member CAC might have their own data management system and may be hesitant to participate. Getting clear on whether or not your members all wish to participate in your statewide case management system up front may help you make a decision about the timing of this initiative and the investment involved. Also consider whether or not the project would still be both viable and ultimately “worth it” if a CAC backs out either before or after implementing the statewide case tracking software.

Can the Chapter sustain a challenge to its relationships with centers at this time?

Chapters go through many seasons, some where relationships with member centers are strong and some where they are challenged or fraught. This initiative sets off a change process that will create stresses on relationships—even if it goes very well. There may be times in the life of a Chapter, such as an executive transition, where it would be wise to delay implementation of this major initiative.

Will case management software be a membership benefit?

Many Chapters that undertake this initiative intend for the case management software to be a membership benefit. However, taking on the licensing fees for the foreseeable future is a significant commitment of Chapter investment. Chapters should also consider how they will manage the requests for upgrades and “a la carte” features CACs may request after the initial build-out that would not be covered in the ongoing licensing and subscription costs. You may also want to consider a cost sharing model or a model where CACs assume the costs of the license and/or upgrades. This should all be clearly negotiated with your membership early in your process. Additionally, involving funders from the onset is valuable for continued coverage, and some may prefer costs are covered by one entity versus each separately (e.g., state or VOCA funds administrators).

Does your membership have consensus around service definitions?

Some Chapters have been clarifying service definitions for years, and some have never broached the topic. It may be helpful to have a sense of shared definitions about data required in the National Children’s Alliance statistical report as a starting point. Coming to agreement about shared definitions is a difficult process, but it’s one that will ensure you can communicate confidently about what your aggregate data reveals about services, trends, and areas of need. Additionally, the quality of data needed for research, quality improvement projects, and/or compelling requests for funding depends on some level of standardized data entry. Even Chapters with service definitions may find

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themselves creating new shared standards for data collection and entry, which is a separate and equally difficult process.

Has the Chapter engaged in quality improvement efforts with CACs?

Data, when used well, can drive quality improvement initiatives. Quality improvement is an important part of ensuring clients of CACs get high quality services; however, it also can be inherently vulnerable—it requires acknowledging that there are areas we can do better. If your Chapter has engaged in quality improvement initiatives with member centers, this is familiar territory to you. If not, you may find yourself negotiating a set of dynamics that are new in your state. If you intend to use the statewide case management system for quality improvement initiatives, this is a dynamic you may want to pay attention to.

For chapters wanting to implement a software-driven conflict (duplicate person) check feature:

Does your network already have a uniform and established way for CACs to assess for/communicate about duplicate children, caregivers, and/or alleged offenders that is Health Insurance Portability and Accountability Act (HIPAA)-compliant?

Some statewide case management systems offer a conflict (duplicate person) check feature so CACs can see if a child or alleged perpetrator has been identified at another center in the state. Before pursuing this, you'll want to consult with a legal expert to see how to make this feature legal in your state. Your state code may speak to sharing of information between CACs, or you may have another legal agreement that delineates this. If CACs' responses to "duplicates" is not already established in your state, consider answers to the following (non-exhaustive) questions in order to make this feature usable for CACs:

- What information will be visible when CACs search for a duplicate person across the network (e.g., full name, birthday, etc.)?
- If a duplicate person is likely or confirmed, what happens in the software?
- If a match is found, what processes do CACs follow to communicate about it in a HIPAA-compliant manner?
- Do CACs need to update their intake paperwork and release forms in relation to how the feature is set up and how CACs agree to use that information?
- If your state seals juvenile court records, what will that mean for CACs when a juvenile alleged offender appears in the conflict check?

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Will this be the primary/only large-scale statewide project or anticipated network-wide transition for the Chapter and CACs at this time?

Even well-managed and successful statewide case tracking software projects will present a major learning curve to both your Chapter and member CACs. Engaging in other large-scale statewide projects and/or undergoing major transitions as a Chapter will spread CACs' capacities thin for absorbing and implementing new information and practices.

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ITEM	YES	NO	DON'T KNOW
Has the Chapter established a Business Associate Agreement or Organized Healthcare Arrangement with its CACs?			
Does the Chapter have data governance authority?			
Will the Chapter require a participation MOU with its centers at the onset of the project?			

Has the Chapter established a Business Associate Agreement or Organized Healthcare Arrangement with its CACs?

Chapters and CACs should either enter an Organized Healthcare Arrangement or sign Business Associate Agreements to create the legal pathways and mutual responsibilities necessary to establish this data management relationship securely, transparently, and responsibly. These types of agreements are required for HIPAA compliance, especially if any of your CACs offer medical or mental health services.

It may be a good idea for your Chapter to explore this prior to undertaking this initiative, or even if you do not decide to pursue this initiative. If the Chapter is providing on-site technical assistance or facilitating case reviews for mental health and medical providers, it is possible that the Chapter may inadvertently come into contact with protected health information. These agreements will protect you and your centers.

Does the Chapter have data governance authority?

If a case management system is a membership benefit, the Chapter must have clearly understood authority to manage it. Data governance is the structure, policies, and procedures the Chapter and its member CACs use to manage how the system is used. One common challenge for a Chapter to encounter during the creation of a statewide case management system, especially if the Chapter is building out customizations, is competing interests of CACs that want their own flavor of customizations. If each CAC can endlessly customize the system, it will become bogged down and more challenging to use for the whole.

There are a number of ways to structure data governance. Consensus-based decision making, while aligned with many Chapters' values of democracy, is

tricky as it pertains to this project. Depending on group dynamics, it can lead to a system that is overwhelming with the number of fields and options for data entry, and ultimately adversely affect utility and workflow. Instead, you may want to consider a structure in which the Chapter and CACs adopt shared principles, standards, and infrastructure. Implementation of these agreements can then be maintained by individuals with data infrastructure expertise and a birds-eye view of the system as a whole (both during build-out and after implementation). Implementation is an ongoing endeavor which requires maintenance by and engagement with both Chapter and CAC staff.

Will the Chapter require a participation MOU with its centers at the onset of the project?

One way to ensure participation is to ask CACs to sign participation MOUs. Alternatively, your membership policies may grant the Chapter authority to require CACs to participate in a shared system. Some Chapters that have undertaken this initiative advised against this path, particularly if preserving autonomy for and protecting relationships with member centers is of high value, as so much is unknown at the beginning of the process. If you do decide to use participation MOUs, sign them before the contract with the software company and get detailed input about expectations from the start—both for CACs and for the Chapter.

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STAFF CAPACITY

ITEM	YES	NO	DON'T KNOW
Does the Chapter have the capacity to dedicate significant staff time to the initiative?			
Does the Chapter have access to IT expertise and legal expertise, either through in-kind or paid arrangements?			

Does the Chapter have the capacity to dedicate significant staff time to the initiative?

Chapters that have undertaken this initiative indicated that the initiative required more staff time than they originally anticipated. Below is a baseline for staff time, per their shared experiences:

- Phase 1: Research
At least 25% of a full-time equivalent
- Phase 2: Initial Project Year - Design and Migration
At least 50% of a full-time equivalent
- Phase 3: Implementation
At least 50% of a full-time equivalent

In addition, all three phases require a portion of the Chapter’s Executive Leadership time and attention to the project. It is unlikely the Chapter’s Executive Leader will be the staff member primarily assigned to the project, meaning the staff lead may not have the authority to make “big” decisions as the project moves along. It is important for Executive Leadership to carve out time to regularly meet with the staff lead to discuss timely financial decisions, contractual issues, and challenges faced in navigating this large-scale change with member CACs.

Chapters also emphasize the importance of assigning the right staff member to the project: it should be someone with program expertise on the power of data and a basic understanding of data architecture. If you don’t currently have internal staff who meet this description, you may want to consider working with a consultant or bringing someone on board to help with the initiative.

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Does the Chapter have access to IT expertise and legal expertise, either through in-kind or paid arrangements?

In addition to staff time, this project requires work in the information technology and legal sectors. Chapters that have undertaken this initiative strongly recommended identifying a contractual or in-kind resource for both fields. The legal expert should have expertise in HIPAA, medical records, HR law, and data security. If CACs wish to migrate case information from their current system to the new system, the Chapter also may need to devote some resources to assist CACs with this task.

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ITEM	YES	NO	DON'T KNOW
Do your CACs have a clear understanding of what case information they maintain is protected by HIPAA?			
Does the Chapter also have a clear understanding of HIPAA and how it impacts the Chapter's work with its member CACs?			
Do your CACs consistently engage with IT practices and enforce policies that ensure their protected health information (PHI) is secure?			

Do your CACs have a clear understanding of what case information they maintain is protected by HIPAA?

Compliance with the Health Insurance Portability and Accessibility Act (HIPAA) and understanding protected health information (PHI) is an important issue for CACs. Especially if a CAC has mental health or medical records, they need to have a firm understanding of how to treat PHI at their center. While this issue is important even if your Chapter isn't undertaking development of a case management system initiative, it often comes to the fore during the process of exploring how information is stored.

Does the Chapter also have a clear understanding of HIPAA and how it impacts the Chapter's work with its member CACs?

The Chapter may have new legal requirements if accessing CAC case information and assisting or managing users in a HIPAA-covered software. While Chapters may be accustomed to encountering some level of PHI through their general work with CACs, it is unlikely the Chapter has had any role in managing that data beyond what would be covered in a confidentiality agreement. Through a case tracking software, though, the Chapter may for the first time have a role in the more tangible management and protection of this information. For example, the Chapter may be able to add users to CAC accounts and/or change their security settings within the software. An error, such as adding the wrong user to the wrong CAC account, is a vulnerability not comparable to the confidentiality maintained in Chapters' day-to-day work.

Because HIPAA compliance involves both organizational policies and security infrastructure, it is important to engage legal and IT/cybersecurity experts to help your Chapter understand and properly mitigate risks you assume while doing this work.

Do your CACs consistently engage with IT practices that ensure their protected health information (PHI) is secure?

Good IT hygiene is an important business practice for any nonprofit, and it is especially important if your centers maintain PHI in their records. Many Chapters shared that, over the course of this initiative, they learned of poor IT infrastructure and practices by their centers—from sharing passwords/login information to sending names of clients over email to having outdated antivirus software. One Chapter recommended a 2-year risk management initiative to assess IT security, data management policies, and HIPAA compliance on-site at centers before taking on development of a statewide case management system.

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FINANCIAL RESOURCES AND SUSTAINABILITY

ITEM	YES	NO	DON'T KNOW
Does your Chapter have the budget to pay for the initial implementation of the statewide case management system?			
Is the Chapter in a position to pay for unanticipated costs that come up during the course of the initiative?			
Does the Chapter have a sustainable source of funding for the ongoing licensing fees associated with the software, or do CACs have this funding if they will incur the cost?			

Does your Chapter have the budget to pay for the initial implementation of the statewide case management system?

Some software systems require a budget for initial design and programming, and most software systems require a budget for data migration. It is wise to understand the initial build costs up front. When CACs begin using the system, most vendors have an annual licensing fee per CAC utilizing the system.

Depending on the vendor chosen and number of CACs, a budget for the initial build and first year of licensing may range from the low tens of thousands to over \$100,000.

Is the Chapter in a position to pay for unanticipated costs that come up during the course of the initiative?

Every Chapter that engaged with the workgroup agreed that identifying costs up front is challenging, but essential. Due to the nature of a project like this, there are often unforeseeable costs associated with customizations. Have conversations up front with vendors you are considering about all anticipated costs, project management process, official communication channels, and expense approval process, and memorialize these conversations with written, signed agreements thoroughly covering known costs. It is important to ensure that details about essential requests are explicitly enumerated in signed agreements, not negotiated elsewhere.

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Unanticipated costs may be related to the following services:

- Data migration, or resolving issues with data migration
- Programming changes after the go-live date
- Building customized reports
- Maintaining duplicate systems during the rollover/change period
- IT upgrades for local CACs or Chapter
- Legal support
- Training/travel costs
- Software or security audits
- Chapter and/or consultant time to implement the system, including offering support to CACs
- Additional “a la carte” modules or features requested by membership or the project team

Unanticipated costs, if not clearly defined in advance of the project, can increase the budget by as much as 50% in some cases.

Does the Chapter have a sustainable source of funding for the ongoing licensing fees associated with the software, or do CACs have this funding if they will incur the cost?

Ongoing licensing fees are typically standard to maintaining a statewide case management system. While some software companies charge per CAC, others charge a network-wide fee to be divided among participating centers. Some Chapters pay this fee for CACs, while others may pass that cost along to CACs. Closely evaluate contract language to understand the structure for licensing fees, and remember—once you begin paying for licensing fees, it will be difficult to change the cost allocation structure.

You also may want to consider what happens if one or more CACs drop out. If there is a network-wide fee the Chapter prorates and charges each CAC for, that cost could increase for the other centers if a CAC were to drop out.

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GOVERNANCE

ITEM	YES	NO	DON'T KNOW
Does your Chapter have a diversified board of directors or, if government-based, adequate professional resources to support the initiative?			

Does your Chapter have a diversified board of directors or, if government-based, adequate professional resources to support the initiative?

As you know by now, engaging in this initiative often means entering uncharted territory for a Chapter. All Chapters contributing to this readiness guide agreed that a diversified board of directors was essential to the success of their project or wished they had had the benefit of a diversified board. It may be wise to recruit individuals to your board or an advisory committee with expertise in HIPAA, privacy law, security compliance, information technology, and risk management. If you are in a government-based Chapter, ensuring you have resources in the aforementioned categories accessible to you as you pursue this initiative will help facilitate success.

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EVALUATING READINESS

Revisit your readiness checklist. Items checked “yes” indicate areas of readiness. Items checked “no” indicate you may have work to do. This list is not intended to be exhaustive—there are many other variables that may weigh into your Chapter’s decision as to whether to pursue the development of a statewide case management system at this time.

You may be wondering if there are any deal breakers—questions that, if answered “no,” mean you should not undertake this initiative at this time. Because every Chapter’s choices around vendor, scope, and intent of the initiative vary substantially, there is no standard answer to this question. The questions at the end of this guide are intended to assist you in thoughtful reflection around what impact, if any, your “no” answers will have on your initiative.

If you have one or two “no” answers, your Chapter may decide to proceed with the project and work on these items along the way. If you have several “no” answers, it may be wise to delay taking on this initiative. Developing a 2-3 year work plan that will prepare you to undertake this initiative in the future is a wise, strategic decision.

Remember, your Regional Children’s Advocacy Center is here to help. If you have questions about any of the items listed, call your Regional CAC for assistance.

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GUIDED EVALUATION QUESTIONS

As we reflect on our answers to the readiness checklists, what strengths do we have that will contribute to the success of this initiative? What will be our areas of challenge?

What other information do we need to make a decision about moving forward with this initiative?

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How will we make the decision about whether or not to move forward with this initiative? Who needs to be involved in the decision-making process? Important constituencies to consider may be your board of directors, your membership, and the staff of the Chapter.

How will we communicate the decision once it has been made?

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PROCEEDING WITH THE INITIATIVE

If your Chapter has decided to proceed with the initiative, below is a suggested process for getting started.

1. BUILD YOUR TEAM

If you have decided your Chapter is ready to undertake this initiative, we recommend you establish a committee to oversee the project. You may want to include member centers, board members, and volunteer experts to guide your process. Perhaps most important is to identify the person who will shepherd the process at your Chapter. As we noted earlier, Chapters that have been through this process felt it was important that the staff member have a passion for the power of data and a basic understanding of data architecture (or a willingness to learn). If you don't currently have internal staff who meet this description, it may be wise to think about working with a consultant or bringing someone on board to help with the initiative. It is also important for executive leadership to be available for troubleshooting and assisting with relationship-management with vendors and member CACs.

When recruiting from CAC membership for the project committee, consider including the following:

- A CAC Director (ideally one looked to as an authority figure within the network)
- Someone from a “large” and “small” CAC in terms of service volume, programming, service area/local population, and staff size
- A forensic interviewer
- A family advocate
- A CAC-based mental health provider who is both respected as an authority figure in the network and is willing/able to help lead communications with other mental health providers
- Representatives from each “legacy” system your membership will be moving away from

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2. EXPLORE THE INCREASED LIABILITY OF THE PROJECT FOR YOUR CHAPTER

Working with the legal and IT experts you have identified, we also recommend engaging your centers in an evaluation of their systems to safeguard protected health information. It is wise to begin the process of establishing Business Associate Agreements or Organized Healthcare Arrangement. Assess and patch security risks for your Chapter and support your CACs to do the same. Ensure you have strong cybersecurity policies and that your staff are complying. Explore getting a cyber rider on your organizational liability insurance policy. Consider undergoing an independent HIPAA audit. Again, as a reminder, your Chapter may be engaging with HIPAA-protected information and not even realize it.

3. ISSUE A REQUEST FOR PROPOSALS AND WATCH DEMONSTRATIONS

To research the right software for your needs, we recommend issuing a Request for Proposal to multiple vendors. Follow your organizational guidelines for receiving bids on high-cost items. Some items you may want to include in your RFP are:

- Minimum requirements (scope) for the software; include items that are a priority for your Chapter from the list below and any additional items your Chapter wishes to include:
 - Demographics (e.g., demographics on child, alleged offenders, family members)
 - Service tracking throughout the life of the case
 - Criminal justice outcomes
 - Child protection outcomes
 - Electronic forms and signature
 - Tracking for records release
 - Reminders for services (e.g., follow-up calls for victim advocate, deadlines for established tasks, etc.)
 - Task maintenance
 - Partner agency portal, with appropriate information segregation
 - Alerts if information is missing from a case file
 - HIPAA compliance
 - Scheduling
 - Conflict (duplicate case) check

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- Ability of CACs and Chapter to build a single report that will run a variety of queries from a single date range at once
- Level of customization possible
- Availability of the vendor to engage in technical assistance with CACs during software implementation and after the go-live date
- What type of audit the vendor engages in to protect the security of data, and how often that audit is conducted
- Costs associated with:
 - Initial build of the system
 - Licensing for the number of CACs in your state
 - Providing technical support to CACs
 - Data migration, or resolving issues with data migration
 - Programming changes after the go-live date
 - Building customized reports
 - Training/travel
 - Addition of new CACs in the future
- The vendor’s anticipated timeline for completion of build, migration, and implementation

Request and record demonstrations of software systems for both your leadership/project team and full network. Ask questions, and then ask more questions. You don’t want to leave any stone unturned.

4. EVALUATE THE VENDOR’S AUDIT PROCESS

Given the highly-sensitive nature of CAC data, the Chapter should evaluate the vendor’s security practices and legal compliance (SOC-2 or HIPAA-compliance audits are typical responses to this question). Being able to evaluate an independent audit is one of the reasons we recommend having IT and legal professionals as part of your team, either through voluntary or paid positions. These subject-matter experts will be able to help you evaluate the vendor’s response to this inquiry.

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5. CHECK REFERENCES

References are the best means you have to understand what it's really like to work with a vendor. It's appropriate to ask the vendor for references in the RFP, but you also may want to reach out to other Chapters or CACs that have worked with a vendor and aren't listed as references. This may give you additional insight into the strengths and challenges of the vendors you have identified. Don't hurry or skip this part of the process—it is critically important to make the best choice for your Chapter.

6. DOCUMENT ALL AGREEMENTS IN WRITING

Once again, document, document, document. Document conversations between you and potential vendors, including clarifying emails where you ask for confirmation of shared understanding. Document agreements between the Chapter and member CACs. Ensure all agreements are in writing and, where practicable, have all parties sign.

7. DEVELOP A PLAN FOR DATA GOVERNANCE

Before initiating the project, your Chapter should develop a way to make strategic decisions about the system. It is likely you will want a data governance team, which could include individuals on the design team, but it should be small enough to stay nimble and responsive. This team may identify occasional changes to definitions (e.g., a new law like the Americans with Disabilities Act, a change in the way a funder defines a term, etc.), triage request for system changes/customizations, monitor trends in user experience, and identify training and support needs of users.

8. WORK WITH YOUR CHOSEN VENDOR TO BEGIN DESIGN AND IMPLEMENTATION

Once you have chosen your vendor, they likely will engage you in their process for designing and/or implementing the case management system. While the meeting frequency for the project team will likely be determined largely by the vendor, consider how progress and expectations will be communicated to membership as a whole. A communication plan and timeline, created and implemented in partnership with the CACs on the project team, are strongly recommended at the outset of this project. Time to discuss this project with membership may make more sense as something separate from an already-stacked agenda. Budget at least an hour of full-network discussion every quarter.

Finally, report to us how your system is working for you! We can't wait to hear the success stories of how you are using data to improve services to children and families in your state.

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