



**State of California
Department of Consumer Affairs**

Medical Board of California

**Complaint Resolution Information Management System (CRIMS)
Feasibility Study Report**

**Prepared by the
Medical Board of California**

July 24, 2008

Information Technology Project Request

**Feasibility Study Report
Executive Approval Transmittal**



Department Name
Medical Board of California

Project Title (maximum of 75 characters)
Complaint Resolution Information Management System

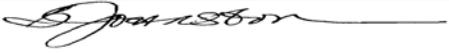
Project Acronym	Department Priority	Agency Priority
CRIMS		

APPROVAL SIGNATURES

I am submitting the attached Feasibility Study Report (FSR) in support of our request for the Department of Finance's approval to undertake this project.

I certify that the FSR was prepared in accordance with State Administrative Manual Sections 4920-4930.1 and that the proposed project is consistent with our information technology strategy as expressed in our current Agency Information Management Strategy (AIMS).

I have reviewed and agree with the information in the attached Feasibility Study Report.

Board/Bureau Executive Officer		Date Signed
		July 28, 2008
Printed name:	Barbara Johnston	
Chief Information Officer		Date Signed
Printed name:	Debra Gonzales	
Budget Officer		Date Signed
Printed name:	Pam Wortman	
Information Security Officer		Date Signed
Printed name:	Walter Durette	
Deputy Director, Division of Administrative and Information Services		Date Signed
Printed name:	Kitty Williamson	
Chief Deputy Director		Date Signed
Printed name:	Scott Reid	
Director		Date Signed
Printed name:	Carrie Lopez	
Agency Secretary		Date Signed
Printed name:	Rosario Marin	

INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION C: PROJECT RELEVANCE TO STATE AND/OR DEPARTMENTAL PLANS

1.	Submittal Date				
2.	Type of Document	FSR	SPR	PSP Only	Other:
	Project Number	X			
3.	Project Title	Complaint Resolution Information Management System			Estimated Project Dates
	Project Acronym	CRIMS			Start End
4.	Submitting Department	Medical Board of California Department of Consumer Affairs			7/01/2009 7/01/2012
5.	Reporting Agency	State and Consumer Services			
6.	Project Objectives	8. Major Milestones			Est Complete Date
	<p>The Complaint Resolution Information Management System (CRIMS) will enable the California Medical Board (Board) to protect health care consumers more effectively by reducing the time it takes to respond to consumer complaints against Physicians & Surgeons, and Allied Health Professionals that the Board licenses and regulates.</p> <p>The Board currently uses the Consumer Affairs System (CAS), which no longer meets its unique needs. CAS lacks workflow functionality which would allow the Board to more efficiently and effectively address complaints via automated assignment, tracking and escalation processes. Additionally, CAS has no public interface, so consumers are unable to utilize the Internet to file or track complaints. Finally, CAS is unable to store electronic images, which forces reliance on hardcopy files and effectively separates case data.</p> <p>When the new system CRIMS is implemented, the Board's Enforcement Program will realize the following benefits:</p> <ul style="list-style-type: none"> Faster resolution of consumer complaints while still providing consistent resolutions and timely notifications Efficient processing of complaints by enabling Enforcement Analysts and Investigators to focus on actionable complaints Consistent Program-wide use of current Enforcement processes Reliable, accessible, automated, complaint information 		FSR approved	January 2009	
				Hire Project Manager, IPOC, and IV&V consultants	October 2009
				Complete Functional and Technical Requirements	October 2009
				Develop Detailed Project Schedule	October 2009
				Release Request For Proposal (RFP)	October 2010
				Conduct Vendor Conferences	January 2011
				Receive Final RFPs	March 2011
				Announce Winning Vendor	June 2011
				Award Vendor Contract	September 2011
				Complete Unit, System, and User Testing	May 2012
				Convert and Migrate Data to Production System	June 2012
				Install in Production	July 2012
				PIER	January 2013
				Key Deliverables	
				RFP to DGS	03/15/10
			Detailed Design Document and Revised Schedule	08/01/11	
			Vendor Contract	09/01/11	
			Unit, System, and User Test Plans	11/01/11	
			Training, Deployment, & Installation Plans	11/01/11	
			Data Conversion and Migration Plan	11/01/11	

INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION C: PROJECT RELEVANCE TO STATE AND/OR DEPARTMENTAL PLANS

7.	<p>Proposed Solution</p> <p>The Complaint Resolution Information Management System (CRIMS) project will enable the California Medical Board (Board) to better serve consumers who are seeking assistance in resolving complaints about the Physicians, Surgeon, and Allied Health Professionals that the Board regulates. The Board currently uses the Consumer Affairs System (CAS) system as a data repository rather than a fully functioning system that facilitates complaint resolution.</p> <p>The Public Utilities Commission (PUC) recently concluded a market research and evaluated demonstrations of the top viable commercially available solutions for their Consumer Information Management System (CIMS). The PUC concluded that the most value-effective solution for their complaint resolution problems is a modified-off-the-shelf (MOTS) solution that, once procured, can be modified and deployed in less than a year.</p> <p>After reviewing PUC's research and evaluations, the Board believes that a similar solution is also appropriate for the proposed CRIMS system.</p> <p>The solution will facilitate complaint resolution by:</p> <ul style="list-style-type: none">• Identifying and processing complaints applying automated pre-screening and workflow processes freeing the Board's Enforcement staff to resolve actionable complaints• Storing electronic images of supplemental documents and correspondence related to complaint records so that staff can access view the entire complaint electronically• Enforcing pre-defined edit controls to ensure accurate and complete data in the complaint records• Creating a Internet rule-based intake process for complaints from consumers that minimizes the number of complaints that, currently, are simply routed to another organization for processing• Allowing consumers to use the Internet rule-based secure application to file complaints that will also produce the completed submittal forms, including medical release documents that complainants can print, sign, and submit to the Board• Providing electronic guidance for external users on how to complete complaint submission• Having current Board business rules embedded in system thereby ensuring consistent processing of complaints• Providing electronic guidance to internal staff on how to process and resolve complaints• Automatically alerting Supervisors, Analysts, and Investigators when processing delays exceed acceptable thresholds <p>The CRIMS system will be housed at the Department of Technology Services (DTS). The project costs include the purchase of sufficient hardware and software for development, test, training, and production environments. The solution will use hardware and software that is compliant with DTS and the State's standards. The Board's Information System Branch (ISB) will oversee the design, development, and implementation of the new system and will support it in production. The vendor will work with DTS and ISB for installation. The vendor solution will also provide training on the system and train the trainers who will be responsible to train the Board users. The vendor maintenance and support will be an ongoing cost in the proposed solution.</p>
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INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION C: PROJECT RELEVANCE TO STATE AND/OR DEPARTMENTAL PLANS

Project #	
Doc. Type	FSR

Executive Contacts								
	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
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CIO	Debra	Gonzales	916	574-7910		916	574-8600	debra_Gonzales@dca.ca.gov
Board Exec. Director	Barb	Johnston	916	263-2389		916	263-2387	bjohnston@mbc.ca.gov
Fiscal Officer	Pam	Wortman	916	574-7172		916	574-7112	pam_wortman@dca.ca.gov
Board Project Sponsors	Renee Diane	Threadgill Ingram	Chief of Enforcement Manager ISB	916 916	263-2194 263-6181	916 916	263-2383 263-2210	rthreadgill@mbc.ca.gov dIngram@mbc.ca.gov

Direct Contacts								
	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
Doc. prepared by	Helen Diane	Stanley Ingram	435 916	729-0399 263-6181		916	263-2210	helen.stanley@mbc.ca.gov dIngram@mbc.ca.gov
Primary contact	Diane	Ingram	916	263-6181		916	263-2210	dIngram@mbc.ca.gov
Project Manager	TBD							

INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION C: PROJECT RELEVANCE TO STATE AND/OR DEPARTMENTAL PLANS

1.	What is the date of your current Operational Recovery Plan (ORP)?	Date	October 2007	Project #	
2.	What is the date of your current Agency Information Management Strategy (AIMS)?	Date	September 2001	Doc. Type	FSR
3.	For the proposed project, provide the page reference in your current AIMS and/or strategic business plan.	Doc.	DCA Strategic Plan 2008-10 The Board's Strategic Plan 2008		
		Page #	7		

				Yes	No	
4.	Is the project reportable to control agencies?				X	
	If YES, CHECK all that apply:					
	X	a) The project involves a budget action.				
		b) A new system development or acquisition that is specifically required by legislative mandate or is subject to special legislative review as specified in budget control language or other legislation.				
	X	c) The estimated total development and acquisition cost exceeds the departmental cost threshold and the project does not meet the criteria of a desktop and mobile computing commodity expenditure (see SAM 4989 – 4989.3).				
		d) The project meets a condition previously imposed by Finance.				

**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION E: VENDOR PROJECT BUDGET**

Project #	
Doc. Type	FSR

**Budget Augmentation
Required?**

No	
Yes	X

If YES, indicate fiscal year(s) and associated amount:

FY	2009-10	FY	2010-11	FY	2011-12	FY	2012-13	FY	
	\$269,000		\$309,000		\$2,531,000		\$635,400		\$

PROJECT COSTS

1.	Fiscal Year	2009-10	2010-11	2011-12	2012/13		TOTAL
2.	One-Time Cost	357,000	397,000	2,772,000			\$ 3,526,000
3.	Continuing Costs				\$1,008,400		\$ 1,008,400
4.	TOTAL PROJECT BUDGET	\$357,000	\$397,000	\$2,772,000	\$1,008,400		\$ 4,534,400

SOURCES OF FUNDING

5.	General Fund						\$
6.	Redirection	\$88,000	\$88,000	\$241,000	\$373,000		\$ 790,000
7.	Reimbursements						\$
8.	Federal Funds						\$
9.	Special Funds	\$269,000	\$309,000	\$2,531,000	\$635,400		\$ 3,744,400
10.	Grant Funds						\$
11.	Other Funds						\$
12.	PROJECT BUDGET	\$357,000	\$397,000	\$2,772,000	1,008,000		\$ 4,534,400

PROJECT FINANCIAL BENEFITS

13.	Cost Savings/Avoidances	\$	\$	\$	\$	\$	\$
14.	Revenue Increase	\$	\$	\$	\$	\$	\$

**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION E: VENDOR PROJECT BUDGET**

Vendor Cost for FSR Development (if applicable)	
Vendor Name	To be determined by RFP process

Project #	
Doc. Type	FSR

VENDOR PROJECT BUDGET

1.	Fiscal Year	2009-10	2010-11	2011-2012			TOTAL
2.	Primary Vendor Budget			1,800,000			\$ 1,800,000
3.	Independent Oversight Budget	\$75,000	75,000	150,000			\$ 300,000
4.	IV&V Budget	\$75,000	75,000	150,000			\$ 300,000
5.	Other Budget						
6.	TOTAL VENDOR BUDGET	\$150,000	\$150,000	\$2,100,000	\$	\$	\$ 2,400,000

------(Applies to SPR only)-----

PRIMARY VENDOR HISTORY SPECIFIC TO THIS PROJECT

7.	Primary Vendor	
8.	Contract Start Date	
9.	Contract End Date (projected)	
10.	Amount	\$

PRIMARY VENDOR CONTACTS

	Vendor	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
11.									
12.									
13.									

**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION F: RISK ASSESSMENT INFORMATION**

Project #	
Doc. Type	FSR

RISK ASSESSMENT

	Yes	No
Has a Risk Management Plan been developed for this project?	X	

General Comment(s)
<p>The Risk Management Plan has been developed for this project and is included in Section 7 of this FSR.</p> <p>The Board understands that risk management planning is a vital component of ensuring project success. A disciplined approach to risk management includes developing a Risk Management Plan that identifies and documents potential risks (risk identification), identifies ways in which they can be minimized (risk mitigation planning), and includes policies and procedures to monitor and resolve risks that arise (track and control). The Risk Management Plan will be revised when the Board's CRIMS project manager is hired, again after the after the RFP is awarded, and throughout the project. The Project Manager will develop the policies and procedures that the project will follow to identify, assess, rank, prioritize, mitigate, and monitor each project risk.</p> <p>In general, the mitigation approach for potential changes in scope includes a clear definition of business objectives in the request for proposal and a strong change management process. The mitigation approach for potential resistance to change by staff is to involve them throughout the process and to communicate frequently with staff about project progress.</p> <p>The Project Manager and the project team will update the Risk Management Plan as the project progresses.</p>

3.0 Business Case

This section describes the current organization, complaint resolution processes and problems, the business opportunities that exist to improve the Board's consumer complaint and resolution management, the Board's business objectives, and current and new functionality opportunities that support the Board's Enforcement Program.

This section includes:

3.1 Business Program Background

- Medical Board of California
- The Enforcement Program
- The Complaint Resolution Process
- Disciplinary Actions and Statutory Authority
- Importance of the Enforcement Program
- Legally Mandated Complaint Processing Timeframes

3.2 Business Problems and Opportunities

3.3 Business Objectives

3.4 Functional Requirements

3.1 Business Program Background

The Medical Board of California

The Medical Board of California (Board) licenses and regulates physicians, midwives, opticians, spectacle lens dispensers, contact lens dispensers, and research psychoanalysts.

Created in the Medical Practice Act, the Medical Board of California (Board) is a State government agency within the State Department of Consumer Affairs (DCA) with the goal of protecting the public by ensuring the initial and continued competence of its licentiates and through the vigorous, objective enforcement of the Medical Practice Act, and, by promoting access to quality medical care through the Board's licensing and regulatory functions. Board members, pursuant to Business and Professions Code (BPC) section 109(a), make final licensing and enforcement decisions.

Current Board membership is 17, however, effective August 1, 2008, the Medical Board will have 15 members; 8 physicians and 5 public members appointed by the Governor; 1 public member appointed by the Assembly Speaker and 1 public member appointed by the Senate Rules Committee.

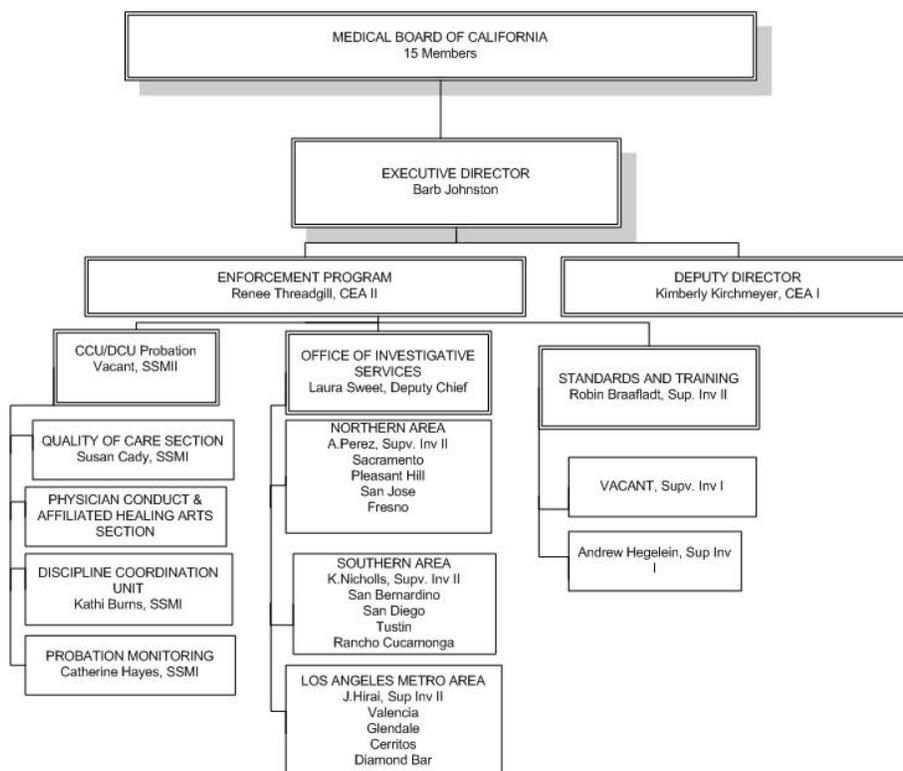
The Board's objective is to improve the quality of medical services within California. In order to accomplish this objective, the Board must ensure that only those persons

possessing the necessary education, examination and experience qualifications receive licenses; that all licentiates obtain the required continuing medical education training; that the licentiates are promptly, thoroughly and fairly investigated; and that appropriate action is taken against licentiates whose care or behavior is outside of acceptable standards.

The Enforcement Program within the Board receives, investigates and resolves complaints about its licentiates. The Board disciplines those found guilty of violations of the law or regulations. Complaint processing includes the Board's conducting disciplinary proceedings in cases of unprofessional conduct, and generally enforcing the disciplinary and criminal provisions of the Medical Practice Act and other relevant statutes, regulations, and applicable professional standards. In addition to investigating complaints, the Board provides public-record information about disciplinary action taken against California-licensed physicians. The Board accomplishes these functions through its Enforcement Program.

Exhibit 3.1 displays the structure of the Board and Enforcement Program per the official January 2008 organization chart. Attachment D contains the complete organization chart.

**Exhibit 3.1
 Enforcement Program Organization Chart**



The Enforcement Program

The Board's Enforcement Program is large, complex, and implemented across three State organizations: the Board, the Attorney General's Office, and the Office of Administrative Hearings. The Enforcement Program oversees a large Enforcement staff that receives, screens, and investigates complaints and reports of physician misconduct and negligence. Enforcement staff is based at headquarters in Sacramento and at 12 district field offices throughout California.

- Reports of physician misconduct are received at the Sacramento-based Central Complaint Unit (CCU), where they are screened and, if warranted, referred to one of the 12 district Field Offices (FO) for formal investigation.

(Historically, 86% of all complaints are closed in the CCU)

- Once a FO investigator determines the appropriate action and if the Attorney General's Office (AG) must take that action, the matter is transmitted to the Health Quality Enforcement (HQE) Section of the AG for legal action.

(Historically, 10% of all complaints are closed in the FO)

- HQE has six offices throughout the State. If warranted, a deputy attorney general from HQE files an "accusation," which is a written statement of formal charges. Once an accusation is filed, the process follows a prescribed series of events that insure the due process rights of the subject physician.

(Historically, 4% of all complaints are closed in the AG)

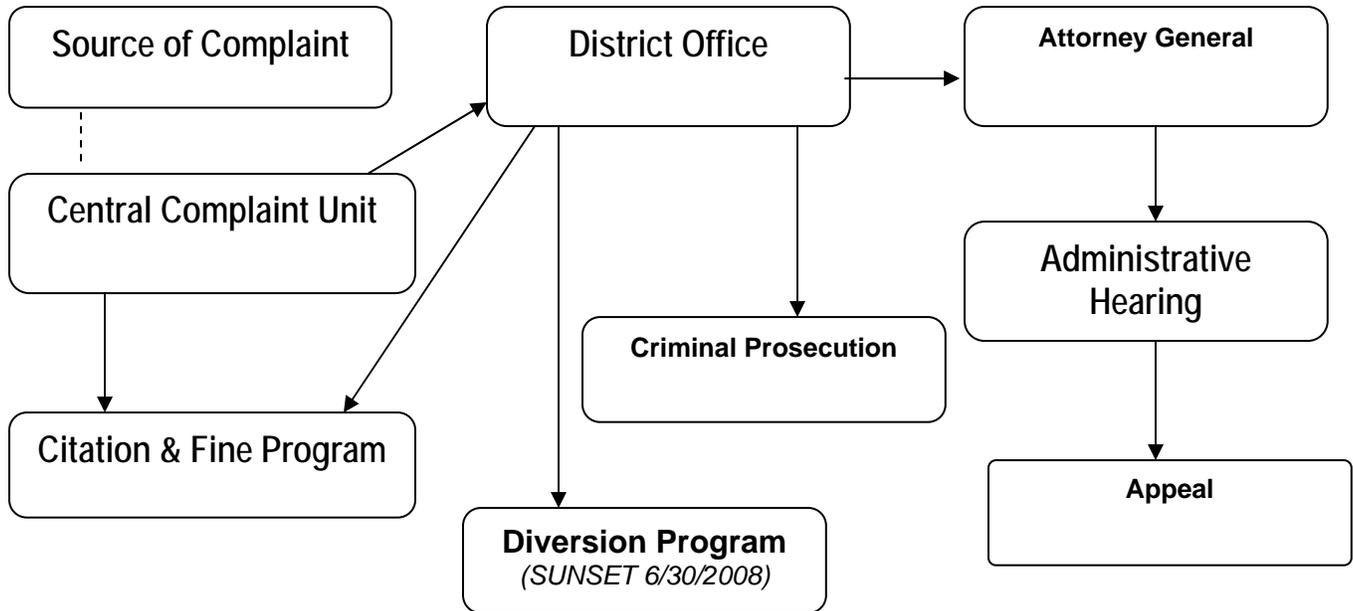
- Absent a settlement, the charges become the subject of an evidentiary hearing presided over by an administrative law judge (ALJ) from the Medical Quality Hearing Panel of the Office of Administrative Hearings where each side presents its case. After the case is "submitted," the ALJ drafts a proposed decision, including findings of fact, conclusions of law, and recommended discipline.
- The ALJ's proposed decision is referred back to the Board where it is reviewed by a panel that makes the Board's final disciplinary decision.
- The Board's final disciplinary decision can then be subject to up to three levels of review by the courts.

The Complaint Resolution Process

Exhibit 3.2 displays the Enforcement Process workflow for Complaint Resolution.

Exhibit 3-2

ENFORCEMENT PROGRAM COMPLAINT RESOLUTION



<p>Source of Complaint</p>	<ul style="list-style-type: none"> • Public • Business & Profession Code mandated reports • Licensee/Professional Group • Governmental Group • Anonymous/Miscellaneous
<p>Central Complaint Unit</p>	<p>Consumer Services Analyst (CSA) reviews the complaint to determine whether:</p> <ul style="list-style-type: none"> • An immediate investigation is needed. If yes, refers complaint to appropriate district office. • More information is needed, the CSA requests this from the complainant. • The complaint is within the Board's jurisdiction. If not, it is referred to the appropriate agency. • The complaint involves care and treatment provided by the physician. If so, medical records are obtained and a medical consultant reviews. • A minor violation of the Medical Practice Act has occurred (e.g., failure to provide patient records, misleading advertisement, dispensing violations, etc.). If so, the physician is then contacted and advised of the violation to bring him or her into compliance, or the matter is referred for a cite and fine. <p>A complaint may be mediated at this point if that is appropriate. If no apparent violation is found, the case may be closed.</p>
<p>District Field Office</p>	<p>If it appears following initial review, that a violation may have occurred, the case is referred to a Board district field office for investigation. Upon completion, the file may be:</p> <ul style="list-style-type: none"> • Closed, but retained for one year if a violation could not be confirmed. • Closed, but retained for five years because the complaint is found to have some merit, but insufficient evidence is found to take action against the licensee. • Referred to the Attorney General's Health Quality Enforcement Section for determination whether to initiate disciplinary action. • Referred for other disciplinary, non-disciplinary action, or criminal action.
<p>Citation & Fine Program</p>	<p>Minor violations of the Medical Practice Act may result in administrative citation and fine rather than formal accusation and disciplinary action.</p>
<p>Attorney General</p>	<p>If Attorney General staff believes the case can pass the legal standard, a Deputy AG drafts formal charges (Accusation), and a hearing is scheduled.</p> <p>During pre-hearing conferences, both sides can accept a stipulated settlement (plea bargain) of the charges/penalties. In this case no hearing is needed.</p> <p>The Board may direct the AG to file a petition to compel the licensee to submit to a competency examination or a psychiatric examination in lieu of, or preceding the filing of, an Accusation.</p>
<p>Criminal Prosecution</p>	<p>A completed investigation may be referred to a local district or city attorney for prosecution of suspected criminal violations.</p>

Administrative Hearing	<p>If the licensee contests the charges, the case is heard by an Administrative Law Judge (ALJ). An ALJ then drafts a proposed decision. The proposed decision is reviewed by a panel of Board members, who have the option to:</p> <ul style="list-style-type: none"> • Adopt the decision as proposed; • Reduce the penalty and adopt the decision; or, • Increase the penalty and adopt the decision. In this instance, the panel members must read the entire record of the hearing prior to acting. The physician is given the opportunity to submit written and oral arguments.
Appeal	
The Board	<p>Physician may petition for reconsideration of a decision for 30 days after it is adopted. Thereafter, physician may petition for reinstatement of revoked license, reduction of terms of penalty, or termination of a period of probation. Various time periods apply before petitions can be filed with the Board.</p>
Courts	<p>Final decision may be appealed to the Superior Court, the District Court of Appeal, and to the California Supreme Court.</p>

Disciplinary Actions and Statutory Authority

BPC section 2234 sets forth grounds for the Board’s disciplinary action, including gross negligence (an extreme departure from applicable professional standards); repeated negligent acts; incompetence; the commission of any act of dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician; and the violation of any provision of the Medical Practice Act.

BPC section 2227 sets forth an array of sanctions that the Board may impose on a licensee for a disciplinable violation, including license revocation, suspension, probation on specified terms and conditions, and the issuance of a public reprimand. Through probation, the Board may restrict a license (for example, it may prohibit a physician from prescribing certain types of controlled substances, practicing without a third-party chaperone, or engaging in solo practice); require a physician to take and pass a professional competency exam, psychiatric examination, ethics and/or other continuing education courses, or to undergo psychotherapy or other medical evaluation and treatment. Additionally, BPC section 2233 permits the Board to issue a “public letter of reprimand”; BPC section 125.9 allows the Board to impose citations and fines on physicians for minor violations of the Medical Practice Act; and other Code sections permit the Board to assess civil penalties against physicians for specified misconduct.

Both the ALJ’s recommendation and the Board’s imposition of specific disciplinary sanctions are based on “disciplinary guidelines” formulated by the Board. These guidelines, which are regularly reviewed and updated by the Board’s Enforcement Program staff, are incorporated by reference into the Board’s regulations and represent the Board’s preferred range of sanctions for every given violation of the Medical Practice Act and applicable professional standards. The disciplinary guidelines establish statewide consistency in disciplinary decision-making and ensure that similarly situated physician respondents are treated similarly. This is an essential due process and equal protection component to the Enforcement Program.

In the Board's disciplinary matters, the burden of proof is on the Board, and the Board must prove its case by "clear and convincing evidence to a reasonable certainty." Even so, the Board's disciplinary actions are contested, and the final resolution often takes three to four years, during which time most respondent physicians are free to continue practicing medicine.

Importance of the Enforcement Program

The Board's Enforcement Program is enormously important to California consumers, who depend on it to protect the marketplace from physicians who are negligent, incompetent, dishonest, or impaired. **The Board is the only entity in the State authorized to revoke, suspend, or restrict a California physician's license** in order to protect "the public at large, *i.e.*, all consumers of medical services in California." Most California consumers visit a physician regularly, and most physicians see and treat dozens of patients per day. A physician's negligence or misconduct can easily cause the "irreparable harm", which justifies the existence of most state licensing programs. Even one moment of negligence or impairment by a physician can result in serious injury to or the death of a patient. Thus, the importance of the effective, efficient, and decisive functioning of the Board's Enforcement Program cannot be overstated.

The Board's Enforcement Program is also important to physicians who practice medicine in California. Licensed physicians have invested significant time and money in both education (medical school, clinical education, postgraduate training programs) and additional training and examinations necessary to become certified by national specialty boards. Current law views a license as a property right that may not be taken by the state absent substantive and procedural due process. All segments of society need competent and qualified physicians to assist in preventing, detecting, and treating disease and other medical conditions. Thus, trained physicians should not be barred from the marketplace without good reason. In this era of managed care, the impact of the Board's investigative and disciplinary activity can have momentous ramifications to a physician's ability to practice medicine. Thus, the Board's fairness, consistency, and quality disciplinary decision-making are of significant importance to California's physician population as well as the general public's protection.

Mandated Complaint Processing Goals

Section 2319 of the Business and Professions Code requires that the Board to set a goal to complete the review (CCU) and investigation (FO) for the majority of complaints within an average of 180 days and a maximum 365 elapsed days from receipt of complaint to completion of investigation for complex investigations. The Enforcement Program is responsible for these outcomes. Enforcement is expensive. Consistent with prior years, dating back to the early 1990s, in FY 2007-08 the Board will spend 75% of its \$52 million budget (\$38.8 million) on enforcement.

Throughout this FSR all data regarding complaint days and counts is shown in the **Fiscal Year in which the complaint was received**, not in the Fiscal Years that actions are taken. In that way the FY effect of legislation, staffing, and complaint volume, which can affect the amount of time it takes to resolve a complaint, can be better observed.

The elapsed days from complaint initiation through completion of investigation for complaints initiated in FYs 2001-02 through 2006-07 and closed prior to 2/24/2008 are noted in the table below.

Fiscal Year	01-02	02-03	03-04	04-05	05-06	06-07
Total COMPLAINTS received	11216	11561	9997	7659	7669	7264
Total Complaints not used for evaluation (still open, closed in under 10 days, re-opened)	2749	2739	2987	1829	2184	2007
Total COMPLAINTS evaluated	8467	8822	7010	5830	5485	5257
Average Days from receipt of Complaint through completion of investigation	123	129	131	114	111	78
Number of complaints that exceed 365 days from receipt of Complaint through completion of investigation	730	737	575	399	353	79

At the time that these statistics for closed complaints were compiled, there were 1,140 complaints still open in the CCU, the FO, and the AG that were initiated prior to FY 2007-08 of which 679 had already exceeded the maximum 365-day limit.

While the Board appears historically to meet mandated Average Complaint Processing days, the maximum 365-day limit is unmet for 8-12% of Complaints. Even though the average elapsed time to investigation completion “looks” reasonable here, the general perception, and most likely the reality, is that it takes too long to resolve complaints – even those that are resolved within statutory limits.

In addition, a recent analysis identified the degree to which the closures met the recommended 365-day maximum to complete Board’s investigative processes (CCU + FO days). As noted in the table below, 41% of all complaints resolved in the FO took more than 365 days to close and 27% of all complaints resolved in the AG exceeded the 365-day limit for Board investigation prior to being referred to the AG.

Enforcement Program area where Complaint was closed	Closed Complaints within 1-90 CCU/FO days	Closed Complaints within 91-180 CCU/FO days	Closed Complaints within 181-365 CCU/FO days	Closed Complaints over 365 CCU/FO days
CCU	72%	23%	5%	< 1%
FO	9%	14%	36%	41%
AG	36%	17%	20%	27%

3.2 Business Problems and Opportunities

The current CAS system for enforcement meets some of the Board’s needs, but the CAS system is used by other boards and bureaus and the DCA is responsible for its modifications and maintenance. The Board cannot change CAS functionality without DCA approval and then only after the changes have been evaluated for the affect on all

the users. Practically, this prevents the Board from changing the CAS application to make it a true case management system for the Board.

The Board takes too long to perform enforcement processes resulting in inadequate and untimely protection to the public (Necessary changes include allowing Enforcement staff to define their event triggers, inquiries, and reports, guaranteeing correct, consistent data, and automatically enforcing business rules during data entry).

The Board is the only entity in the state authorized to revoke, suspend, or restrict the license of a California physician in order to protect “the public at large, *i.e.*, all consumers of medical services in California.” The Legislature, the Board and the Public have identified that faster complaint resolution is mandatory and the Board has taken several steps to improve it. Please see the Report to the Legislature, Vertical Enforcement, November 2007, on the Board’s Web site. (This report addresses the provisions of SB 231 (Figueroa, ch. 674, Statutes of 2005) that require the Board, in consultation with the Departments of Justice, Consumer Affairs, Finance and Personnel Administration, to make recommendations to the Governor and Legislature on the vertical prosecution pilot. (Gov. Code, 2529.6) This landmark piece of legislation contained a number of legal and practical improvements to the Board’s enforcement program, following a two-year study by the Board’s Enforcement Monitor).

The Board can only perform 31 of the 141 required Enforcement processing functions using the current system.

The board does not have the ability to define data business rules that ensure complete, and/or accurate data gathering, which currently required Enforcement staff to perform manual research from the hardcopy complaint processing documents that later must be key-entered to update the on-line files.

The Board requires on-line assistance that helps staff resolve complaints or spots trends on which to base enforcement activities.

Furthermore, the Board’s interactions with other enforcement on-line will become more difficult to attain as treatment trends change and surface in the competitive, mostly automated, health care systems serving California consumers.

The Board needs to examine individual and aggregate complaints. Currently this is difficult and sometimes impossible to obtain essential management and case information. The Enforcement Program needs the ability to define the relationship that should group complaints and aggregate complaint information. This functionality is necessary to identify potentially identical complaints, consolidate complaints for consideration in a single administrative action, identify all complaints that might establish a pattern of violations sufficient to support an administrative action, and, in general, easily obtain information to expedite complaint processing, recognize violation trends, and respond to information requests.

BASIS FOR MEASUREMENT

The Board needs the ability to statistically quantify change impact or propose a success measure to evaluate a new change. Currently the board does not have the data, functionality, or flexibility to analyze the effect of the improvements on total process time. As a result, there is no statistical way to quantify the effect of a change or to propose a measure of success to evaluate a new change.

To prepare this FSR, five years of CAS data for 36,982 complaints was analyzed to provide a measurement basis for the improvements expected when CRIMS is implemented .

FY 2005-06 is being used for the base year for measurement since it is far back enough to have 93% of all filed complaints resolved and it is recent enough to be relative to the current processing environment.

THE BOARD CANNOT TRACK ELAPSED TIME SPENT PER COMPLAINT

There is no timekeeping function that captures time spent on complaint by Enforcement staff, therefore, total time CU analyst and FO investigator work on a case is not available for analysis. Neither the CAS nor the Investigation Activity Report (IAR) contains complete data for true measurements of complaint processing. An integrated timekeeping function is needed by the Board for accurate reporting to the Board, Department and Legislature.

WAITING PERIODS

Processing complaints requires several “waiting periods” for items requested to be received in the mail from the complainant, patient, treatment facilities, the licensee, other treating physicians and other government agencies. There is also a dependency between types of documents needed and when possible there are simultaneous requests pending for items on a complaint. CAS does not provide any automated tracking for items due regarding the complaint. There is no automatic prompt to notify users that an action is needed or pending. The staff in CCU each have an average of 80 cases assigned, and each analyst uses a manual tickler file method for tracking items due. Please note that it is possible to have a total of 267 days total spent in a waiting state if items requested are not received until the end of the second waiting period.

Type of Request	1st Wait Period	2nd Wait Period
Addl. Information from Complainant	21	21
Medical Records Release	21	14
Subject Response	21	na
Medical Consultant	60	60
Request Medical Records	21	14
Additional Information from Subject	14	na

It should also be noted that the waiting periods also apply again when the complaint is referred to the field office for investigation; the Investigators working the complaint also do not have an automated notification of items upcoming, due or past due.

REPORTING CAPABILITIES

The current CAS system provides 67 Enforcement reports used during the past year. 16 of the used reports are produced monthly and 51 are used on an as-needed basis. The Board requires specialized reports that the ISB Programming staff must create and run. These specialized reports usually require a first report on the CAS data integrity. If the CAS data needs to be corrected, ISB staff contacts the users to correct the data (i.e., wrong dates, wrong codes, and wrong order in application of codes). Then the programmer reruns the job to obtain the accurate report. ISB staff spends an average of 500 hours per year on CAS data integrity and 650 hours per year creating and programming the special reports. See Attachment B, *Standard Reports*, for details of the CAS system menu reports used by the Board.

INACCURATE AND INCOMPLETE DATA

The Board does not have sufficient data input editors to ensure correct and complete data validation during the complaint data gathering process. An example of inaccurate data is when a complaint with a "request records" date later than the "received records" date. An example of incomplete data is a "received date" that has no matching "request" date. In both cases the data cannot be used during analysis and the analyst/investigator must take additional time to peruse the physical complaint folder and determine what has happened.

In analyzing gap data for this FSR (measurement of time spent processing), an average of 62% of the complaints that had gap data could not be used because the start and stop dates for the activities examined were either unavailable or unusable.

CAS does not maintain a history file of changes made to each field on a record. The complaint data can be changed by an authorized user and no history is kept. There are insufficient checks on action codes applied to ensure they are posted in correct business process order.

The Board should complete its analysis and investigation for a complaint within 365 days. During FYs 2003-04 through 2007-08, 41% of all complaints resolved in the FO took more than 365 days to close and 27% of all complaints resolved in the AG exceeded the 365-day limit for the Board's investigation prior to being referred to the AG.

As of February 22, 2008, 7144 (93%) of the 7669 complaints filed with the Board in FY 2005-06 were closed. Of the 7144 closed complaints, a total of 5220 were closed "without merit" as follows:

Final Disposition	Total number of complaints	Average Days to Process	Max Days to Process
Insufficient Evidence	858	244	886
No Violation	2,749	93	931
Not Within The Jurisdiction Of The Board	651	31	374
Referred To Another Agency	962	10	281
Total	5,220		

Note that the Max Days to Process the complaint are more than 100 times the average. The 962 complaints that the Board “referred to another agency” take from an average of 10 to a maximum of 281 days to process.

The Board does not currently have an on-line adaptive complaint-screening tool. Thus, at least 900 complaints annually are delayed between 15 and 20 days. For example, when the board requests a signed medical records release document, it currently takes about 15-19 days to receive the records.

The Board cannot capture multiple reasons an action is needed on a single complaint. The analyst must pick one, while many apply, CAS currently can only apply one. The Board cannot track multiple violations stored in free-form text without special programming. The Board cannot report on multiple violations and subsequent actions taken without opening multiple complaints for the same case.

Currently, a complaint is tagged with one type of reason for an action even when it has multiples. The information about any other type of action is stored in text fields on the record. Only the “tagged” type is counted in the Annual Report. In addition, because the other violations are in free-form text on the Complaint record, there is no guarantee that you would be able to find them even with a text search.

INACCESSIBLE DATA

The Board cannot access all complaint-related documents in a centrally located system. The Board cannot access all complaint-related documents electronically. Most of the information necessary to process a complaint is not stored in CAS. The only complete file for a complaint is the paper file.

PROCESS DELAYS

The Board cannot measure Enforcement processing delays. The Board’s current process is not tracked electronically start to finish. Process elapsed time cannot be measured due to incomplete/inaccurate data entry. Five years of data for twelve “external” activities (e.g. Request for Records, Subpoena for Records, etc.) was analyzed.

The analysis calculated the average elapsed days (gap) to complete each activity. While, the delays associated with these activities have an effect on the total time it takes to process a complaint, it is difficult to say how much of an effect. For the most part, during complaint analysis and investigation, less than 30% of complaints recorded these activities and, when calculated, the average elapsed times appear reasonable. In addition, an overall average of 62% of complaints with some gap information (request/receive dates) could not be used because the start and stop dates for the activities examined were either unavailable or unusable.

The Board cannot enforce data entry validations without affecting another Board or Bureau data entry business impact. The Board cannot enforce data accuracy because it cannot define data edits without affecting another board or bureau.

Complaints record the start and stop dates for all events that occur. For example, if a complaint requires a medical consultant review, the Enforcement Program will document the date that the appropriate records have been sent to the consultant for review. When the consultant completes the review, the complaint is updated with the date completed. These “start and stop” dates are necessary to track the current complaint status and also to evaluate the processing delay caused by the event. The CAS system does not validate the dates entered. The elapsed time for many of the events cannot be measured because the start and stop dates are either incomplete or incorrect. This problem is discussed above.

The Board cannot get an automatically calculated elapsed time when multiple start and stop date occur per complaint. There is an additional problem when a complaint has more than one occurrence of the same event type. In this case, even when there are the same number of start and end dates, there is no automatic method to match a start date with the corresponding end date. As a result, the elapsed time for the events cannot be calculated or evaluated.

The Board cannot determine the accurate elapsed time when a complaint has multiple open and closed dates as the timeline is lost due to the processing rules applied. A closed complaint is sometimes re-opened and it can be closed and re-opened multiple times. In the current method, when a complaint is re-opened, two timelines exist on the record. The two timelines include the dates for the complaint as closed and the dates for the re-opened complaint. Both timelines are maintained on the same complaint record and it is very difficult to report on and evaluate elapsed time data. These complaints require special processing and programming for both inquiry and reporting.

3.3 Business Objectives

The Board recognizes that the above problems identify that the existing system architecture, logic, and system design no longer supports the Board’s Enforcement Program needs. The primary reason that the system remains useful is due to the experience, dedication, and expertise of the existing Enforcement Program staff. Therefore, the Board has prioritized the following Business objectives that when

achieved, will improve the effectiveness and efficiency of the Enforcement Program's complaint resolution process:

1. Increase the Effectiveness of the Complaint Resolution Process
2. Increase the Efficiency of the Complaint Resolution Process
3. Improve Data Quality and Usability
4. Improve Access to Complaint Information
5. Improve Access to and Availability of Management Information
6. Ensure Standardized, Consistent use of Board Enforcement Processes
7. Allow expansion to include additional enforcement processes without re-programming, when and if necessary

3.4 Functional Requirements

The table below identifies the relationships between the anticipated program improvements and the Business Objectives they support. In Attachment A, *Functional Requirements*, each of the 141 Functional Requirements identifies those Program Improvements it is designed to support and, also, whether the existing Enforcement system can meet the requirement.

The overriding need for the proposed CRIMS system is to provide Enforcement staff and management with the automation necessary to manage and execute the processes and data necessary to resolve complaints expeditiously and consistently. A system that meets the functional requirements as stated should provide that automation. The Basic System Requirements identify that the CRIMS system should be built on a commercially available core solution that already functions as a case management system and to which modifications will be added to meet all of the Board's needs. The best practices in case management will already be in the system.

	Enforcement Program Improvement	RELATED OBJECTIVE
A	Ensure access to all relevant data	<ul style="list-style-type: none"> <i>1 Increase the Effectiveness of the Complaint Resolution Process</i> <i>2 Increase the Efficiency of the Complaint Resolution Process</i> <i>3 Improve Data Quality and Usability</i> <i>4 Improve Access to Complaint Information</i> <i>5 Improve Access to and Availability of Management Information</i>
B	Reduce manual processes	<ul style="list-style-type: none"> <i>2 Increase the Efficiency of the Complaint Resolution Process</i> <i>3 Improve Data Quality and Usability</i> <i>4 Improve Access to Complaint Information</i> <i>5 Improve Access to and Availability of Management Information</i> <i>6 Ensure Standardized, Consistent use of Current Enforcement Processes</i>
C	Increase system's ability to accept electronic data and documents from all parties related to complaint	<ul style="list-style-type: none"> <i>2 Increase the Efficiency of the Complaint Resolution Process</i> <i>3 Improve Data Quality and Usability</i>
D	Ensure appropriate response is provided to all parties related to a complaint	<ul style="list-style-type: none"> <i>4 Improve Access to Complaint Information</i> <i>6 Ensure Standardized, Consistent use of Current Enforcement Processes</i>
E	Facilitate access to complaint-related information	<ul style="list-style-type: none"> <i>4 Improve Access to Complaint Information</i>
F	Improve data integrity and accuracy	<ul style="list-style-type: none"> <i>3. Improve Data Quality and Usability</i>
G	Increase standardization and consistency among existing processes and outputs	<ul style="list-style-type: none"> <i>3 Improve Data Quality and Usability</i> <i>6 Ensure Standardized, Consistent use of Current Enforcement Processes</i>
H	Enable useful, accurate and timely reporting of data	<ul style="list-style-type: none"> <i>1 Increase the Effectiveness of the Complaint Resolution Process</i> <i>2 Increase the Efficiency of the Complaint Resolution Process</i> <i>5 Improve Access to and Availability of Management Information</i>
I	Provide sufficient security and privacy safeguards	<ul style="list-style-type: none"> <i>3 Improve Data Quality and Usability</i> <i>4 Improve Access to Complaint Information</i>
J	Ensure Board users outside of the Enforcement Program have easy and ready access to most current data	<ul style="list-style-type: none"> <i>3 Improve Data Quality and Usability</i> <i>4 Improve Access to Complaint Information</i> <i>5 Improve Access to and Availability of Management Information</i>
K	Automatically produce standard reports	<ul style="list-style-type: none"> <i>4 Improve Access to Complaint Information</i> <i>5 Improve Access to and Availability of Management Information</i>
L	Identify trends in errors of data input or decision-making	<ul style="list-style-type: none"> <i>1 Increase the Effectiveness of the Complaint Resolution Process</i> <i>6 Ensure Standardized, Consistent use of Current Enforcement Processes</i>

Note: A more extensive and detailed set of requirements will be included in procurement documents issued for CRIMS. Each requirement will be identified as absolutely essential or just desirable and the importance of each requirement will also be identified.

4.0 Baseline Analysis

The purpose of this section is to provide a clear understanding of the current technical environment that supports the Enforcement Program. Section 3 describes the deficiencies of the Enforcement System within the current Consumer Affairs System (CAS) that compel the Board's need for a new Complaint Resolution Management Information System (CRIMS).

4.1 Current Method

The DCA developed the Consumer Affairs System (CAS) in the 1980s using ADABAS/Natural to provide licensing, cashiering, and enforcement support for DCA organizations. Currently the Board maintains its core enforcement data in CAS. In addition, the Board has developed various automated and manual systems to provide the functionality that is not available in CAS. Problems with the current system are discussed in Section 3 of this FSR.

The current technical environment consists of CAS and a patchwork of separate systems. CAS is supported by DCA while various ancillary systems (e.g., free-standing mail merge files, spreadsheets, and small databases that mostly manually interface with the other systems) are maintained as stand-alone applications by the Board's Information Systems Branch (ISB) and/or the individual Enforcement Program units that require them. These systems contain overlapping, redundant, and unsynchronized data. Exhibit 4-1 details additional automated systems which the Board uses to support the Enforcement Program.

Exhibit 4-1 Additional Automated Systems Related to CAS Enforcement

Systems	Purpose	Data Source	Data Used	Current Data Capture Method(s)
Supporting Systems				
Penalty Relief Petition Database	Track petitioners requesting reinstatement and early termination of Probation or modification of Probation conditions	Written request from Subject to DCU	Name, SSN, Address, Dates (assigned, due, background received, hearing) Petition File number (CAS complaint number), Case Due Date, Hearing Date	Received by DCU and Entered as a complaint on CAS Request is tracked in both this Database and CAS
805 Database	Tracks cases reported to the Board on the Health Facility/Peer Review Reporting Form (805 Form) and keeps track of the details of the cases by subject and reporting entity	Manual 805 report	Facility name, license number, date received, report entity, subject/licentiate, license number, actions	Received by CCU and entered as a complaint on CAS Request is tracked in both this Database and CAS

Systems	Purpose	Data Source	Data Used	Current Data Capture Method(s)
Hot Sheet Database	Used to store address of entities that want a hard copy of the Board's Hot Sheet (lists accusations and decisions for a specific timeframe)	Written request for receipt of the Hot Sheet	Organization information, e.g. organization type, name, and address	Mailing information is keyed into database Used for mailing labels
Criminal Activity Reporting System (CARS)	FO application used to track criminal actions taken against physicians and podiatrists by the Medical Board or other agencies	FO investigators complete a hard-copy document	Subject name, case number, Disposition, Arrest, Warrant, and Violations. Also identifies the Agencies, District Offices and Investigators related to the case and relevant dates	Key into CARS database
CCICU Case Log	Tracks the disposition of complaints given to medical consultants for review and tracks time and money spent on each case.	CCU staff manually prepare data for entry	Complaint number, type, CCU agent, medical consultants (name, medical specialty, complaints assigned) and relative dates	Manual Key entry on a CCICU entry screen
Exhibits Log Database	Tracks exhibits related to complaints	DCU staff manually prepare data for entry	Exhibit name, case number (complaint number), description and related dates	Manual Key entry
Medical Experts Database (MEDEX)	Provides FO with information to select an appropriate medical expert to review a complaint	FO entry – CAS complaint number is used to identify case	Expert name, license, education, specialty, sub-specialty, location, details of current and ME performance reviewing prior complaints	Key entry
Investigation Activity Reporting (IAR) Database	Captures FO investigator time and assignment data for complaints	Investigator	Investigator name, complaint number, activity performed, time spent on activity	FO investigator Key Entry
Public Disclosure Database	Process to update Public Disclosure records with enforcement information that can be publicly disclosed	DCU/CCU analyst entry through CAS Enforcement system 3270 screen	CAS enforcement data and CAS license data	Board analyst gains access to related enforcement information and enters (adds) the public disclosure information. The public disclosure information is exported to an Oracle "Public Disclosure" database and then to a WEB application
On-Demand Letters	Automated process to produce form letters using CAS data	CAS	Depends on Letter	On-Demand function developed with EntireX.
Hot Sheet Data	DCU manager compiles data	For the Board - data is read from hardcopy CAS report Other Boards/ Commissions also report data for the Hot Sheet	Licensee name, license number, city, state, action date, action taken	Information is keyed into a word document.

Systems	Purpose	Data Source	Data Used	Current Data Capture Method(s)
Vertical Enforcement	Provide a search capability (by last name or business name) for complaints and provide WEB display of information and activity for a complaint	CAS Enforcement System	Complaint information and dates	Front ends the CAS Database. Developed using .NET and EntireX
CAS Enforcement uses Data From				
CAS Licensing System	On-line process to retrieve license information for use in CAS to initiate a complaint	Licensing database	Licensee name, license number, license status, and current address	Licensing transaction populates an enforcement entry screen
CAS Licensing System	Batch process to update licensee name and address on enforcement record	Licensing database	License number and information to be updated	Batch data update
CAS Enforcement Provides Data To				
AdHoc (Oracle)	Produce simple ad-hoc reports from Enforcement Data	CAS Extract	CAS Licensing and Enforcement data	CAS Extract used to re-create DCA's AdHoc database
Disc Image	Imaging System for Licensing & Enforcement documents	Extract from CAS Licensing & Enforcement	Imported into Disc Image to populate Indexing fields	Extract
Malpractice Database	Tracks Physician malpractice complaints and settlements after CCU has created a complaint for the settlement. (data to create complaint comes from Insurance company settlement reports)	CAS extract data is used to add complaint data to the database	Physician/Provider name, license number, complaint number, specialty, Insurer/Public Entity, settlement amount and related dates	CAS extract is loaded into the database and other data is keyed from the settlement report
Web Job	Extract of all CAS Enforcement & Licensing data	CAS Licensing & Enforcement	Provided to healthcare partners	Extract, Manipulation to remove confidential elements

CAS runs on a mainframe housed at the Department of Technology Services (DTS). The Board's internal users connect to CAS using QWS 3270 emulation software, version 4.3.2. In order to support the Boards and Commissions, CAS provides generic menus and screens which require Board specific user manuals for proper use. DCA provides technical support which is limited to maintenance of the CAS application and database, Monday thru Friday, 8:00 a.m. to 5:00 p.m.

DCA has primary support responsibility for CAS and provides system logon, database, and application security. In addition, DCA is responsible for CAS operational recovery planning. DTS has primary responsibility to support the hardware, operating system, database backups, upgrades and restorations.

The Board ISB Unit has four Help Desk Support staff, four network staff, five programming staff (one of which is dedicated to Web site administration), two CAS

support staff, who are managed by one data processing manager to support the Board's IT systems.

Currently CAS information can be viewed by authorized Board personnel and the additional access to enter data is restricted. Exhibit 4-2 Details CAS Enforcement Functions available for the Board's Enforcement Program and the Board's current use of these functions.

Exhibit 4-2 DCA Enforcement Functions Supported by CAS

Enforcement Functions in CAS	The Board's Use of Available Functions for Enforcement
Monitor Complaint	<p><i>Function is used by the Board</i></p> <ul style="list-style-type: none"> • Data is entered and monitored by the Central Complaint Unit (CCU) staff and supervisors • Occasionally Discipline Coordination Unit (DCU) staff will enter Complaint data • Data is entered by FO supervisors
Monitor Disciplinary Case	<p><i>Function is used by the Board</i></p> <ul style="list-style-type: none"> • Data is entered by DCU staff
Monitor Citations	<p><i>Function is used by the Board</i></p> <ul style="list-style-type: none"> • Data is entered by CCU staff
Monitor Penalty/Probation	<p><i>Function is used by the Board</i></p> <ul style="list-style-type: none"> • Data is entered by Probation Unit Management and DCU staff
Monitor Site Inspection	<p><i>Function is not used</i></p>
Maintain History of Undercover Run	<p><i>Function is not used</i></p>
Monitor Investigation Information	<p><i>Function is used by the Board</i></p> <ul style="list-style-type: none"> • Data is entered and monitored by Field Office (FO) supervisors only
Provide Enforcement Reports	<p><i>Some Enforcement reports are produced by CAS.</i></p> <ul style="list-style-type: none"> • CAS provides standardized reports that are either produced automatically by CAS or requested individually by authorized Board personnel <p>Other Enforcement Reports are produced in the following manner:</p> <ul style="list-style-type: none"> • DCA's AdHoc system (Oracle based) contains data extracted from CAS and is occasionally used in the Enforcement Program. • ISB's IAR system produces caseload and activity reports for the FO and Probation Unit staff. • Specialized reports are produced, on request, by ISB development staff using Natural to directly read the CAS database.

Enforcement Functions in CAS	The Board's Use of Available Functions for Enforcement
Provide Time Accounting	<i>Function is not used</i> IAR is available for use by Probation and FO
Create Enforcement Letters	<i>Function is used by the Board</i> The Board uses this function to automatically produce letters which use data extracted from CAS based on the Complaint ID and the type of letter requested. This function also creates the appropriate transaction code and posts it to the CAS complaint record.

4.2 Technical Environment

The Board's Information Systems Branch includes four units: Network Support, Vertical Enforcement/CAS (VE/CAS) Support, Help Desk, and Application Development and Support. See Section 6, Exhibit 6-2 for current staffing. Exhibit 4-3 identifies the ISB units' activities and responsibilities.

Exhibit 4-3 ISB Activities and Responsibilities

Activity	Responsible Unit
Support a wide area network (WAN), to connect 12 field offices located throughout the State of California with access to mission critical systems, e-mail, Internet, and data transfers.	Network
Support a local area network (LAN) in the Headquarters site in Sacramento.	Network
Support external web server (DMZ).	Network
Maintain firewall, twenty four (24) Novell servers, four (4) Windows 2000 Server, three (3) Microsoft SQL servers, an SAA gateway, E-mail and file service, spam filters, applications, standard development platform, tape back-up system, Cisco 2851, 2811 and 2611 switches in each of 12 field offices.	Network
Establish and maintain network software parameters (security authorization tables, network definitions, and file access tables).	Network
Provide hardware and network support for 12 field offices located throughout the State of California.	Network
Administer electronic mail, calendaring and other office automation functions through a Novell network and GroupWise email (email migration to Microsoft Exchange planning underway).	Network
Support the Board's users of approximately 420 PCs and laptops located throughout the State of California. Install/Replace computers and peripheral devices. Configure printers. Resolve user problems. Deliver specialized IT system training.	Help Desk
Support the Board's critical databases including design, maintenance, and security.	All Units
Design, develop and maintain an enterprise architecture that ensures the effective use of systems and networks, standard software and hardware, and common processes and techniques.	All Units

Activity	Responsible Unit
Safeguard the integrity and security of software and data from access by unauthorized persons.	Network
Monitor, document, and control software and hardware changes.	Network and Help Desk
Provide mailing labels, lists, and data (non-confidential) on various media upon request.	Help Desk
Implement and manage hardware and software solutions to provide authorized access to the Board's systems and data.	Network
Application Services	
Design, develop and support the Board's web site	Application Development/Support
Design, develop and maintain mainframe, web, and client-server applications.	Application Development/Support
Design, develop and maintain the license verification system (LVS) that allows the public and health care institutions to verify licenses and specific license information through the Board's public WEB page.	Application Development/Support
Support the software, hardware and network necessary for Board's Document Imaging System (DISC Image).	Application Development/Support Network
Policy and Administration	
Ensure the Board's plans for and uses of IT are closely aligned with its business strategies.	ISB Manager
Define and enforce quality assurance practices and techniques for all project and procurement activities.	ISB Manager
Develop and manage the ISB budget	ISB Manager
Develop and manage vendor contracts.	ISB Manager
Establish and implement a Software Management Plan which ensures current licenses for all installed hardware and software.	ISB Manager Network
Serve as principle liaison between the Board and DCA and the Office of the Chief Information Officer (OCIO).	ISB Manager
Develop and manage Purchase Orders, Feasibility Study Reports, Budget Change Proposals, Special Project Reports, and Post Implementation Evaluation Reports.	ISB Manager
Develop and implement operational plans including the Board's Business Continuity Plan, Operational Recovery Plan, and Continuance of Operations/Continuance of Government Plan.	ISB Manager Help Desk
Establish and maintain policies and procedures as they relate to the project management methodology in SIMMS	ISB Manager
Develop and implement the Board's Strategic Plan for Information Technology.	ISB Manager
Assist the Board's program staff in defining business information needs and prioritizing service requests.	All Units
Identify opportunities to improve program operations through strategic uses of IT	ISB Manager
Coordinate all activities and service requests with DTS and other service providers.	ISB Manager
Other Activities	

Activity	Responsible Unit
Research, plan, prototype, evaluate, benchmark, and implement new communications and networking technologies.	Network
Help Desk and PC Technical Support	Help Desk

4.3 Existing Infrastructure and Board Standards

This section describes the current technical environment at the Board.

4.3.1 Desktop Workstation

Exhibit 4-4 displays the typical workstation hardware configuration for staff at the Board. Exhibit 4-5 displays the typical workstation software configuration for staff at the Board. Exhibit 4-6 identifies additional workstation software.

Exhibit 4-4 PC Hardware Configuration

HARDWARE CONFIGURATION
Pentium 4, 3.2 GHz
1 GIG RAM
80 GIG HD
DVD/CD R/W
17 Flat Panel Display

Exhibit 4-5 PC Software Configuration

SOFTWARE CONFIGURATION
Microsoft Windows XP SP2
Novell Client 4.91
Novell GroupWise Client 7.0
Microsoft Office 2003 SP2
WordPerfect 12 SP2
VNC 4.1.2
McAfee Virus Scan 8.5
QWS3270 Emulation Software 4.3.2
Windows Media Player v.11
Windows Internet Explorer v7.0.5

Exhibit 4-6 Additional PC Software

Additional PC SOFTWARE Supported
Adobe Acrobat PRO v 6 & 7 & 8
Adobe Pagemaker v7
Adobe Photo Shop v6
OmniPage v10
Dreamweaver v4
FoxPro v7
Visual FoxPro v6
GASP v6
Microsoft Project 2000
QuickBooks 2002 v10
Roxio v 7 & 8
Teleport PRO v7
Visio 2002 v10
WinZip v9
WF-FTP Professional v9

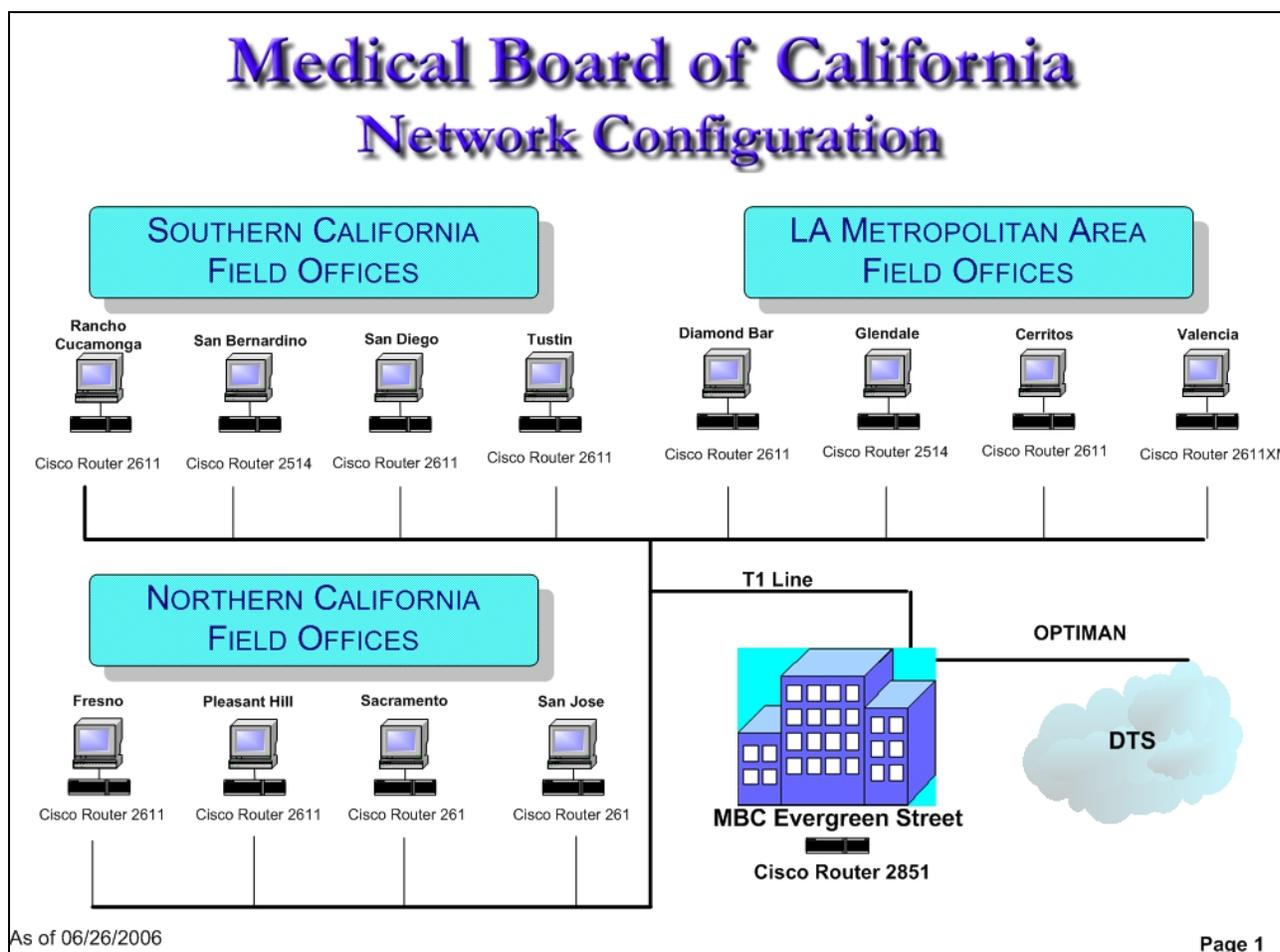
Printers

The Board printers are networked using Novell iPrint v. 4.30. Personal printers are connected directly to the PC and are not shared. Network printers include HP models 4250, HP 5000 and HP 4700dn.

4.3.2 Network

The LAN and WAN is achieved using Novell (version 6.5. sp.7) networking, including firewall, proxy services, file and printing as well as email. The communication speed of the workstations is set to 100 MB and the switches and 12 of 24 servers are set to one gigabit, with the remainder servers at 100 MB. The district office servers are set to 100 MB as are the workstations and switches. Please see Exhibit 4-7, Medical Board Network Configuration, for details on field office locations and routing of Board network.

Exhibit 4-7 Medical Board Network Configuration



4.3.3 Application Development Software Standards

Exhibit 4-8 provides the Board’s current Application Development Software. Exhibit 4-9 provides the list of databases used by the current Board applications.

Exhibit 4-8 Application Development Software

Item	Description
Application Development Software	Natural 4.1.2
	Microsoft Visual Studio 2003
Web Application Development Software	DreamWeaver v. 7
	Microsoft Visual Studio 2003
	HTML
	AJAX
Web Application Communication Software	EntireX 7.2.1

Exhibit 4-9 Application Development Databases

Item	Description
Databases	ADABAS v. 7.4.3
	Microsoft Access 2003
	Microsoft SQL Server 2003 for Applications
	Microsoft SQL Server 2005 for Blackberry

4.3.5 Web Server Standards

The Board utilizes Microsoft server products for Blackberry and Web Applications. Exhibit 4-10 lists the versions of the Microsoft products in use.

Exhibit 4-10 Microsoft Web Servers

Item	Description
Microsoft 2000 Advanced Server	Web Applications
Microsoft 2003 Standard Server	Blackberry Phones

4.3.6 Backup Standards

The Board utilizes two separate backup tape libraries to support Headquarters servers. Exhibit 4-11 lists the products used for backup.

Exhibit 4-11 Backup Software

Item	Description
ArcServe v.11	All Novell Servers
Veritas v. 10 & 11	All Microsoft Servers

5.0 Proposed Solution

This FSR proposes to acquire a web-based Commercial-Off-The-Shelf (COTS) case management software solution with vendor modifications to meet the functional requirements identified in Section 3 of this FSR.

The following three approaches were considered as viable alternatives to meet the Board’s business objectives and functional requirements:

- Modifiable Commercial-Off-The-Shelf (COTS) in which the vendor installs, configures, and modifies an existing commercially available case management system
- Modify existing CAS application in which the Board develops a new version of the application with a new database separate from the Department.
- Application Development in which the vendor and/or the Board develops a custom solution

Exhibit 5-1 identifies the traits generally associated with each type of approach.

Exhibit 5-1 Traits of Each Approach

TRAIT	Modifiable COTS	CAS Enhanced	APP DEV
Meets Business Requirements	Meets most requirements	Meets some requirements	Meets all business requirements
Flexibility	Very flexible to changes	Least flexible to add all enhancements requested due to version of Adabas.	Very flexible to changes
Cost	Tends to have the moderate overall cost	Tends to have a higher overall cost	Tends to have the highest overall cost
Time to Develop and Deploy	Moderate time to develop modifications and deploy	Longer time to develop and deploy	Longest time to develop and deploy
Risk	Low risk since modifying an existing, commercially available solution	Moderate risk due to length of time and resources required	Highest risk since creating with no existing functionality`
Maintenance/Support	Moderate Cost	Moderate Cost	Moderate Cost

Several software vendors offer COTS solutions for complaint case management. However, the Board anticipates that any existing COTS system will need modifications to meet the Board's unique requirements. By requiring a commercially available COTS system as the basis for the CRIMS system, the Board anticipates that the proposed modifiable COTS alternative will:

- Provide increased efficiency as a result of best practices already implemented in the base COTS application
- Be the most cost effective solution, and
- Minimize development risks

5.1 Proposed Solution Description

The proposed solution for the Board involves redirecting the use of the current CAS Enforcement System with a modifiable COTS case management solution in which the vendor installs, configures, and modifies to meet the Board's business requirements. This solution provides the best value to the Board and State by meeting the business and technical requirements (identified in Section 3 and Attachment A of this FSR) in the most cost-efficient manner.

To further describe the proposed solution, each activity of the project is addressed separately in Section 6. Exhibit 6-7 in Section 6 of this FSR identifies the proposed project schedule.

Upon review of the potential alternatives for the Board, the only viable solution requires customization of a COTS application. With several vendors capable of providing the major case management functions required by the Board, the decision to choose a modified COTS application becomes the most logical alternative. In addition, few vendors support a Natural/ADABAS platform, which strengthens the argument that the Board needs to pursue an acquisition that supports its mission-critical program. Purchasing a COTS application and customizing it to the needs of the Board will:

- Meet the Complaint Case Management technical and functional requirements
- Improve customer service capability
- Enable data exchange with external stakeholders and other State agencies and the general public
- Gain the vendor's experience with complaint case management systems
- The COTS application will be maintained by the vendor which will minimize the Board's technological risk and provide the opportunity for vendor added functionality in the future (in functional requirements)
- Selected vendor will provide COTS application training and documentation

The timing of each component of the proposed solution is of critical importance. The Board plans to use the first year of the project to hire the CRIMS project manager and the IPOC and IV&V vendors to develop the RFP. The Board plans to use year two of the project for the RFP process and select the winning vendor. In the third year, the vendor contract will be awarded, CAS data migrated and the application implemented.

Step 1. Requirements and RFP Development

The procurement process will be initiated in July 2009 when the new ISB project manager is hired. Development of an RFP will begin with solicitation and selection of qualified contractors to provide procurement assistance and coordination with the Department of General Services (DGS).

Seven Internal Board staff, with intimate knowledge of the enforcement process, will be available throughout RFP development. The project management team will coordinate procurement activities. Requirements for the new system will be detailed in the RFP and the RFP document will be developed and issued to the vendor community. Details on staffing requirements can be found later in this section, and the costs associated with this phase are detailed in the Economic Analysis Worksheets. The major accomplishments of this step are summarized in Exhibit 5-2.

Exhibit 5-2 Summary of Step 1 Accomplishments

1	Hire independent IPOC and IV&V vendors to assist in the assessment and review of the RFP
2	Define and document functional, technical, and implementation requirements
3	Develop Detailed Project Schedule
4	Complete the RFP, obtain all RFP reviews, and finalize and release the RFP

Step 2. Vendor Selection and Project Planning

Proposals will be reviewed and scored in accordance with evaluation criteria defined by the project team. The Board will select the vendor that best meets the RFP requirements and provides the best value to the State.

Using the requirements stipulated in the RFP, project planning activities will focus on identifying and securing the required resources and time commitments for the project. The COTS vendor will be responsible for gaining a deep understanding of the Board processes and procedures so that system modifications can be performed. The requirements will include hardware procurement, infrastructure changes, define and develop connectivity to other systems, conversion of data, testing, development and the solution implementation.

Interfaces with other applications will be identified and defined in this phase. The major accomplishments of this step are summarized in Exhibit 5-3.

Exhibit 5-3 Summary of Step 2 Accomplishments

1	RFP responses evaluated and COTS vendor selected
2	Vendor contract prepared and awarded. The contract will identify all resource and time requirements and a detailed project schedule (including customization schedule).
3	Core system is installed and demonstrated.

Step 3. Design, Development and System Testing

System Design activities will be conducted and customization of the application will follow. Based on best practices and recent PUC experience, the Board estimates that this process will require eight months to complete.

Development

Using the requirements during the RFP process, the selected vendor will work with Board staff to define detailed specifications for the new enterprise system. User interface design, workflow, data elements and detailed functionality will be identified and documented to facilitate development. Once the design of the system has been sufficiently documented and approved by the Board, the COTS vendor will develop the modifications for the CRIMS system.

Data Conversion

Data conversion will potentially be the most time-intensive activity during this step and imposes the greatest risk to the schedule. Normalization of the data, conversion and migration to new system will be required. The COTS vendor will provide data conversion tools and will perform the conversion activity.

Testing

Testing of the CRIMS system will begin at headquarters and will include unit, load and performance testing and any other testing procedures recommended by the COTS vendor. A comprehensive test plan and detailed test scripts will be required deliverables that must be provided by the COTS vendor to the Board for approval.

Training

ISB staff will be trained by the vendor throughout this project phase. Enforcement staff will also be trained on the new system. End-user training will be performed using the “train the trainer” model. The major accomplishments of this step are summarized in Exhibit 5-4.

Exhibit 5-4 Summary of Step 3 Accomplishments

1	System design and customization to Board's requirements
2	Data conversion from the current CAS system to the new CRIMS
3	System testing in a development environment
4	Training of internal ISB staff and Enforcement staff by the COTS vendor
5	End-user training for staff conducted by the ISB & Enforcement staff

Step 4. System Deployment

Deployment will result in the Board users discontinuing the use of CAS. CRIMS system will be a Web-based system and internal staff will access the system from standard workstation browsers. The production database will be located on a server housed at DTS. Once the new CRIMS system has been activated, training sessions will continue as needed until the end users feel comfortable with the new system. The major accomplishments of this step are summarized in Exhibit 5-5.

Exhibit 5-5 Summary of Step 4 Accomplishments

1	All CAS Enforcement system users trained on CRIMS system
2	CRIMS system implemented in production environment(s)

5.1.1 Hardware

Conceptually, from market research it is the Board's belief that seven new dedicated servers will be needed to support the CRIMS application. Individual servers will be required to support the CRIMS Application/Standard Reports, Master Database, Ad Hoc Reports, Web, Internet Applications, Intranet Applications, and External Databases. The CRIMS servers will be housed at and maintained by the Department of Technology Services (DTS).

5.1.2 Software

Conceptually, it is the Board's belief that software for the proposed solution will consist of application development tools, the COTS solution and the database software as the starting point for the system design and development and database services.

- **Application development**—the vendor chosen to develop the proposed solution will define the development environment and specific products and programming language(s) used for the new CRIMS system (e.g., .Net, J2EE). The products and language(s) utilized should meet business needs and DTS standards and should provide the flexibility to react to legislative and business changes. Specific Board experience with the development environment and tools will be evaluation considerations in the selection of the vendor solution.
- **COTS solution**—the proposed solution will adhere to state policy for common product use and include case management functionality developed for use in a large, distributed office environment. The selected vendor, under the constraint of the functional and technical requirements, will determine specifics about the solution.

- **Database software**—the standard database software/operating system combinations that are available will be considered and weighed along with other system features in determining the best overall solution. Furthermore, database software will meet the Department and State's security and COTS policies. The Board plans to hire a database administrator (DBA) to manage the database solution. Data currently stored within CAS will be transferred to the new system.
- **Other software**—the Board does not anticipate additional software requirements at this time, however, the proposed solution may introduce additional software components into the Board environment (e.g., report writer software, etc).

5.1.3 Technical Platform

The Board intends to use hardware and software that is compatible with ISB and Board standards and meets the State Data Center guidelines. The preferred technical environment includes a web based solution based on .NET technology running on the Board's existing workstations (Windows operating system using Microsoft Internet Explorer with upgrades as necessary) and Microsoft servers. Application Data must reside on a database platform which is accessible with standard reporting software. The RFP will detail preferred and acceptable technical platforms and will identify how the proposed technology will affect the evaluation of the responses.

5.1.4 Development Approach

Refer to the Solution Description in Section 5.1 above for a description of the development approach.

5.1.5 Integration Issues

The Board realizes the importance and criticality of integration of the new CRIMS solution into its technical environment, which is described below.

Applications

The Board currently uses Microsoft Office, Novell GroupWise and other personal productivity applications on their PCs. The Board will upgrade email to Microsoft Exchange from GroupWise within the next year.

E-Mail

The selected modifiable COTS solution must be able to send e-mail interfacing with Microsoft Exchange.

Network

The Board currently has 13 sites running at T1 or better.

Project Management

The ISB Project Manager is responsible for managing the development, testing and deployment of the new CRIMS system. See Section 6 for detailed project management information.

5.1.6 Procurement Approach

The Board will use the state's Master Services Agreement (MSA) to select independent contractors (IPOC and IV&V) to provide procurement assistance, oversight, and communications with OCIO. Once the FSR is approved, the Board will prepare a complete Information Technology Procurement Plan (ITPP) for review and approval by the DGS.

5.1.7 Technical Interfaces

The board has identified the required interfaces to existing systems in Section 4, Exhibit 4-1. (Additional Board Developed Automated Systems Related to CAS Enforcement) and in Section 6, Exhibit 6-5 (Systems Impacted by CRIMS).

5.1.8 Testing Plan

The modifiable COTS vendor will be required to design, plan, execute, complete and document both unit and system testing. System testing will include load and performance testing to ensure that the implemented system can meet data volume and concurrent user requirements. Acceptance test plans will be developed by the COTS vendor, approved by the Board and jointly executed. Acceptance testing will include reliability, process flow, and functionality testing.

Resource Requirements

In addition to Enforcement Program subject matter experts, the proposed solution requires redirection of current ISB staff, plus the permanent addition of an Application Development Manager and a Data Base Administrator (DBA). Costs for all of the proposed resource requirements are detailed in the Economic Analysis Worksheets.

External Resources

- Procurement assistance with development of RFP documentation
- Independent reporting to oversight agencies
- COTS vendor solution to provide CRIMS solution

A summary of the external resources required for the proposed solution is listed below in Exhibit 5-6. Refer to the Economic Analysis Worksheets for cost information.

Exhibit 5-6 CRIMS External Resources Required

External Resources Required
IV&V Vendor
IPOC Vendor
COTS solution Vendor
COTS vendor Project Manager

Internal Resources

The following internal staffing resources are anticipated for the procurement, modification, and implementation of the proposed solution. Please see exhibit 5-7 for required internal project resources.

Exhibit 5-7 CRIMS Internal Project Resources

FY 2009-2010 (RFP)	FY 2010-2011 (RFP Approval Process)	FY 2011-2012 (Development-Production)	FY 2012-2013 (Ongoing)
1 Project/AD Manager (new)	same	same	same
1 Associate Programmer (existing)	same	2.5 Associate Programmer Analysts (existing)	2.0 Associate Programmer (existing)
		1 Staff Programmer Analyst - Data Base Administrator (new)	same
		1 Staff Information System Analyst (existing)	same
			1.0 Associate Information Systems Analyst- Help Desk Staff (existing)
Executive Steering Committee ¹	same	same	
Enforcement Subject Matter Experts ²	same	Enforcement Subject Matter Experts	

Additional permanent staffing is required in year one, year three and ongoing. Current staff will be redirected for both development and ongoing support. The involvement of ISB staff throughout the project will assist development efforts and stabilize ongoing support efforts.

5.1.9 ISB Training Plan

Training for this solution is a key component and is required throughout the duration of the project. ISB technical staff must be trained on usage and maintenance of the new COTS case management system. Technical training addresses development, maintenance and user administration skills to support the CRIMS. ISB staff training is required in two areas, which are identified in Exhibit 5-8. Training is required for all Board Enforcement staff prior to implementation.

¹ Steering Committee membership will include members from Enforcement management team.

² Enforcement Subject membership will be determined by Enforcement management team.

Exhibit 5-8 ISB Staff Training Needs

IT Staff Training Needs
COTS Solution System and Administration
“Train the Trainer” courses for COTS use for selected Board employees

End-user training will be provided for Board staff. Selected Enforcement Program staff from each of the Board District Offices, and staff members at Board headquarters, will attend “train the trainer” courses to familiarize them with the new CRIMS system. These employees will in turn train all end users throughout the Board on the new CRIMS system. Training is required and will be provided immediately prior to the final COTS system deployment to improve information retention. Training will be conducted at Board Headquarters and at District Offices. The CRIMS system on-line help facilities and built in processing rules will be used (to the maximum possible) in the training leveraged to the maximum possible.

5.1.10 Ongoing Maintenance

The proposed solution requires ongoing maintenance of the COTS application by the vendor. Annual maintenance costs for the tier COTS solutions range from 12 to 18 percent of the implementation costs, including software licenses and services. This FSR based upon a conceptual model proposes a 17 percent annual maintenance cost of the purchase price. DTS will maintain the CRIMS Database and the Board’s ISB staff will provide support for the data base management functions.

5.1.11 Information Security

The Board’s enforcement data is confidential and will be protected with the level of data security set forth by State and Department policies. Firewall administration by ISB staff will adhere to the State and Department policies.

5.1.12 Confidentiality

The proposed CRIMS case management system will contain confidential data elements and will reside on dedicated servers. Consequently, the proposed system will be configured to ensure maximum confidentiality for all elements. Information confidentiality will be in compliance with California government standards for eGovernment applications. CRIMS security will follow the State and Department’s policies and include a user identification and password system as well as encryption and authentication of origin of transmission.

The system will be physically secure, with full backup and recovery procedures (recovery within four hours; backups going back for 30 days). Suitable hardware and software support will be used to ensure quick turn-around in the event of system outages. Password protection, audit trail, and an intrusion detection mechanism will be included within the vendor solution, as appropriate, to provide CRIMS with maximum data security.

5.1.13 Impact on End Users

The proposed system will impact all Board Enforcement Program staff, as well as the Board of Podiatric Medicine, Physician Assistant Committee and Board of Psychology as cases are investigated by the Board's Enforcement staff. The Board will work with the Department of Consumer Affairs to allow access into the Board's CRIMS system as needed from the Boards listed above. Additionally, the Board's Licensing analysts are required to review enforcement information prior to licensing a physician.

Training sessions will be conducted just prior to the implementation of the new system so that the users can go from training to using the system. Trainers will be available in each unit/office to assist end users.

Help Desk and ISB staff will also be trained and available to assist with the many questions that will come up for the end users.

The transition period may impact the workload for 30 - 90 days as the new system becomes familiar.

5.1.14 Impact on Existing Systems

Existing systems were reviewed to determine their dependency on the CAS Enforcement system. CRIMS will include, provide a data extract for, or provide an interface to/for those systems that have been identified as impacted by the CRIMS project. See Section 4, Exhibit 4-1 Additional Board Developed Automated Systems Related to CAS Enforcement and Section 6, Exhibit 6-5 Systems Impacted by CRIMS for more detailed information.

5.1.15 Consistency with Overall Strategies

The selection of a COTS case management system meets the Board's overall strategies and addresses many problem areas identified in the November 2005 Final Report, Medical Board of California, Enforcement Program Monitor. Furthermore, the proposed solution is aligned with the mission and vision of the Board, as outlined in its 2008 Strategic Plan.

5.1.16 Impact on Current Infrastructure

The proposed solution should have minimal impact on the Board's existing information technology infrastructure. The system will be hosted at the DTS' data center and additional servers will be purchased to support the multiple environments necessary to support the CRIMS system including production, development, system test, unit test, and user acceptance environments. Individual servers will support CRIMS Application and Standard Reports, Master Database, Ad Hoc Reports, Web, Internet Applications, Web Intranet Applications, and External Databases.

5.1.17 Impact on Data Centers

The Board will utilize DTS to house their production, development and test servers for the CRIMS application and database. The Board will coordinate with DTS for installation and maintenance of the production, development and test environments. The Board will request DTS to regularly back-up the system and maintain the server hardware and operating systems. Once in production, the Board will coordinate with DTS to install upgrades and software patches to the CRIMS DBMS.

5.1.18 Backup and Operational Recovery

The new infrastructure will be located at DTS. The Board will contract with DTS to support the Board's current disaster recovery routines and will be in compliance with Operation Recovery Plan and Continuation of Operations/Continuation of Government Plans of mission critical systems.

5.1.19 Public Access

The proposed solution provides consumers the opportunity to file complaints, online, based on current filing criteria, at any hour. In addition, complainants will be able to locally print completed forms and documents necessary to complete the filing. The CRIMS system will not provide direct public access to the master database or the server. The Public will have restricted access that will adhere to State and Department security policies.

5.1.20 Costs and Benefits

Costs. As detailed in the Economic Analysis Worksheets, the estimated one-time cost for the purchase, modification and implementation of the proposed COTS solution, including Board staff, is \$3,526,000 and ongoing annual costs will be \$1,008,400. Please see Exhibit 5-9 CRIMS One-Time and Ongoing Expenses below.

Exhibit 5-9 CRIMS One-Time and Ongoing Expenses

ONE-TIME COST	
ISB Staff	\$ 812,000
Hardware	\$ 35,000
Software Licenses	\$ 40,000
Software Acquisition and Modifications	\$ 1,800,000
Project Management (Included acquisition)	
Independent Project Oversight Contractor	\$ 300,000
Independent Verification and Validation	\$ 300,000
Procurement Assistance	\$ 40,000
Data Center Services	\$ 54,000
OE&E	\$ 145,000
TOTAL ONE-TIME COST	\$3,526,000

CONTINUING COST	
ISB Staff	\$ 556,000
Software Licenses	\$ 40,000
COTS Maintenance	\$ 300,000
Data Center Services	\$ 48,400
OE&E	\$ 64,000
TOTAL CONTINUING COST	\$ 1,008,400

Benefits. The proposed solution will include the following functionality to support the Enforcement Program:

- Board Staff will have access to a central on-line procedure manual(s) from within the application
- Staff will have access to a central commonly used on-line resolution knowledge database, based on similar complaints, to reduce complaint resolution time
- The CRIMS reduce human intervention when handling pre-defined routine complaints by performing automatic work flow within CRIMS will minimize human intervention for routine complaints
- CRIMS will store a copy of electronic documents related to complaint(s) for easy on-line viewing
- CRIMS will be able to automatically assigned complaints to appropriate staff
- Authorized Board staff personnel will have real-time, easy-access to complaint information and standardized/ad hoc reports
- CRIMS will store on-line definition of code definitions to ensure educated identification of complaint violations, activities, and other vital information
- CRIMS will improve accurate and timely retrieval and reporting by providing pre-defined drop down menus/ will provide uniform selection criteria choices to speed up data retrieval and data entry when practical
- Where appropriate, web pages and/or data fields will automatically be ready for the next step based on complaint type and current status of complaint
- Public complainants will have the ability to be able to submit complaints via the Internet which will result in quicker complaint initiation and reduced CCU data entry
- CRIMS will reduce the and also minimize the number of complaints that the Board receives, which are not subject to board review
- CRIMS will improve the Board's Enforcement Program by embedding the Board's standard enforcement processes and rules within the CRIMS the system and will support standardization throughout the Enforcement Program
- The Board will increase more complete and accurate enforcement records during the data/information collection by enforcing data and process edit rules
- Board management, supervisors, analysts, and investigators will be alerted to when processing delays occur and unacceptable thresholds

5.1.21 Sources of Funding

The proposed alternative will be funded from the Board's special funds. Budget Change Proposals will be submitted for increased spending authority totaling \$269,000 in FY 2009-10, \$309,000 in FY 2010-2011, \$2,531,000 in FY 2011-2012, and \$635,400 thereafter for the project costs and additional ISB staff required for development and maintenance.

5.2 Rationale for Selection

The proposed solution provides the Board with the most effective means of meeting the business requirements while minimizing risks, managing the project schedule, and controlling project costs. Specific considerations are as follows:

Benefits. The proposed solution meets Board requirements by increasing the effectiveness and efficiency of complaint management throughout the entire complaint life cycle, improving the quality of service consumers receive, and improving the validity of data collected during the complaint resolution process.

Within the complaint life cycle, the proposed solution offers automated work flow to handle specific types of complaints without Board interaction, allowing more complaints to be processed in a shorter period of time. Controls will be imbedded in the system to ensure that all required data is entered into CRIMS for each complaint and that each piece of data is entered correctly and in a valid format. These efficiencies and increases in data validity allow for (1) authorized users to track complaints throughout the life cycle, (2) accurate analysis of trends and emerging issues, and (3) a decrease in the time it takes for a complaint to be resolved while simultaneously improving the quality of service consumers receive.

Additional staffing increases in the CCU for complaint handling will not be necessary as the existing staff will work more efficiently and workload will be adjusted as needed. Reduction of staffing will not be realized by implementing this solution for any of the Enforcement Units.

Cost. The only viable solution is a modified COTS solutions and it is the only solution costed. From our research, including similar feasibility studies and vendor responses, we would expect a pure COTS solution to cost less and an in-house developed solution to cost more. These alternatives were not costed because they are not acceptable solutions as noted in Section 5.2.2 and 5.3.

Time. The proposed solution can be implemented faster than App Dev solutions because of its existing base software. In addition, since the modifications can be made in stages, the effective time to implementation is similar to COTS solutions with the added value of more directly meeting both current and future complaint-management needs.

Risk. The review of available solutions verified that multiple vendors within the marketplace have experience in meeting business requirements similar to those

needed for CRIMS. Some even have experience developing consumer-centric systems with successful prior system modifications and implementations in California state agencies. (In fact, the customer demonstrated the system rather than the vendor and was very excited about the system's functionality.) Since this solution is based upon an existing application, and mitigated by proven project management and App Dev methodologies, the proposed solution is a moderate risk.

5.2.1 Assumptions Used When Choosing Solution

The following assumptions were made when selecting the solution with the most value.

Scope. Effectively meeting both current and anticipated future business requirements was of primary concern when choosing a solution. While vendors with App Dev solutions were able to demonstrate an understanding and ability to meet the current business requirements, concerns existed over the risk inherent in these solutions for meeting schedule and budget estimates. In addition, these projects are more likely to require high-cost modifications in order to meet future business requirements.

The COTS solutions reviewed were less likely to meet current and future business requirements due to their need to maintain a shared, core code set and work flow processes. Since the Board prioritized meeting the full extent of the business requirements as its top priority, COTS solutions are determined to be of less overall value. The modifiable COTS solutions offer similar success histories and existing solution frameworks, but with the advantage of being modifiable in order to meet current and future requirements with the lowest risk and cost.

Schedule. As the Board's responsibilities for both oversight of physicians and surgeons and response to consumer complaints continue to evolve and change, it is important that the proposed vendor solution not only deploy as quickly as possible to address current system shortfalls but also respond quickly to future Board requirements. Application development solutions, by their very nature, were determined to be the least likely to meet the scheduling needs of a fast deployment and would be slow to respond to future needed changes.

While a COTS solution can be deployed quickly it does not meet all the Board's business requirements. The modifiable COTS solutions, and specifically the solution proposed, are able to offer fast initial deployments by leveraging previous successful deployments as well as iterative modifications to the COTS to meet the Board's business requirements. In addition, future requirements can be met with modifications to the core solution allowing for compartmentalized, efficient development.

Resources. Although the project's resources are prioritized after scope and schedule, ranking it last does not mean that the Board does not want to be fiscally prudent. Resources are simply the most flexible of the project variables. If needed, existing staff and subject matter experts can be redirected to the project and vendor assistance can be increased.

5.2.2 Constraints on Choosing a Solution

The following constraints are recognized relative to the selection of the proposed solution.

Maintaining the Current System Is Not A Viable Option. The current system has demonstrated that it is not robust enough to meet the Board's business requirements as it performs primarily as a data repository and not as an effective complaint case management system. The current work flows, system processing rules, and information displays do not help the Enforcement Unit resolve complaints in a timely manner or meet basic levels of quality consumer service. In addition, data entered into the current system is not validated, will continue to be inconsistent, and will continue to foster duplicate records and erroneous reports. Analysis will continue to be unreliable lowering the overall effectiveness of the Board to resolve complaints quickly.

Developing An Improved System In-House Is Not A Viable Option. The time to develop a new, improved solution with the existing ISB resources and/or vendor staff will take substantially longer than a modified COTS based solution. In addition, significant increases in ISB resources would be required to develop a solution as the current staff do not have recent experience designing and developing a case management system of the size needed to meet the Board's business requirements. Lastly, the cost, schedule, and resource risks increase when custom applications are developed from scratch rather than adapted from an existing expert system.

5.3 Other Alternatives Considered

The alternatives that could be used to satisfy the Enforcement Program's business objectives and requirements include modifying the existing CAS system, purchasing a modifying a commercial off-the-shelf system (COTS) and developing a new Complaint Management System. Only one of these alternatives is viable for the Board--the modifiable COTS alternative.

- **Modify the existing CAS system.** Not viable. The CAS system as it exists today in the environment under the DCA would need to be separated to its own database, the application rewritten and enhanced, and then not all of the business requirements would be possible (due to version of Natural required, web services availability, etc.).
- **Develop a custom application to satisfy the Board's requirements.** Not viable. This alternative presents unacceptable risks to the entire project including cost, schedule, and changing resources necessary to implement.

6.0 Project Management Plan

The Board recognizes that a structured approach to project management is required to ensure the success of its Complaint Resolution Information Management System (CRIMS) project. To this end, the Board has developed a project management plan for its CRIMS project that complies with the State's project management methodology.

6.1 Project Manager Qualifications

The Board intends to hire an experienced Project Manager, to manage this mission-critical project. The Project Manager must have experience managing a project of similar size, scope, and complexity as the CRIMS. This Project Manager should have experience developing and managing a project plan that includes: a reasonable, but detailed, project schedule and budget; an approach to communicating within and outside the organization about the project; an identification of and mitigation approach to risks; a process to identify, document, and resolve issues; an approach to ensuring quality throughout deployment; and an approach to change management that ensures project support throughout the organization. Additionally, the Board expects this person to have the following minimum qualifications:

- Experience managing projects in similar environments
- Experience with developing and implementing communication plans that include staff and appointed persons, industry, and external stakeholders (for example, the public)
- Effective interpersonal skills
- Experience leading teams to a common goal
- Experience and knowledge of data management principles.
- Knowledge of, and experience with, the state's oversight processes for projects of this size and risk level
- Knowledge of, and experience with, the state's procurement laws and regulations
- Knowledge of, and experience with, the pertinent sections of the State Administrative Manual (SAM) and State Information Management Manual (SIMM)

6.2 Project Management Methodology

The Board intends to implement the project using the principles of Project Management Methodology as articulated in SIMM Section 200. The Project Manager will choose a tool that effectively schedules the activities and balances resources to ensure the project meets the scope and is brought in on time and on budget.

6.3 Project Organization

Successful implementation of the CRIMS project will require a collaborative effort through teams comprised of ISB staff and the selected vendor/consultants. This section describes the organizational structure of the CRIMS project team.

6.3.1 CRIMS Project Team

Exhibit 6-1 represents the composition of the CRIMS project team. All additional staffing for the project team is indicated. A description of the roles and responsibilities of the project team is further described in *Section 6.5.4, Roles and Responsibilities*.

Exhibit 6-1 CRIMS Project Team

CRIMS PROJECT TEAM³			
<u>Year One 09/10</u>	<u>Year Two 10/11</u>	<u>Year Three 11/12</u>	<u>Ongoing 12/13</u>
1.0 Project Manager (new – Supv. Sr. Programmer Analyst)	Same	Same	Same – (App. Dev. Mgr.)
1.0 Associate Programmer Analyst	Same	1.5 Associate Programmer Analyst	2.0 Associate Programmer Analyst
		1.0 Staff Information Systems Analyst	Same
		1.0 Staff Programmer (new - DBA)	Same
			1.0 Associate Information Systems Analyst
Executive Steering Committee	Same	Same	
Enforcement Program Subject Matter Experts	Same	Same	
		1.0 Vendor Project Mgr. (incl. in procurement)	
.5 IPOC	.5 IPOC	1.0 IPOC	
.5 IV&V	.5 IV&V	1.0 IV&V	

³ Unless indicated, all Board positions are redirected.

6.3.2 Organization of the Information Systems Branch

The Board’s Information Systems Branch provides enterprise technology support for hardware, desktop, network and all enforcement applications and will be responsible for the planning, development, implementation and ongoing support of the CRIMS project.

The Information Services Branch (ISB) is responsible for ensuring CRIMS conforms to the department’s technology policies and standards. Exhibit 6-2 shows the current ISB organization in which the ISB manager also acts as the Application Development/Support manager. Exhibit 6-3 shows the proposed ISB organization, year one of project, which adds one new Application Development/Support position to the organization (Development Manager). Exhibit 6-4 shows the proposed ISB organization, year three of project, which adds one new Application Development/Support position to the organization (one Staff Programmer Analyst).

Exhibit 6-2 Current ISB Organization

ISB Manager – DPM II			
<u>Vertical Enforcement/CAS (VE/CAS)</u>	<u>Network Support</u>	<u>Help Desk</u>	<u>Application Development & Support</u>
1.0 Staff ISA	2.0 Staff ISA	1.0 Staff ISA	1.0 Staff Programmer Analyst
1.0 Associate ISA	1.0 Associate ISA	2.0 Associate ISA	3.0 Associate Programmer Analysts
	1.0 Assistant ISA	1.0 Assistant ISA	1.0 Staff ISA (Web)

Exhibit 6-3 Proposed ISB Organization, Year One Project

ISB Manager – DPM II			
<u>CRIMS/CAS Support</u>	<u>Network Support</u>	<u>Help Desk</u>	<u>Application Development & Support</u>
1.0 Staff ISA	2.0 Staff ISA	1.0 Staff ISA	1.0 Development Manager
1.0 Associate ISA	1.0 Associate ISA	2.0 Associate ISA	1.0 Staff Programmer Analysts
	1.0 Assistant ISA	1.0 Assistant ISA	3.0 Associate Programmer Analysts
			1.0 Staff ISA (Web)

Exhibit 6-4 Proposed ISB Organization, Year Three Project

ISB Manager – DPM II			
<u>CRIMS/CAS Support</u>	<u>Network Support</u>	<u>Help Desk</u>	<u>Application Development & Support</u>
1.0 Staff ISA	2.0 Staff ISA	1.0 Staff ISA	1.0 Development Manager
1.0 Associate ISA	1.0 Associate ISA	2.0 Associate ISA	2.0 Staff Programmer Analysts
	2.0 Assistant ISA	1.0 Assistant ISA	3.0 Associate Programmer Analysts
			1.0 Staff ISA (Web)

6.4 Project Priorities

Every project has three variables that must be prioritized: schedule, scope and resources. A change in one variable will likely have an impact on the others. The terms and definitions used below identify the priorities for this project:

- Constrained: the variable cannot be changed
- Accepted: the variable is somewhat flexible to the project circumstance
- Improved: the variable can be adjusted

The CRIMS project priorities are:

- **SCOPE – Constrained** – The CRIMS project scope is the least flexible as the new system must meet the business needs of the Enforcement Program as well as be responsive to the Board’s statutory and regulatory changes.
- **SCHEDULE – Accepted** – This project involves, oversight approval, procurement, and proposed vendor activities which can be scheduled but not controlled by the Board. The project schedule must be able to change to respond to the actual timeframe of these external events.
- **RESOURCES – Improved** – Project resources are the most flexible as existing staff and subject matter experts can be redirected to the project as the need demands.

6.5 Project Plan

Project planning includes the identification of what is to be done (scope), what the team assumed to be true when developing the plan (assumptions), how the project will be deployed, the team’s roles and responsibilities, and the project schedule. This section describes each of these components for CRIMS. Each of these will be clearly defined in the Project Charter, one of the first deliverables the Project Manager completes. The Project Charter will be developed with these components and will be provided to each team member to ensure a consistent vision of the project. It serves as the reference document for the project team throughout the project life cycle.

6.5.1 Project Scope

The CRIMS project will address the business requirements of the Enforcement Program. The result of implementing this system, the Board will be able to more effectively and efficiently process and resolve complaints against its licensees. The most significant Board systems that are impacted by the CRIMS project are identified in Exhibit 6-5.

Exhibit 6-5 Systems Impacted by CRIMS

System	Impact
805 Database	Included
CAS Enforcement	Included
CCICU Log	Included
Investigation Activity Report (IAR)	Included
On-Demand Letters	Included
Penalty Relief Database	Included

AdHoc	Extract Provided
Disc Image	Extract Provided
Healthcare Providers (Web Job)	Extract Provided
Hot Sheet	Extract/Report Provided
Malpractice Database	Extract Provided
Public Disclosure	Extract Provided
Criminal Activity Reporting System (CARS)	Interface Provided
CAS Licensing System	Interface Provided
Medical Experts (MEDEX)	Interface Provided
Vertical Enforcement Application (VEA)	Interface Provided

6.5.2 Project Assumptions

Many assumptions are made during project planning. For this project, the following assumptions were made:

- The CRIMS project will be approved by January 2009 and funded by July 2009
- RFP will be released to vendors on October 15, 2010.
- The selected solution will be a commercial off the shelf solution modifiable COTS.
- The vendor will be selected through a competitive procurement.
- Required vendor and Board redirected/new staff will be available when scheduled (see Exhibit 6-7, CRIMS Project Schedule Activities).
- CAS Enforcement Data conversion will be completed by June 1, 2012, and will include all complaints initiated in FYs 2006-07 through 2012. In addition, all complaints that were opened prior to FY 2006-07 and are still open as of July 2012 or have active disciplinary actions, penalty probations and/or citations will be converted to the new system. Final and formal conversion rules and schedules will be developed in FY 2011-12 and will depend on the laws in effect as of July 2011.
- Hardware, software and network required to implement the selected solution will be managed by DTS.
- Ongoing CRIMS user/system support will be provided by ISB staff.
- CRIMS project funding will be from special funds and will not require any of the State's general funds.
- Enforcement Program and ISB staff will actively participate on the CRIMS project for knowledge transfer purposes.
- Enforcement Staff will be open and accepting of the new case management system.

6.5.3 Project Phasing

The implementation of CRIMS is planned to begin July 2012 as a complete project. See Exhibit 6-7 for a high level project schedule.

6.5.4 Roles and Responsibilities

The following are brief descriptions of the roles and responsibilities of the CRIMS project team. More detailed responsibilities will be assigned during project initiation, as staff assignment and best fit for project elements are determined, along with working relationship with vendor is established. Roles and responsibilities are displayed in Exhibit 6-6.

Exhibit 6-6 Project Roles & Responsibilities

Role	Responsibility
Project Sponsor	<ul style="list-style-type: none"> Chair steering committee meetings Provide program direction Ensure project needs are met (support, resources) Mediate issue resolution
State Control Agencies (DCA, DOF, OCIO, DGS, SCSA)	<ul style="list-style-type: none"> Give guidance for project fiscal issues Review project related documents (BCP, FSR, ITPP, RFP, SPR and PIER) Provide procurement guidance and review documents Provide state policy technology guidance
Project Steering Committee	<ul style="list-style-type: none"> Provide strategic direction and leadership Approve and monitor Risk Management Plan Approve and monitor Change Management Plan Approve and monitor Communication Plan Review/approve scope and schedule changes Enable conflict resolution Review/approve project charter and project plan
	<ul style="list-style-type: none"> Review/approve internal marketing plan
Project Manager & Project Management Team	<ul style="list-style-type: none"> Develop project charter Develop and update project plan Develop and maintain QA/risk management plan Develop and maintain change management plan Lead project team status meetings Participate in project steering committee Review QA audits Enable conflict resolution Approve implementation deliverables Manage implementation contract Internal marketing plan Report ongoing status
Subject Matter Experts	<ul style="list-style-type: none"> Facilitate ongoing participation of the business units and end users in daily project team activities Participate in requirements definition, testing and acceptance Participate in business process analysis

6.5.5 Project Schedule

The CRIMS project schedule is based on the assumption that a COTS solution currently exists for seventy percent (70%) of the required CRIMS functionality and that it will take about eight (8) months to modify the selected COTS system to meet all the Board's

required functionality. See Exhibit 6-7 which identifies the schedule for major CRIMS project activities.

Exhibit 6-7 CRIMS Project Schedule Activities

ID	CRIMS Project Task Name	Elapsed Time	Start	End
	CRIMS PROJECT		01/15/09	07/01/13
	Procurement			
1	Recruit and fill Board Project Manager	6 months	01/15/09	07/15/09
2	Prepare ITTP	3 months	07/15/09	10/15/09
3	Procure Vendor IPOC & IV&V	3 months	07/15/09	10/15/09
4	Prepare Request for Proposal (RFP)	3 months	10/15/09	01/15/10
5	DCA Review RFP	2 months	01/15/10	03/15/10
6	DGS Review RFP	6 months	03/15/10	09/15/10
7	Release RFP			10/15/10
8	Vendor Conferences	1 month	12/15/10	01/15/11
9	Last Date to Submit Letter of Intent to Bid			03/15/11
10	Review RFP Responses	2 months	03/15/11	05/15/11
11	Announce Winning Vendor			06/01/11
	Project Schedule and Resources			
12	Hire Staff Programmer Analyst	3 months	05/01/11	08/01/11
13	Update Project Plan	1 month	07/01/11	08/01/11
14	Complete Vendor Contract	3 months	06/01/11	09/01/11
	Project Development			
15	Implement and Demonstrate COTS Software	1 month	09/01/11	10/01/11
16	System and Interface Design	1.5 months	09/01/11	10/15/11
17	Data Conversion Design	1 month	10/01/11	11/01/11
18	Test and Implementation Plan	1 month	10/01/11	11/01/11
19	Develop CRIMS System	7 months	10/15/11	05/15/12
20	Design and Develop User Manual (on-line and hardcopy)	5 months	11/01/11	04/01/12
21	Data Conversion Test	2 months	12/01/11	02/01/12
22	Unit Test	3 months	01/15/12	04/15/12
23	System Test	2 months	03/15/12	05/15/12
24	User Acceptance Test	1.5 months	04/15/12	06/01/12
	System Implementation			
25	Migrate CAS Data	4 months	02/01/12	06/01/12
26	Train Enforcement Staff	1 month	06/01/12	07/01/12
27	CRIMS system in Production		07/01/12	
28	PIER			01/30/13

6.6 Project Monitoring

Project status will be tracked and reported on an ongoing basis. Regularly scheduled status meetings of the project manager, project team members and vendor will be required to discuss project progress and problem/issue resolution. Project steering committee meetings will be held on a regular basis to discuss project progress, issues, risks and status. The following standard reporting mechanisms will be used:

- Status Reports
- Issues List
- Risk Management Updates

The Board will use a top-down approach to project quality, starting with the Project Steering Committee. The composition of the steering committee ensures broad and balanced oversight, as it includes both Enforcement Program and ISB management staff.

The Intranet will be available to host project tools for the project. The CRIMS site will include information and items delivered by the project, documentation, status reports and communications.

6.7 Project Quality

To ensure the project meets identified business and technical objectives and requirements, the Board will develop a quality assurance/risk management plan with the following components:

- Measurable objectives and functional requirements
- Acceptance testing plan
- Regularly scheduled reviews of key tasks
- Identification of quality assurance responsibility with the project steering committee and project manager

6.8 Change Management

The project will utilize the State's change management methodology. In cases of project scope, schedule and/or resource changes, the steering committee will act as the change control board for the approval and/or rejection of change requests. The disposition of all other change requests will be determined by the CRIMS project team and reported to the steering committee. Change requests will be:

- Drafted by the project team (both developers and end users)
- Reviewed and edited by the project manager
- Approved by the steering committee (if they affect scope, schedule or cost)
- Implemented by the project team

6.9 Authorization Required

In accordance with the reporting criteria in the Statewide Information Management Manual (SIMM), this project is reportable to the Office of the Chief Information Officer (OCIO). The project requires a Feasibility Study Report (FSR) in accordance with SIMM, Volume II, Guideline 5.0. Upon Board approval of the FSR, The Department of Consumer Affairs (DCA) will submit a copy of FSR project summary package to OCIO. Any significant changes of 10 percent (+/-) to the cost, schedule or scope of the original FSR estimate will be handled and approved in accordance with SIMM guidelines. A Special Project Report (SPR) will be submitted to the OCIO as appropriate and in accordance with SIMM guidelines.

This project will be included in the 2009-10 Governor's Budget which requires Legislative approval.

7. Risk Management Plan

7.1. Risk Management Approach

The Risk Management Plan documents the process and procedures that will be used to manage project risks: identifies the persons responsible for managing various areas of risk, how risks will be tracked throughout the life cycle, how contingency plans will be implemented, and how reserves will be allocated to handle risks.

The Board risk management approach to this project incorporates the Project Management Methodology referenced in SIMM Section 200, and involves completing the following activities:

- Identify potential project risks and develop preventive strategies
- Develop contingency measures for minimizing risk impacts
- Monitor identified risks throughout the project
- Provide a method for identifying new risks during the project

Key elements of the Board's Risk Management Plan are:

- An established and well-communicated method of documenting risk that supports the SIMM framework
- Specific procedures for identifying and evaluating risks
- A central repository of current risks and historical information

To be effective, risk management must be an integral part of the way projects are managed. These processes are described in following subsections.

7.2. Risk Management Worksheet

The Board realizes that risk management is a dynamic process that occurs throughout the project life cycle. Therefore, several parties will be responsible for implementing the risk management plan, including the project steering committee, the project manager(s) and the project team.

- Project steering committee—the steering committee is responsible for ensuring that project goals and objectives are met, and for resolving issues as they arise. The committee will be responsible for assessing and prioritizing potential risks, developing contingency plans to mitigate the risks, and monitoring the results of actions taken.
- Project manager(s)—the CRIMS project manager, in conjunction with the vendor project manager(s), is responsible for working with the project team to identify risks. In addition, the project managers are responsible for monitoring project

risks, developing mitigation measures and contingency plans, and implementing those contingency plans when necessary.

- **Project team**—all members of the project team will be involved in identifying potential risks and working with the project managers to develop contingency plans.

Although risk analysis identified a number of key areas that need to be addressed, a brief description of the major risks for the CRIMS project is provided below. The Risk Management Worksheet follows, which provides an overall assessment of the potential impact and mitigation efforts for each risk area.

- **Organizational Acceptance/Use risk**—all business units in the Enforcement Program must be committed to the CRIMS project. Ongoing participation and commitment will be critical to the overall success of the project. To mitigate this risk, the representatives from each business unit will participate as members of the steering committee, project team and requirements workshops.
- **Data risk** (data migration, interfaces to existing systems, and data capture)—data must be converted from the CAS system to the new CRIMS system. The CAS data is incomplete and inaccurate and will need correction before, during, and after conversion. To minimize this risk, the CRIMS system will provide an automated/manual process to populate the CRIMS database from existing CAS complaint data. Cutover is scheduled for the beginning of a fiscal year and, initially, “open” and “reference” complaints will be migrated. Prior to full production, the system will contain all complaints opened within the previous five fiscal years. To port CAS data into the new CRIMS system, the conversion process will support automatic complaint conversion where possible and on-line data correction for those complaints which require it. Current systems that require Enforcement data will continue to use CAS. The CRIMS system will automatically populate CAS Licensing with required data. The CCU and FO staffs will be fully trained on the CRIMS system prior to its deployment. In addition, ISB help desk staff will be trained to support CRIMS system users.
- **Operational risk**—as with any project of this nature, schedule and budget risks are significant risk areas. The project schedule will be carefully managed to minimize delays. To mitigate funding issues, the project will be funded from special funds (no General Funds will be necessary) and the project costs, schedule, and funding will be approved by the legislature during the annual budget process.
- **Technology risk**—technology risk will be less than with a fully customized system. However, some level of customization will be required for the adoption of the COTS solution and this will pose some risk. If software/hardware for the CRIMS system is new to ISB staff, training will be provided. Also, the Board has identified the ISB positions necessary to work with the vendor staff to learn the new system, review requirements, deliver training, deliver help desk support,

review and approve unit, system, and user testing, and provide ongoing system support and management.

- Project Resources**—currently, the Board’s ISB staff is fully committed to the existing CAS systems. However, the Board’s ISB staff does not have recent experience managing and developing a system the size of CRIMS. To mitigate these risks, the Board plans to require the winning MOTS vendor to include an experienced project manager in their bid. Also, the Board plans to engage independent vendors for Project Oversight (IPOC) and Verification and Validation (IV&V).
- Overall Project Success**—the Board realizes that the CRIMS project success depends on the early identification and mitigation of risks in all phases of the project lifecycle. Since risk management is a dynamic process that occurs throughout the project lifecycle, the Board plans for two parties to share responsibility for the continued development and implementation of the Risk Management Plan: the Board’s Project Manager and the MOTS vendor Project Manager. The Board’s Project Manager will be responsible for leading and managing the risk management planning process and reporting to the Project Sponsor and Executive Steering Committee on potential risks and proposed resolutions which may include changes in scope, schedule, cost, and/or budget.

The Board has identified potential risks and risk management strategies for the CRIMS project in a risk management worksheet. This worksheet, shown below in Exhibit 7-1, describes the high-level project risks with mitigation strategies, including specific steps that will be taken to mitigate the risks.

Exhibit 7-1 Risk Management Worksheet

Risk Category/Event	Probability	Preventive Measures	Contingency Measures
Funding			
Funding for the project will not be assured until enactment of the FY 2009-10 Budget	0.1	The Agency, the Board, and the Enforcement Program will communicate their commitment and full support of CRIMS Clearly state the business reasons for the project Clearly identify that special funds (not general fund) will be available for the project costs	None
Project Resources			
Assigned resources unavailable	0.7	Predetermine time commitments required by individual resources Obtain commitment from management for resource allocation at start of project Require reassignment of resource duties during duration of project	Get approval to adjust project timelines Monitor and track efforts When schedule is jeopardized, take issue to Oversight Committee and ask for reassignment of staff
More resources required	0.3	Develop detailed Project Plan and solicit vendor input for staffing	When schedule is jeopardized, take issue to Oversight Committee and ask for reassignment of staff

Risk Category/Event	Probability	Preventive Measures	Contingency Measures
The solution requires expertise that Board's technical staff does not possess	0.4	Provide training to staff prior to project initiation Require vendor knowledge transfer in the RFP and vendor contract	Hire vendor staff with appropriate experience
Actual Project Schedule exceeds 10% of planned	0.1	Provide proactive project and risk management to identify current and future project delays Identify tasks/deliverables that can be rescheduled/delayed without impacting overall project Identify resources that can be quickly added to provide support	Get approval to adjust project timelines Monitor and track efforts When schedule is jeopardized, take problem, proposed solution, and impact to Oversight Committee for concurrence/advise/approval
Enforcement staff resistant to change	0.5	Provide quality training to staff Executive Management must fully endorse system and communicate that support to staff Involve select division staff in project to promote marketing and ownership Implement Change Management	Increase internal marketing of solution. Make the transition an "event"
Change of Project Manager	0.3	Clearly identify requirements and expectations for the Board's project manager prior to assignment Develop a transition plan in case of a Project Manager change	Hire new Manager and execute transition plan
Equipment			
Availability	0.2	Procure equipment ahead of schedule Provide contract penalties for failure to deliver equipment	Temporarily use existing equipment Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Delivery delay	0.6	Procure equipment ahead of schedule Provide contract penalties for failure to deliver equipment	Temporarily use existing equipment Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Defective products	0.4	Order from trusted vendor Provide contract penalties for failure to deliver working equipment	Temporarily use existing equipment Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Enforcement Program			
Stakeholders receive insufficient/inconsistent project information	0.1	Develop and adhere to a Project Communications Plan which includes the sufficient hardware, software, and processes to promote information exchange in forums, user feedback, suggestions, progress reports, demonstrations, status reports, and correspondence	Revise Communication Plan to correct communication problems
End users identify "high" priority changes	0.1	Identify and obtain agreement on the priority of each functional requirement (Important, Required, Critical) in advance Establish a change review process to include all stakeholders and assign priority to all requests and identify schedule and cost implications Adjust schedule and cost estimates as necessary	Execute the appropriate contract contingency and adjust schedule/costs as appropriate

Vendor/ Contractors			
Vendor unavailable to complete contract	0.1	The Vendor contract will include contingencies for not providing acceptable deliverables on schedule, going out of business, being bought by another company, and other possibilities as identified by the Board, DCA, and DGS legal departments	Execute the appropriate contract contingency and adjust schedule/costs as appropriate
No acceptable vendor response to RFP	0.1	Recent FSRs and RFP responses have been examined which establish the viability of a MOTS solution for the CRIMS project	Revise the RFP and re-issue
MOTS system does not deliver required functionality	0.1	Detailed requirements will be developed as part of the RFP to ensure that the proposed MOTS solutions will meet the Board's programs needs The Vendor contract will include contingencies for not delivering required functionality Hire independent IV&V vendor to identify software risks throughout the project	Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Vendor staff fail to Perform	0.1	Deliverables will be scheduled and reviewed on consistent basis to identify and correct performance problems The RFP will require references that demonstrate a vendor's successful experience modifying and implementing a system of similar functionality, size, and complexity The Vendor contract will include contingencies for not providing acceptable deliverables on schedule	Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Insufficient knowledge transfer to the Board's staff	0.3	Require key technical staff to work in tandem with vendor Require knowledge transfer session involving system documentation at close of project	Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Insufficient vendor availability	0.5	Negotiate requirements and stipulate in contract Select vendor with adequate resources	Execute the appropriate contract contingency and adjust schedule/costs as appropriate

Software			
Incomplete/Incorrect design assumptions and /or requirements	0.6	Obtain consensus of key staff at start of design process Hire independent vendors for Project Oversight (IPOC) and Verification and Validation (IV&V) Demonstrate prototype to key staff	Adjust schedule to incorporate changes Review all additional requirements to keep design within scope
Software does not work as stipulated in the contract	0.2	Include requirements traceability matrix in final contract to ensure Board/vendor agreement Include system performance metrics in the contract Include rigorous unit, system, and user acceptance testing criteria in the contract Include financial penalties for system and contract non-performance	Execute the appropriate contract contingency and adjust schedule/costs as appropriate
Frequent design changes	0.6	Obtain consensus of key staff at start of design process Procure flexible software solution	Get approval to adjust project timelines
New System Fails in Production	0.1	CRIMS project schedule requires full system and user testing prior to cutover CAS will continue to operate and house complaints. Updates will be automatically made to CAS on an "as needed" basis Automatic conversion tools will be designed to convert data from CAS to CRIMS and vice-versa	Update CAS with new cases and information and use CAS as the production system
Logistics			
Difficulty scheduling user training – user commitments	0.8	Provide hard and soft copy user manuals in advance of training The application design includes built in business rules and help functions Prepare and test training materials prior to system implementation Identify staff in the CCU and each FO to be responsible for office training and schedule train-the-trainer sessions for this staff so that on-site training can be performed by on-site staff	Have Executive Management reiterate commitment to project to Program leaders
Multiple divisions affected by change – lack of agreement	0.7	Have representatives of each division develop functional specifications Solicit input of key personnel during all phases of project Escalate issues to Executive Oversight Committee	Have Oversight Committee resolve issues
Contracting Delays	0.4	Prepare Statement of Work Use Leveraged Procurement	Get approval to adjust project timelines

Organization			
Poor communication	0.4	Hold regular meetings Document and place status reports on Intranet for team viewing	Hold a meeting with all participants providing updates to key division personnel
Lack of staff buy-in for the project solution may create resistance during design and implementation	0.2	Strong Project sponsorship by the Board's leadership Include CCU and FO staff as members of the project team, requirements workgroups, business process analysis and system testing Define testing plan and provide prototype systems as early as possible in the development	Have Executive Management reiterate commitment to project to Program leaders Deploy marketing plan Solicit Management assistance
Operations			
Unanticipated project schedule or budget overruns	0.1	The CRIMS project will be staffed by both a vendor and a Board project manager and will incorporate the state's risk management and project management standards	Adjust schedule to incorporate changes Submit SPR if necessary
Insufficient existing technical skill sets to support testing and ongoing maintenance	0.1	Skill sets will be assessed against the new system to identify gaps Training will be provided to meet new system requirements	Secure additional contractor assistance for system implementation/support, and training
Insufficient existing technical skill sets for end-user and help-desk support for new system	0.1	Skill sets will be assessed against the new system to identify gaps Training will be provided to meet new system requirements	Secure additional contractor assistance for system implementation/support, and training
Management			
Project Plan not updated regularly	0.6	Require regular status meetings with updated Project Plan	Re-assign responsibility
Delayed decisions affect schedule	0.7	Escalate issues to Executive Oversight Committee Establish decision-making authority Establish formal review of the timeline	Adjust project schedule and staff assignments, as appropriate Submit SPR if necessary
Project Status not communicated to affected divisions	0.6	Regular meetings with division stakeholders Participation of key division staff	Hold a meeting with all participants providing updates to key division personnel
Poor attendance at status meetings	0.6	Obtain commitment from management for resource allocation at start of project Require reassignment of resource duties during duration of project	Ask for a reassignment of personnel

Data Conversion			
Unanticipated level of effort necessary to complete conversion of data from CAS to CRIMS	0.2	<p>Current project design includes the early definition of the conversion process and an automated data conversion tool</p> <p>Data problems have been identified and will be anticipated</p> <p>Initial conversion will include a specific set of about 3,000 open complaints and 4,000 reference complaints</p> <p>Recruit Retired Annuitants, with Enforcement knowledge to assist with conversion</p> <p>Ongoing tasks to correct existing CAS data are currently performed as part of existing system support</p>	<p>Prioritize conversion of open complaints and convert "reference" accounts on an as-needed basis</p> <p>Adjust project schedule and staff assignments to support this priority task</p>
Other			
Scope of project increased due to new requirements	0.7	<p>Implement change control and approval processes</p> <p>Obtain functional requirements agreement at start of project</p>	Get approval to adjust project timelines
Insistence on faster implementation	0.8	<p>Determine acceptable timeline at project initiation</p> <p>Implement Change Management</p>	Provide project impact to Oversight Committee and get direction
Control Agency and internal DCA and Board Reviews may cause project delays	0.7	Provide material to be reviewed with sufficient lead-time to keep project on schedule	Evaluate Schedule Impact after the review is completed
The ISB staff lacks recent experience managing and developing a system the size of CRIMS	0.1	<p>Require winning Vendor to include an experienced Project Manager in their bid</p> <p>Hire independent vendors for Project Oversight (IPOC) and Verification and Validation (IV&V)</p> <p>Provide appropriate training and mentoring to ISB staff</p>	Secure additional contractor assistance for required support

7.2.1. Risk Assessment

Risk assessment is the process of identifying risks, analyzing and quantifying risks, and prioritizing risks. It includes a review and determination of whether the identified risks are acceptable. Risk assessment is not a one-time event; it will be performed on a regular basis throughout the life of the project. Methods to identify risks will include but are not limited to the following:

- Identification of risks through scheduled reviews at the beginning of each life cycle phase when the Project Management Plan is reviewed
- Identification of risks through monthly Risk Management reviews

- Identification of risks by any project stakeholder at any time during the project. A person who identifies a risk outside of a formal review will document the risk briefly and provide this information to the project manager

The project management team will analyze all identified risks. Risk analysis will include but not be limited to the following steps:

- Categorizing the potential impact and cost
- Categorizing the potential impact to schedule
- Categorizing the potential impact to technical architecture
- Assessing the degree of impact the risk may have on the overall project
- Identifying the risk mitigation measures that may be applied

The Board's Project Manager will have primary responsibility for identifying and assessing project risks. The Board's Project Manager will determine the probability that a risk may occur and evaluate the potential impact the risk may have. Based on the risk severity, the Board's Project Manager will determine a priority for mitigating each risk.

7.2.2. Risk Identification

The first step in the assessment process is risk identification. Risk identification involves speculating about risks that could affect a project and documenting the characteristics of each. Both internal and external risks will be identified and documented. Internal risks are those that the project team controls or influences, such as staff assignments. External risks are beyond the control or influence of the project team, such as legislative actions.

Risk is a part of any activity and may never be entirely eliminated. As new risks are identified, appropriate response actions will be taken and the Risk Management Plan updated accordingly.

The Board's risk management approach is based on early detection, swift response, close monitoring, impact minimization, and thorough recovery.

Risk identification is the responsibility of all members of the project team. In addition to the Project Manager, the Project Team, Project Sponsors and other stakeholders will be encouraged to recognize and report risks as soon as possible. This will occur through formal risk management worksheets and status meetings, and through informal phone calls and emails. The Project Manager will document and evaluate all risks identified from the project stakeholders.

The Board will assign a time frame for each identified risk that requires mitigation. This time frame will be rated: if the time frame is less than six months, the timeframe will be rated as short; if rated as six months to a year, it will be rated as medium, and if over a year, it will be rated as long. The time frame rating for each risk will be recorded in the risk database described in the Risk Tracking and Control subsection 7.3.

7.2.3. Risk Analysis and Quantification

Risk analysis and quantification involves evaluating risks to assess the range of possible project outcomes. It provides information that allows managers to determine what is important to the project, to set priorities, and to allocate resources. Risk analysis and quantification will be continuously performed and the resulting information used for decision-making in all phases of the project. Each risk must be analyzed and sufficiently understood in order to facilitate the decision-making process.

As required by the Office of the State Chief Information Officer (OCIO) IT Framework, the Risk Priority Matrix, shown in Exhibit 7-2, in conjunction with the impact and probability estimates documented in the Risk Management Worksheet, will be used to prioritize risks. The probability of occurrence within the impact category determines whether the risk is a high, medium or low priority.

The risk analysis and quantification process will produce a list of opportunities that should be pursued and threats or risks that should be managed. The risk analysis and quantification process should also document the sources of risk and risk events that the project management team has consciously decided to accept.

Factors to consider during the risk analysis and quantification process include the stakeholder risk tolerances, sources of risk, potential risk events, and cost/activity duration estimates.

Once a risk is identified, the Project Manager will assess it using the DOF IT Framework risk assessment criteria. High-risk values may require immediate action. Lower risk values may be given "watch" status. Items determined not to be a current risk would also be entered into a risk repository for monitoring. The project team will include updates about the status of all risks in its regular reports and meetings. The team will pay particular attention to addressing items that show increasing risk values.

Exhibit 7-2 Risk Priority Matrix

Impact on Project Goals and Objectives	Probability of Occurrence	Risk Priority
High	80%-100%	High
	20%-79%	
	0%-19%	
Medium	80%-100%	Medium
	20%-79%	
	0%-19%	
Low	80%-100%	Low
	20%-79%	
	0%-19%	

7.2.4. Risk Prioritization (Severity)

The final step in the risk assessment process is risk prioritization. Risk prioritization involves ranking the risks to place more management effort on those that are the most critical. Key evaluation factors are probability and potential impact or consequences on missions and business objectives.

The Board will use the rating assessment method shown in Exhibit 7-3 to determine severity of each risk, as shown in the DOF IT Framework

Exhibit 7-3 Risk Severity Assessment Matrix

Time Frame	Exposure		
	High	Medium	Low
Short	High	High	Medium
Medium	High	Medium	Low
Long	Medium	Low	Low

Based upon the DOF IT Framework assessment, the Project Manager will prioritize the need for mitigating the risk. Risks with a "high severity" will receive the highest priority. The determination of risk severity is a qualitative assessment that takes into accounts both internal and external risk factors. At a minimum, the highest severity risks will be tracked in the project Risk Assessment Matrix.

7.2.5. Risk Response

Risk response signifies the actions taken to manage risk, such as risk avoidance, risk acceptance, risk mitigation, risk sharing and project oversight. At the Project Manager's discretion, selected risk response and mitigation techniques will be implemented: For example:

- Risk Prevention - eliminate the source of the risk via a design or engineering change
- Impact Mitigation - minimize the impact of risk by preparation of contingency plans
- Risk Transfer - shift responsibility for the risk via an insurance policy
- Risk Acceptance - accept the risk, when the costs of responding to the risk outweigh the benefits of accepting it

Each of these is discussed briefly below. In general, risk mitigation actions will be undertaken for all high impact/high probability risks that cannot reasonably be avoided. When risk events do occur, the Board will have contingency plans in place to address them and minimize their negative impact on the project.

When a risk event occurs or its value exceeds an acceptable level, the Board's Project Team will notify the "owner" of the area responsible for implementing a response. The owner will report the response to the Project Manager for evaluation of further action, if necessary. This process will continue throughout the project as new risks are added and old risks are removed from "watch" status.

When assessing risk response options, the project team will consider such factors as schedule, resources, and stakeholder risk tolerances. Risk reserves will be considered, including elements of the project resources (cost, time, and staff) allocated to manage risks.

Upon recommendation by the Project Manager, the Board may add additional resources to mitigate project risks. For example, the project team may increase resources or adjust the project scope to address the risks. In such a case, the project team will thoroughly evaluate possible adjustments to the project schedule, but will implement them only if other contingency plans cannot be used.

Some risks may cease to require attention because one or more of the following occurs:

- Their likelihood of occurrence drops to zero percent
- Their impact is determined to be negligible, or
- They have already occurred, successful contingency measures have been implemented, and there is little risk of recurrence

These are the lowest priority risks. They will be removed from the list of open risk issues and will no longer be actively managed by the Project Manager or Project Team. Nevertheless, a record of their impact (if any), and how these items were addressed will be maintained.

7.2.6. Risk Avoidance

This refers to eliminating the cause of the risk by modifying or selecting an alternate approach, technology, vendor, timeframe, or method that does not include the risk. Risk avoidance is often a key factor in initially selecting the proposed solution, but once a solution is selected, the risks inherent in it cannot usually be avoided without sacrificing important benefits. When planning the CRIMS implementation, the Project Manager and Project Team will weigh the risks associated with all key project decisions (vendors, technology, schedule, etc.) in order to avoid or minimize risks whenever possible.

7.2.7. Risk Acceptance

Risk acceptance involves an organizational decision to accept a certain degree of risk, usually for technical or cost reasons. The CRIMS Project Manager and Project Team will evaluate the costs and benefits associated with all key project decisions in order to determine which risks should reasonably be accepted. For example, in order to determine how much of a particular risk the Board should accept, the Board may have to weigh the probable impact of a particular risk event occurring versus the cost of shifting some portion of the risk to a vendor.

7.2.8. Risk Mitigation

In the context of this CRIMS Risk Management Plan, *risk mitigation* refers to actions taken to minimize the probability of a risk event occurring (in contrast to *contingency plans*, which attempt to minimize the negative impact of risk events that do occur). The Risk Management Worksheet in Section 7.2 lists both risk mitigation actions and contingency plans.

7.2.9. Risk Escalation

Depending on risk severity, as determined by (7.2.4 above), and the CRIMS project criticality, some risks will be escalated from the level of the Board to DCA to Agency level, and from Agency to Finance. Not all risks require escalation, and escalation of project risks will not necessarily result in a change in project criticality. Risk escalation requirements are shown in the Risk Escalation Matrix, Exhibit 7-4. The Board will provide a current Risk Escalation Form to Agency or to Finance, as appropriate within 15 calendar days of determining that risk escalation requirements have been met.

Exhibit 7-4 Risk Escalation Matrix

		Risk Severity		
		High	Medium	Low
Project Criticality	High	To OCIO, DOF	To Agency	Department (no escalation)
	Medium	To Agency		Department (no escalation)
	Low	To Agency	Department (no escalation)	

7.2.10. Risk Sharing

Risk sharing involves shifting some of the risk to other stakeholders (such as vendors). This is often possible, but can result in increasing the project cost. For example, the solution vendor has a change over in project staffing. The Board may elect to accept this risk (and perhaps shift additional internal resources to support the change involved,) or to share this risk by contracting with the vendor to handle it, as appropriate.

7.3. Risk Tracking and Control

Risk tracking and control includes monitoring risks and risk response actions to ensure that risk events are actively dealt with over the course of the project.

Risk tracking and control will be continuous throughout the project. During this project, the following risk tracking and control measures will be used:

- The Project Manager will monitor each risk to assess the effectiveness of mitigation techniques to determine whether further action is required

- Project risks will be tracked in a risk management system from the time the risks are identified through resolution

The Project Manager is responsible for the high-level oversight of the execution of mitigation and contingency plans for all risks identified in the project Risk Assessment Matrix. The Project Manager is responsible for ensuring that the Project Sponsor is updated and approves all changes in status for high-severity risks.

7.3.1. Risk Tracking

Risk tracking is required to ensure the effective implementation of the Risk Management Plan. The goal of risk tracking is to provide accurate and timely information to the project management team to enable risk management and help prevent risks from adversely affecting the project.

Risk tracking involves the monitoring of progress towards the resolution of risks and reporting on the status and actions taken for each risk. Risk tracking reports will include:

- The top ten risk items
- The number of risk items resolved to date
- The number of new risk items since the last report
- The number of risk items unresolved
- The unresolved risk items on the critical path

The Project Manager will track and control project risk using a repository system that will be monitored weekly and included in the monthly Department reports. The DCA PMO will also review status reports and risk management processes.

To track risks and support risk monitoring, the project team will utilize a risk management database repository of the following information:

- Risk description
- Date identified
- Source
- Time frame rating for mitigation (short, medium or long)
- Status
- Probability
- Potential impact
- Time
- Exposure
- Severity
- Priority
- Mitigation Plan
- Mitigation Action
- Risk Resolution

The Project Manager will routinely monitor and update the database as risks are identified, quantified, mitigated and reported.

To facilitate the risk tracking process, the risk database that includes information on all significant risks will be maintained for the life of the project. In addition, metrics for measuring performance and progress toward resolving risks will be established and maintained.

7.3.2. Risk Control

Risk control is necessary to help prevent failure on a project. Risk control focuses on the risk response actions. It involves executing the Risk Management Plan in order to respond to risk events before they become serious problems. The control function ensures that risk procedures are documented and executed according to plan.

As anticipated risk events occur or fail to occur, and as actual risk events are evaluated and resolved, the Risk Management Plan will be routinely updated.

The Project Manager will also re-assess the risk information in the Project Risk Assessment Matrix to determine if any changes are needed. Risk severity or timeframe could change based upon project events or other information. Re-assessment of risk information will be performed on a monthly basis; it may be performed more frequently if needed.

8.0 Economic Analysis Worksheets

Introduction

This section presents the economic analysis worksheets (EAWs) along with an explanation of costs. Project initiation is dependant upon the approval of the FSR and the Budget Change Proposal (BCP) in January 2009, legislative approval of the additional funding required, and the Governor's signing the Budget Act for FY 2009-10.

In evaluating potential solutions, the Board researched recent Feasibility Study Reports (FSRs) which addressed the same business problems as were identified for the Board's Enforcement Program. The most viable solution, in all cases, was the acquisition of an existing commercial-off-the-shelf (COTS) case management system with vendor modifications to provide the functional requirements identified in the FSR. The Business Case presented in Section 3 of this FSR compels us to replace the existing CAS Enforcement System and the business reasons for rejecting other possible alternatives are presented in this analysis. The other alternatives considered were not rejected on a cost basis, and, therefore, their costs are neither calculated nor estimated in this analysis.

This Economic Analysis section document the costs associated with:

Existing Systems/Baseline Cost	(Exhibit 8-1)
Proposed Alternative – CRIMS	(Exhibit 8-2)
Alternative 1 – CAS Rewrite	(Exhibit 8-3)
Alternative 2 – Application Development	(Exhibit 8-4)
Economic Analysis Summary	(Exhibit 8-5)
Project Funding Plan	(Exhibit 8-6)

8.1 Assumptions

Efficiencies gained at the Board are not expected to reduce existing Enforcement staff. The primary objective of the proposed system is to reduce elapsed time it takes to resolve complaints against the licentiates that the Board regulates.

No rate increases or inflationary factors have been included in future year costs.

CRIMS will replace the functionality currently provided by the CAS Enforcement, 805 Database, CCICU Log, Investigation Activity Report (IAR), On-Demand Letters, and the Penalty Relief Database systems. See Section 4, Exhibit 4-1 (Additional Board Developed Automated Systems Related to CAS Enforcement), and Section 6, Exhibit 6-5 (Systems Impacted by CRIMS), for additional details.

8.2 Existing System/Baseline Cost Worksheet

All Existing System/Baseline costs were obtained from the Board's 2007-08 budgeted funds and grouped as follows:

Continuing Information Technology Costs	
Staff	Authorized Positions including salaries and benefits
Other Costs (OE&E)	Total of General Expense, Printing, Communications, Postage, Travel, Training, Departmental/Central Admin Services, and Consultant services
Software Lease/Maintenance	Network Software Licenses and Maintenance
HW Lease/Maintenance	"Major & Minor Equipment" budget, Servers, tape libraries, Desktop Printers, etc.
Continuing Program Costs	
	Total Enforcement Program costs (CCU, FO, DCU)

8.3 Proposed Alternative Cost Worksheet: Modifiable COTS

Proposed Alternative Costs were estimated from 2007-08 staff costs (including salaries and benefits), 2007-08 DTC costs schedule, and recent RFP responses for proposed MOTS systems with similar functionality.

8.4 Alternative #1: Modifying CAS

This alternative was unacceptable and rejected by the Board. The CAS system cannot be modified to incorporate all of the business requirements of the Board needed to improve complaint processing. In addition, to fully implement as many business requirements that are possible, an entire rewrite of the application would be necessary. The schedule for deployment of this alternative was extended by one year as redirection of staff for this project is not possible due to continued workload supporting the existing CAS Enforcement application.

8.5 Alternative #2: Application Development

This alternative was unacceptable and rejected by the Board. Developing a custom solution from scratch poses the most risk to schedule and therefore costs. In addition, to be successful, it would require the Board to provide 6 full-time consultants and 2 additional PY's for development of requirements and to write application, design and creation of database, and at the minimum two full-time business subject matter expert users, which the Board does not have, to participating in the design and development of the custom solution. The schedule for deployment of this alternative was also extended by one year to compensate for the design and conversion.

Exhibit 8-1

EXISTING SYSTEM/BASELINE COST WORKSHEET														
Department: Medical Board of California				All costs to be shown in whole (unrounded) dollars.				Date Prepared: 5/5/08						
Project: Complaint Resolution Information Management System (CRIMS)														
	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13		FY 2013/14		FY		TOTAL	
	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts
Continuing Information														
Technology Costs														
Staff (salaries & benefits)	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	0.0	0	0.0	0	64.0	5,982,000
Hardware Lease/Maintenance		188,300		188,300		188,300		188,300		0		0		753,200
Software Maintenance/Licenses		182,000		182,000		182,000		182,000		0		0		728,000
Contract Services		0		0		0		0		0		0		0
Data Center Services		572,600		572,600		572,600		572,600		0		0		2,290,400
Agency Facilities		138,000		138,000		138,000		138,000		0		0		552,000
Other		486,700		486,700		486,700		486,700		0		0		1,946,800
Total IT Costs	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	0.0	0	0.0	0	64.0	12,252,400
Continuing Program Costs:														
Enforcement Program														
Staff	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	0.0	0	0.0	0	590.4	51,274,800
Legal Services		12,229,300		12,229,300		12,229,300		12,229,300		0		0		
Operations		10,729,100		10,729,100		10,729,100		10,729,100		0		0		42,916,400
Total Program Costs	147.6	35,777,100	147.6	35,777,100	147.6	35,777,100	147.6	35,777,100	0.0	0	0.0	0	590.4	143,108,400
TOTAL EXISTING SYSTEM COSTS	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	0.0	0	0.0	0	654.4	155,360,800

Exhibit 8-2

<p style="text-align: center;">PROPOSED ALTERNATIVE: Modified COTS - Case Management System</p>														
<p>Department: Medical Board of California All Costs Should be shown in whole (unrounded) dollars.</p>											<p>Date Prepared: 5/5/08</p>			
<p>Project: Complaint Resolution Information Management System (CRIMS)</p>														
	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13		FY 2013/14		FY 0		TOTAL	
	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts
One-Time IT Project Costs														
Staff (Salaries & Benefits)	2.0	194,000	2.0	194,000	4.5	424,000	0	0	0.0	0	0.0	0	8.5	812,000
Hardware Purchase		0		0		35,000	0	0	0	0	0	0		35,000
Software Purchase/License		0		0		40,000	0	0	0	0	0	0		40,000
Telecommunications		0		0		0	0	0	0	0	0	0		0
Contract Services														
COTS purchase & Customization		0		0		1,800,000	0	0	0	0	0	0		1,800,000
Project Management		0		0		0	0	0	0	0	0	0		0
Project Oversight		75,000		75,000		150,000		0		0		0		300,000
IV&V Services		75,000		75,000		150,000		0		0		0		300,000
Other Contract Services - DGS		0		0		0	0	0	0	0	0	0		0
TOTAL Contract Services		150,000		150,000		2,100,000	0	0	0	0	0	0		2,400,000
Data Center Services		0		0		54,000	0	0	0	0	0	0		54,000
DGS procurement costs		0		40,000		0	0	0	0	0	0	0		40,000
Other (OE&E)		13,000		13,000		119,000	0	0	0	0	0	0		145,000
Total One-time IT Costs	2.0	357,000	2.0	397,000	4.5	2,772,000	0.0	0	0.0	0	0.0	0	8.5	3,526,000
Continuing IT Project Costs														
Staff (Salaries & Benefits)		0	0.0	0	0.0	0	6.0	556,000	0.0	0	0.0	0	6.0	556,000
Hardware Lease/Maintenance		0		0		0		0		0		0		0
Software Maintenance/Licenses		0		0		0		40,000		0		0		40,000
Telecommunications		0		0		0		0		0		0		0
Contract Services - COTS maintenance		0		0		0		300,000		0		0		300,000
Data Center Services		0		0		0		48,400		0		0		48,400
Agency Facilities		0		0		0		0		0		0		0
Other (OE&E)		0		0		0		64,000		0		0		64,000
Total Continuing IT Costs	0.0	0	0.0	0	0.0	0	6.0	1,008,400	0.0	0	0.0	0	6.0	1,008,400
Total Project Costs	2.0	357,000	2.0	397,000	4.5	2,772,000	6.0	1,008,400	0.0	0	0.0	0	14.5	4,534,400
Continuing Existing Costs														
Information Technology Staff	15.0	1,407,500	15.0	1,407,500	13.5	1,254,500	12.0	1,122,500	0.0	0	0.0	0	55.5	5,192,000
Other IT Costs		1,567,600		1,567,600		1,567,600		1,567,600		0		0		6,270,400
Total Continuing Existing IT Costs	15.0	2,975,100	15.0	2,975,100	13.5	2,822,100	12.0	2,690,100	0.0	0	0.0	0	55.5	11,462,400
Program Staff	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	0.0	0	0.0	0	590.4	51,274,800
Legal Services		12,229,300		12,229,300		12,229,300		12,229,300		0		0		
Operations		10,729,100		10,729,100		10,729,100		10,729,100		0		0		44,416,600
Total Continuing Existing Program Costs	147.6	35,777,100	147.6	35,777,100	147.6	35,777,100	147.6	35,777,100	0.0	0	0.0	0	590.4	143,108,400
Total Continuing Existing Costs	162.6	38,752,200	162.6	38,752,200	161.1	38,599,200	159.6	38,467,200	0.0	0	0.0	0	645.9	154,570,800
TOTAL ALTERNATIVE COSTS	164.6	39,109,200	164.6	39,149,200	165.6	41,371,200	165.6	39,475,600	0.0	0	0.0	0	660.4	159,105,200
INCREASED REVENUES		0		0		0		0		0		0		0

Exhibit 8-3

ALTERNATIVE #1: MODIFY CAS SYSTEM

Date Prepared: 5/5/08

Department: Medical Board of California
Project: Complaint Resolution Information Management System (CRIMS)

All Costs Should be shown in whole (unrounded) dollars.

	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13		FY 2014/15		FY 0		TOTAL	
	PYs	Amts	PYs	Amts	PYs	Amts								
One-Time IT Project Costs														
Staff (Salaries & Benefits)	2.0	194,000	2.0	194,000	2.0	194,000	2.0	194,000	0.0	0	0.0	0	8.0	776,000
Hardware Purchase		0		0		0		0		0		0		0
Software Purchase/License		0		0		0		0		0		0		0
Telecommunications		0		0		0		0		0		0		0
Contract Services														
CAS CONSULTANTS (6)		1,415,120		1,415,120		1,415,120		1,415,120		0		0		5,660,480
Project Management		241,920		241,920		241,920		241,920		0		0		967,680
Project Oversight		75,000		75,000		75,000		75,000		0		0		300,000
IV&V Services		75,000		75,000		75,000		75,000		0		0		300,000
Other Contract Services		0		0		0		0		0		0		0
TOTAL Contract Services		1,807,040		1,807,040		1,807,040		1,807,040		0		0		7,228,160
Data Center Services		54,000		0		0		0		0		0		54,000
Agency Facilities		0		0		0		0		0		0		0
Other (OE&E)		13,000		13,000		75,000		75,000		0		0		176,000
Total One-time IT Costs	2.0	2,068,040	2.0	2,014,040	2.0	2,076,040	2.0	2,076,040	0.0	0	0.0	0	8.0	8,234,160
Continuing IT Project Costs														
Staff (Salaries & Benefits)	0.0	0	0.0	0	0.0	0	0.0	0	2.0	194,000	0.0	0	2.0	194,000
Hardware Lease/Maintenance		0		0		0		0		0		0		0
Software Maintenance/Licenses		0		0		0		0		0		0		0
Telecommunications		0		0		0		0		0		0		0
Contract Services (3) CAS Consultants		0		0		0		0		471,000		0		471,000
Data Center Services		0		54,000		54,000		54,000		54,000		0		216,000
Agency Facilities		0		0		0		0		0		0		0
Other (OE&E)		0		0		0		0		35,000		0		35,000
Total Continuing IT Costs	0.0	0	0.0	54,000	0.0	54,000	0.0	54,000	2.0	754,000	0.0	0	2.0	916,000
Total Project Costs	2.0	2,068,040	2.0	2,068,040	2.0	2,130,040	2.0	2,130,040	2.0	754,000	0.0	0	10.0	9,150,160
Continuing Existing Costs														
Information Technology Staff	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	0.0	0	80.0	7,477,500
Other IT Costs		1,567,600		1,567,600		1,567,600		1,567,600		0		0		6,270,400
Total Continuing Existing IT Costs	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	16.0	1,495,500	0.0	0	80.0	13,747,900
Program Staff	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	0.0	0	738.0	64,093,500
Legal Services		12,229,300		12,229,300		12,229,300		12,229,300		12,229,300		0		
Operations		10,729,100		10,729,100		10,729,100		10,729,100		10,729,100		0		53,645,500
Total Continuing Existing Program Costs	147.6	35,777,100	0.0	0	738.0	178,885,500								
Total Continuing Existing Costs	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	37,272,600	0.0	0	818.0	192,633,400
TOTAL ALTERNATIVE COSTS	165.6	40,908,240	165.6	40,908,240	165.6	40,970,240	165.6	40,970,240	165.6	38,026,600	0.0	0	828.0	201,783,560
INCREASED REVENUES		0		0		0		0		0		0		0

Exhibit 8-4

ALTERNATIVE #2: Develop Custom Complaint Management Application

Date Prepared: 5/5/08

Department: Medical Board of California

All Costs Should be shown in whole (unrounded) dollars.

Project: Complaint Resolution Information Management System (CRIMS)

	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13		FY 2013/14		FY 0		TOTAL	
	PYs	Amts	PYs	Amts	PYs	Amts								
One-Time IT Project Costs														
Staff (Salaries & Benefits)	2.0	194,000	2.0	194,000	2.0	194,000	2.0	194,000	0.0	0	0.0	0	8.0	776,000
Hardware Purchase		0		40,000		0		0		0		0		40,000
Software Purchase/License		0		30,000		0		0		0		0		30,000
Telecommunications		0		0		0		0		0		0		0
Contract Services														
Consultants (6)		1,415,120		1,415,120		1,415,120		1,415,120		0		0		5,660,480
Project Management (1)		241,920		241,920		241,920		241,920		0		0		967,680
Project Oversight		75,000		75,000		75,000		75,000		0		0		300,000
IV&V Services		75,000		75,000		75,000		75,000		0		0		300,000
Other Contract Services		0		0		0		0		0		0		0
TOTAL Contract Services		1,807,040		1,807,040		1,807,040		1,807,040		0		0		7,228,160
Data Center Services		0		0		0		0		0		0		0
Agency Facilities		0		0		0		0		0		0		0
Other (OE&E)		13,000		13,000		75,000		75,000		0		0		176,000
Total One-time IT Costs	2.0	2,014,040	2.0	2,084,040	2.0	2,076,040	2.0	2,076,040	0.0	0	0.0	0	8.0	8,250,160
Continuing IT Project Costs														
Staff (Salaries & Benefits)	0.0	0	0.0	0	0.0	0	0.0	0	2.0	194,000	0.0	0	2.0	194,000
Hardware Lease/Maintenance		0		0		10,000		10,000		10,000		0		30,000
Software Maintenance/Licenses		0		0		10,000		10,000		10,000		0		30,000
Telecommunications		0		0		0		0		0		0		0
Contract Services		0		0		0		0		0		0		0
Data Center Services		0		0		40,000		40,000		40,000		0		120,000
Agency Facilities		0		0		0		0		0		0		0
Other (OE&E)		0		0		0		0		35,000		0		35,000
Total Continuing IT Costs	0.0	0	0.0	0	0.0	60,000	0.0	60,000	2.0	289,000	0.0	0	2.0	409,000
Total Project Costs	2.0	2,014,040	2.0	2,084,040	2.0	2,136,040	2.0	2,136,040	2.0	289,000	0.0	0	10.0	8,659,160
Continuing Existing Costs														
Information Technology Staff	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	16.0	1,495,500	0.0	0	80.0	7,477,500
Other IT Costs		1,567,600		1,567,600		1,567,600		1,567,600		0		0		6,270,400
Total Continuing Existing IT Costs	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	16.0	1,495,500	0.0	0	80.0	13,747,900
Program Staff	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	147.6	12,818,700	0.0	0	738.0	64,093,500
Legal Services		12,229,300		12,229,300		12,229,300		12,229,300		12,229,300		0		
Operations		10,729,100		10,729,100		10,729,100		10,729,100		10,729,100		0		53,645,500
Total Continuing Existing Program Costs	147.6	35,777,100	0.0	0	738.0	178,885,500								
Total Continuing Existing Costs	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	37,272,600	0.0	0	818.0	192,633,400
TOTAL ALTERNATIVE COSTS	165.6	40,854,240	165.6	40,924,240	165.6	40,976,240	165.6	40,976,240	165.6	37,561,600	0.0	0	828.0	201,292,560
INCREASED REVENUES		0		0		0		0		0		0		0

Exhibit 8-5

ECONOMIC ANALYSIS SUMMARY														Date Prepared: 5/5/08	
Department: Medical Board of California				All costs to be shown in whole (unrounded) dollars.											
Project: Complaint Resolution Information Management System (CRIMS)															
	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13		FY 2013/14		FY 0		TOTAL		
	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	
EXISTING SYSTEM															
Total IT Costs	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	16.0	3,063,100	0.0	0	0.0	0	64.0	12,252,400	
Total Program Costs	147.6	35,777,100	147.6	35,777,100	147.6	35,777,100	147.6	35,777,100	0.0	0	0.0	0	590.4	143,108,400	
Total Existing System Costs	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	0.0	0	0.0	0	654.4	155,360,800	
PROPOSED ALTERNATIVE															
Modified COTS - Case Management System															
Total Project Costs	2.0	357,000	2.0	397,000	4.5	2,772,000	6.0	1,008,400	0.0	0	0.0	0	14.5	4,534,400	
Total Cont. Exist. Costs	162.6	38,752,200	162.6	38,752,200	161.1	38,599,200	159.6	38,467,200	0.0	0	0.0	0	645.9	154,570,800	
Total Alternative Costs	164.6	39,109,200	164.6	39,149,200	165.6	41,371,200	165.6	39,475,600	0.0	0	0.0	0	660.4	159,105,200	
COST SAVINGS/AVOIDANCES	(1.0)	(269,000)	(1.0)	(309,000)	(2.0)	(2,531,000)	(2.0)	(635,400)	0.0	0	0.0	0	(6.0)	(3,744,400)	
Increased Revenues		0		0		0		0		0		0		0	
Net (Cost) or Benefit	(1.0)	(269,000)	(1.0)	(309,000)	(2.0)	(2,531,000)	(2.0)	(635,400)	0.0	0	0.0	0	(6.0)	(3,744,400)	
Cum. Net (Cost) or Benefit	(1.0)	(269,000)	(2.0)	(578,000)	(4.0)	(3,109,000)	(6.0)	(3,744,400)	(6.0)	(3,744,400)	(6.0)	(3,744,400)			
ALTERNATIVE #1															
MODIFY CAS SYSTEM															
Total Project Costs	2.0	2,068,040	2.0	2,068,040	2.0	2,130,040	2.0	2,130,040	2.0	754,000	0.0	0	10.0	9,150,160	
Total Cont. Exist. Costs	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	37,272,600	0.0	0	818.0	192,633,400	
Total Alternative Costs	165.6	40,908,240	165.6	40,908,240	165.6	40,970,240	165.6	40,970,240	165.6	38,026,600	0.0	0	828.0	201,783,560	
COST SAVINGS/AVOIDANCES	(2.0)	(2,068,040)	(2.0)	(2,068,040)	(2.0)	(2,130,040)	(2.0)	(2,130,040)	(165.6)	(38,026,600)	0.0	0	(173.6)	(46,422,760)	
Increased Revenues		0		0		0		0		0		0		0	
Net (Cost) or Benefit	(2.0)	(2,068,040)	(2.0)	(2,068,040)	(2.0)	(2,130,040)	(2.0)	(2,130,040)	(165.6)	(38,026,600)	0.0	0	(173.6)	(46,422,760)	
Cum. Net (Cost) or Benefit	(2.0)	(2,068,040)	(4.0)	(4,136,080)	(6.0)	(6,266,120)	(8.0)	(8,396,160)	(173.6)	(46,422,760)	(173.6)	(46,422,760)			
ALTERNATIVE #2															
Develop Custom Complaint Management Application															
Total Project Costs	2.0	2,014,040	2.0	2,084,040	2.0	2,136,040	2.0	2,136,040	2.0	289,000	0.0	0	10.0	8,659,160	
Total Cont. Exist. Costs	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	38,840,200	163.6	37,272,600	0.0	0	818.0	192,633,400	
Total Alternative Costs	165.6	40,854,240	165.6	40,924,240	165.6	40,976,240	165.6	40,976,240	165.6	37,561,600	0.0	0	828.0	201,292,560	
COST SAVINGS/AVOIDANCES	(2.0)	(2,014,040)	(2.0)	(2,084,040)	(2.0)	(2,136,040)	(2.0)	(2,136,040)	(165.6)	(37,561,600)	0.0	0	(173.6)	(45,931,760)	
Increased Revenues		0		0		0		0		0		0		0	
Net (Cost) or Benefit	(2.0)	(2,014,040)	(2.0)	(2,084,040)	(2.0)	(2,136,040)	(2.0)	(2,136,040)	(165.6)	(37,561,600)	0.0	0	(173.6)	(45,931,760)	
Cum. Net (Cost) or Benefit	(2.0)	(2,014,040)	(4.0)	(4,098,080)	(6.0)	(6,234,120)	(8.0)	(8,370,160)	(173.6)	(45,931,760)	(173.6)	(45,931,760)			

Exhibit 8-6

PROJECT FUNDING PLAN														
Department: Medical Board of California				All Costs to be in whole (unrounded) dollars				Date Prepared: 5/5/08						
Project: Complaint Resolution Information Management System (CRIMS)														
	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13		FY 2013/14		FY 0		TOTALS	
	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts	PYs	Amts
TOTAL PROJECT COSTS	2.0	357,000	2.0	397,000	4.5	2,772,000	6.0	1,008,400	0.0	0	0.0	0	14.5	4,534,400
RESOURCES TO BE REDIRECTED														
Staff	1.0	88,000	1.0	88,000	2.5	241,000	4.0	373,000	0.0	0	0.0	0	8.5	790,000
Funds:														
Existing System		0		0		0		0		0		0		0
Other Fund Sources		0		0		0		0		0		0		0
TOTAL REDIRECTED RESOURCES	1.0	88,000	1.0	88,000	2.5	241,000	4.0	373,000	0.0	0	0.0	0	8.5	790,000
ADDITIONAL PROJECT FUNDING NEEDED														
One-Time Project Costs	1.0	269,000	1.0	459,000	2.0	2,381,000	0.0	0	0.0	0	0.0	0	4.0	3,109,000
Continuing Project Costs	0.0	0	0.0	0	0.0	0	2.0	635,400	0.0	0	0.0	0	2.0	635,400
TOTAL ADDITIONAL PROJECT FUNDS NEEDED BY FISCAL YEAR	1.0	269,000	1.0	459,000	2.0	2,381,000	2.0	635,400	0.0	0	0.0	0	6.0	3,744,400
TOTAL PROJECT FUNDING	2.0	357,000	2.0	547,000	4.5	2,622,000	6.0	1,008,400	0.0	0	0.0	0	14.5	4,534,400
Difference: Funding - Costs	0.0	0	0.0	150,000	0.0	(150,000)	0.0	0	0.0	0	0.0	0	0.0	0
Total Estimated Cost Savings	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

ATTACHMENTS

- A Functional Requirements
- B Standard Reports
- C Automatic Letters
- D Organization Charts
- E Basis for Measuring Improvement
- F Index
- G Glossary

Medical Board of California CRIMS Feasibility Study Report

Attachment A: Functional Requirements

Program Improvements as related to Business Objectives

	Enforcement Program Improvement	<i>RELATED OBJECTIVE</i>
A	Ensure access to all relevant data	<ul style="list-style-type: none"> 1 Increase the Effectiveness of the Complaint Resolution Process 2 Increase the Efficiency of the Complaint Resolution Process 3 Improve Data Quality and Usability 4 Improve Access to Complaint Information 5 Improve Access to and Availability of Management Information
B	Reduce manual processes	<ul style="list-style-type: none"> 2 Increase the Efficiency of the Complaint Resolution Process 3 Improve Data Quality and Usability 4 Improve Access to Complaint Information 5 Improve Access to and Availability of Management Information 6 Ensure Standardized, Consistent use of Current Enforcement Processes
C	Increase system's ability to accept electronic data and documents from all parties related to complaint	<ul style="list-style-type: none"> 2 Increase the Efficiency of the Complaint Resolution Process 3 Improve Data Quality and Usability
D	Ensure appropriate response is provided to all parties related to a complaint	<ul style="list-style-type: none"> 4 Improve Access to Complaint Information 6 Ensure Standardized, Consistent use of Current Enforcement Processes
E	Facilitate access to complaint-related information	<ul style="list-style-type: none"> 4 Improve Access to Complaint Information
F	Improve data integrity and accuracy	<ul style="list-style-type: none"> 3. Improve Data Quality and Usability
G	Increase standardization and consistency among existing processes and outputs	<ul style="list-style-type: none"> 3 Improve Data Quality and Usability 6 Ensure Standardized, Consistent use of Current Enforcement Processes
H	Enable useful, accurate and timely reporting of data	<ul style="list-style-type: none"> 1 Increase the Effectiveness of the Complaint Resolution Process 2 Increase the Efficiency of the Complaint Resolution Process 5 Improve Access to and Availability of Management Information
I	Provide sufficient security and privacy safeguards	<ul style="list-style-type: none"> 3 Improve Data Quality and Usability 4 Improve Access to Complaint Information
J	Ensure Board users outside of the Enforcement Program have easy and ready access to most current data	<ul style="list-style-type: none"> 3 Improve Data Quality and Usability 4 Improve Access to Complaint Information 5 Improve Access to and Availability of Management Information
K	Automatically produce standard reports	<ul style="list-style-type: none"> 4 Improve Access to Complaint Information 5 Improve Access to and Availability of Management Information
L	Identify trends in errors of data input or decision-making	<ul style="list-style-type: none"> 1 Increase the Effectiveness of the Complaint Resolution Process 6 Ensure Standardized, Consistent use of Current Enforcement Processes

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FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
1. BASIC SYSTEM REQUIREMENTS		
The CRIMS system should be based on a commercially available COTS application which is actively being maintained	A	
The COTS system will be modified to provide the functionality required by the Board	A	
All modifications made for CRIMS should not be affected by normal COTS maintenance upgrades or should be able to be automatically re-applied to the upgraded COTS system <i>In short, Base COTS system vendor upgrades and corrections should not undo CRIMS specific modifications</i>	A	
The data base which supports CRIMS must be an industry standard relational database management system (RDBMS)	A	
The CRIMS system must protect data from concurrent update. CRIMS must support a multi-user, concurrent-activity environment and all updates must occur to the same data values that were originally targeted for update	A, F, I	
Provide concurrent access for all authorized users without degrading system performance	A	
2. AUTOMATE WORK		
Generate alerts (ticklers) to notify when an item is coming due, due, and past due	B	
Allow standard and user-defined alerts and ticklers	B	
Automatically complete multiple system activities from a single action (e.g. generate "received your response" letter, system will add received date and image of letter to complaint record)	B, C	
Electronically notify complainants, patients, doctors, medical consultants, expert reviewers, Board personnel, the AG, and other related parties regarding events that concern them	B	
Provide ability for CCU analysts, FO investigators, AG attorneys and Board managers and supervisors to identify and receive complaint notifications based on complaint criteria of their choice	B	
The system must provide the ability to determine the status of a complaint and should propose "next" actions based on user definitions	B	
The system should provide intelligent form data entry including completing keystrokes for data entry, skipping to the next entry based on complaint information including complaint status and data being entered	B, G	
Automatically post complaint activity <i>e.g. when a request for records is sent, automatically post the date and "attach" correspondence to complaint record</i>	G	

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
Apply consistent data rules	F, G	
Automate data input <i>For example, update complaints with data captured from Web input, OCR, etc. rather than re-keying it</i>	B, F	
Automatically record receipt of the complaint material using barcode or other electronic method	B, C, G	
Automate generation of complaint related forms and letters.	B	
Provide the ability to generate custom letters from templates	B	
Provide the ability to automatically populate form letters with complaint information	B	
Provide the ability to automatically create and email notices	B	
The system should provide flexible workflow rules that allow changes to be made by authorized users	B, G	
Automatically open and close complaints <i>For example, when a complaint is determined to be not within the jurisdiction of the Board, use the data entered in the complaint to automatically close the complaint with the appropriate actions including notification to the complainant</i>	B	
Automate workflow to minimize human intervention for routine cases.	B	
The system should provide automatic notification (internal and/or external) based on Board determined criteria (including complaint status, the initiation and completion a process, the occurrence of an event, the receipt of documents/forms, and determinations)	B	
Enable automatic assignment of case to appropriate staff person	B, G	
Allow pop-up access to similar complaints when staff enters complaint type so that staff has guidance on how to handle that type of complaint	B, G	
Apply business rules and edits to data entry that conform to federal and state laws and regulations, and the Board's policies	G	
Ensure that data elements and codes included in the system comply with state and federal privacy statutes and regulations	G, I	
Automatically track and record work as it progresses through key process events	B, F, G, H, I	
The system should be capable of notifying parties related to a complaint of missed deadlines	B, J	
3. IMPROVE DATA		
Provide the ability to perform trend and geographic analysis	H, L	
Collect and store sufficient data to perform trend analysis to observe and predict health care trends and issues	H, L	
Geo-code location information for use with 3 rd party geographic information systems	A, C	

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
Use a single transaction code for an event type regardless of where the complaint is in the Enforcement process <i>For example CC37, IR37 and DL37 all mean that activity on the complaint was stopped due to statute of limitations and the first two letters identify whether the complaint was in the CCU, FO, or AG when the time limit ran out. The CRIMS system should use a single code for that event (37) and have knowledge of what status the complaint was in when it happened</i>	F, G, H	
Require a documented explanation when a "final" code is changed or a complaint is re-opened <i>For example, currently, when a DL 37 is coded, the complaint can no longer be considered in any accusation, be combined with any other complaint to make a stronger case, or continue to be processed since the Board can no longer take action on it. If such a complaint is re-opened/re-activated, the system must require the user to document the complaint with the circumstance(s) that allowed/caused the change</i>	F, G, I	
Be able to establish a pattern of violations	H, L	
Be able to consolidate complaints to support a single administrative action	H	
Force events to have beginning and ending dates	A, F, G, H	
Record/identify multiple occurrences of the same event type on a complaint and maintain unique, paired start/stop data for each occurrence <i>(Currently, when a complaint has more than one occurrence of the same type (e.g. request records) it is not possible to programmatically determine matching "start" and "end" dates)</i>	A, F, G, H	
When available, use e-mail address of all parties related to a complaint to automatically send notifications	B, E	
The system must provide free-form, spell-checked text entry fields for analytical notes, etc.	B, F, G	
Forced usage of common data elements <i>(for example, use "CA" not "California")</i>	F, G	
Ensure regulations and laws are automated in business rules to facilitate correct responses to requestors	A, B, D, G	
Provide drop down menus to ensure consistency in use of data fields	F, G	
Provide for automated data edits and validation	F, G	
Provide Report construction information for all reports to reveal how each report was created, including data selection criteria and calculation methods	H	
All data coding rules for Complaint fields should be globally editable and extendable	F, H	
All data coding rules for Complaint fields should have effective start and stop dates to enable rule changes with minimum system impact	F, H	
Ability to track and display multiple sets of contact information related to a single complainant	A	
Capture standardized contact information (address, phone, etc) for both US and foreign locations	A	

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
Validate US address information, including street name and number, city, state, and zip code	F, G	
4. MANAGE RE-OPENED CASES		
In order to preserve timeline data – provide the ability to re-open a case more than once and treat each occurrence as a new case with new timeline data and relate it to existing closed case	A, H, F	
For re-opened complaints, provide total elapsed time (from complaint initiation to closure) regardless of how many times it has been re-opened	A, H, F	
Maintain sufficient timeline data on re-opened complaints to report elapsed time for each re-opened occurrence of the complaint individually	H, A	
Allow re-opening of closed cases	I	
5. ALLOW MULTIPLE ALLEGATION TYPES IN SINGLE COMPLAINT		
Provide multiple levels of categories and subcategories for describing allegation types	A, F, H	
Allow assignment of multiple allegation types to a single complaint	D, F, H	
6. PROVIDE STANDARD REPORTS		
Provide the ability for an authorized user to define standard reports	H, I, K	
Generate automated management reports that meet the needs for daily, monthly, quarterly, and annual reports. See Attachment C - Standard Reports	H, K	
Provide tracking reports to monitor complaint resolution	B, H	
Provide the ability for authorized personnel to view and print all standard and custom reports the via the Web including Overdue responses for related parties, Activity reports by staff member, Disposition of Appealed complaints, Complaints going to appeal, Elapsed time to close complaints, Current Trends, Aging Reports, etc	H, I	
Provide Standard Dashboard view for status of complaints	A, H	
7. PROVIDE FIND AND REPORT FUNCTIONS		
Generate automated management reports that meet the needs for daily, monthly, quarterly, and annual reports See Attachment C - Standard Reports	H, K	
Provide the ability for staff to locate a complaint based on values in a combination of any searchable field	A, J	
Provide sufficient searchable fields to be relevant to various users	J	

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
Provide the ability for staff to generate customized reports within pre-established parameters	H	
Aggregate complaints by complainant, subject, violation(s), and combinations thereof. Easily identify complaints with the same complainant, patient, subject, health facility, incident location, and/or violation	H	
Tag complaints with multiple categories or key words for reporting purposes and allow extensibility for new categories and key words	A, H	
Automatically index complaints based on Keywords and/or phrases. Search text in Complaint records programmatically	A, H	
Customize standard management reports based on individual requirements including but not limited to data selection (violation type, status, etc), current location, timeline (overdue actions, time in process, time in location, etc.)	A, H	
Provide web-based, report generation and data extract capabilities for authorized personnel	A, H, I	
Save custom report requests and make them editable	A, H	
Ability to search for an existing party to a complaint (complainant, subject, institution, etc.) using a minimum of name (first and/or last) or address or zip code or phone number	A, H	
Calculate and display complete timelines for complaints including, but not limited to, the total days between actions/events, the total days to complete actions (<i>e.g. request and receive medical release, referred to FO and assigned to FO investigator, etc.</i>), and the total non-overlapping days waiting for responses	A, H	
8. STANDARDIZE PROCESSES AND COMMUNICATIONS		
The system should automatically generate confirmation notifications when complaint documents are received and/or accepted	B, D	
The system should generate communications (letters, emails) that conform to the Board's correspondence guidelines and standards	B, G	
9. ELECTRONIC DOCUMENTS		
Receive legally mandated reports electronically <i>For example 801 reports</i>	A, B, C, E, H	
The CRIMS system should convert email and convert correspondence to electronic documents that cannot be edited and electronically associate the documents to related complaint(s)	A, B, C, E	
Ability to electronically request and view all documents and information related to a single complaint	A, B, C, E	

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
Support electronic transfer of complaint-related material to replace the current practice of manually “boxing it up” and sending it to other locations <i>Currently the Enforcement Program “ships” documents and supporting material to informal conference locations, and from the CCU to the Field Offices and from the Field Offices to the AG. In addition, documents and files are moved within the Board as needed</i>	A, B C, E	
Provide ability to accept electronic records (in multiple file formats) from all parties related to a complaint	B, C	
The system should provide a secure method for all parties related to a complaint to deliver documents electronically to the Board	B, C, I	
The system should store and retrieve imaged documents and records	A, B, C	
The system should provide the ability to capture and store authorizing identification allowing a electronically transmitted document to be deemed “official”	B, I	
The system should be capable of sending documents to authorized parties that cannot be edited by the receiving party and that allow the recipient to full text search the document	I	
10. PROVIDE ACTIVITY REPORTS		
The CRIMS system should provide activity reports including the number of complaints assigned by office and staff, the activities performed by staff, and staff time spent on activities	H	
The CRIMS system must provide the ability to associate a complaint and complaint activity with all work, workers, and work time related to the complaint	B, H	
The system should track all time and expenses related to processing a complaint, and relate them to internal (<i>Board</i>) and external resources, event (<i>medical consultant review, records request, etc</i>), complaint activity (<i>analysis, investigation, administrative action, enforcement action, disciplinary action, etc.</i>), and location (<i>CCU, FO, AG, etc.</i>)	B, E	
11. WEB AND EXTERNAL SYSTEMS		
The system must be Web-based	A, E, J	
The system must export data to and provide interfaces for other Board systems as identified in Section 6, Exhibit 6-5 “Systems Impacted by CRIMS”		
The system should operate on existing Board platforms and be fully compatible with existing network architecture		
Be able to export data to other Board systems including Microsoft Office Applications, Microsoft Exchange, and standard relational data base management systems		
The CRIMS system must provide an automated migration tool for importing complaints to/from CAS Enforcement	A	

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
The system should be able to provide data to and receive data from other applications such as Oracle, MS SQL, and Pro-Law		
12. WEB INTERFACES AND SYSTEMS		
Provide the ability to input data over the Internet	B, C, G, H	
Print blank and completed forms from a Web interface	B, G	
Provide on-line complaint initiation and/or submission	B, C, G, H	
Provide sufficient threshold questions in Web application to assist complainant to submit complaint to the appropriate agency (including the Board)	B, C, G	
Provide automated physician lookup during the web-based filing of a complaint	E, F	
The system must be capable of sending and receiving data via the Internet	C	
Provide the ability (on the Web) to Print (with Bar coding) all necessary complaint forms for complainant to initiate a complaint	B, F, G	
Print Web created forms with sufficient data so that complainant merely needs to sign them and mail to address provided on the form(s)	B, F, G	
Use complaint data entered via the Web to create a complaint in the CRIMS system	B, C, H	
13. HELP SYSTEM – SYSTEM NAVIGATION – ACCESS		
Provide ability to customize Dashboard view for status of complaints	H	
The system should provide online help documentation that is indexed and searchable	B, D, G, L	
The system must provide online help at all levels including processes, events, standard and customized reports, and data values	B, D, G, L	
The system must provide simple and intuitive documentation and help facilities to minimize the need for formal user training	G	
Automate the FO and CCU manuals to enforce standardized processes and business rules throughout the Board's Enforcement Program	B, G	
The system and system vendor must provide sufficient documentation for Board staff to install and configure the COTS system and the software customizations		
Easy-to-use Interface for the Board to process complaints including initial review, investigations (including IPPR), administrative actions, discipline coordination, and probation monitoring	B, F, G	
Status of complaints referred to a local DA or City attorney for prosecution will be tracked in CRIMS. Currently such complaints are closed in CAS and tracked in CARS	A, B, E, F	
14. SECURITY		

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
The system must track and should be able to display all users logged into the CRIMS system	I	
The system must provide comprehensive security features that permit/restrict user access to the CRIMS system and its data	I	
Provide appropriate security levels to ensure that only authorized users can create, read, update, and/or delete data	I	
Provide policy-based security management, based on user identity and roles	I	
The system must provide real-time updates for authorized users	I, H	
Provide access to historical data	H	
Record all changes to complaint data, and identify the date, time, change made, and individual making the change	F, G, K, L	
Provide an audit trail to track data usage and data changes	I	
Provide Audit report for all complaint activity including activity type, time, date, user, change made, and before and after data images/values	F, G, K, L	
Ability to view audit information based on selection criteria	F, I, G, K, L	
Ability to print selected audit information on both standard and user-defined reports	H, K	
Restrict complaints from being physically deleted from the CRIMS system	I	
Automatically assign unique/unchangeable identifier to each complaint and re-opened complaint	F, G	
15. REPLACE NON-CAS SYSTEMS		
Create and maintain additional data required for "805 Database" system functions	A, B, D, E, F, H, I, J	
Create and maintain additional data required for "CCICU Log" system functions	A, B, D, E, F, H, I, J	
Create and maintain additional data required for "IAR" system functions	A, B, D, E, F, H, I, J	
Create and maintain additional data required for "On-Demand Letters" system functions	A, B, D, E, F, H, I, J	
Create and maintain additional data required for "Penalty Relief Database" system functions	A, B, D, E, F, H, I, J	
16. PROVIDE EXTRACTS FOR NON-CAS SYSTEMS		
Create extract for DCA's "AdHoc" system		
Create extract for "Disc Image" system		
Create extract for "Healthcare Providers" system (Web Job)		
Create extract for "Hot Sheet" system		
Create extract for "Malpractice DataBase" system		

Medical Board of California CRIMS Feasibility Study Report

FUNCTIONAL REQUIREMENTS	Enforcement Program Improvement	Currently Provided in CAS System
Create extract for "Public Disclosure" system		
Create extract for AG's "ProLaw"	J	
17. PROVIDE INTERFACES FOR NON-CAS SYSTEMS		
Create interface to "Criminal Activity Reporting System" (CARS)	A	
Create interfaces for "Licensing System"		
Create Interface to "Medical Experts" system (MEDEX)	A	
Create interfaces for "Vertical Enforcement" system		

Medical Board of California CRIMS Feasibility Study Report

Attachment B: Standard CAS Enforcement Reports

Totals:

138 Reports
 69 used in past year
 16 produced monthly
 53 as needed

Report Title	Last Used	Comments
AC ACTION CODE/VIOLATION CODE REPORTS		
B57 RELATED ACTION CODE/RECORD REPORT	2008-06-03	As needed – Exec. & Enf. Program Mgmt.
B69 SUMMARY OF USED ACTION CODES	2007	
B77 RELATED ACTION CODE/RECORD REPORT FOR INVALID ACTION CODES	2007	
D16 LISTS DOCTORS WITH STATUS CODE 16	2008	
D62 VIOLATION CODE REPORT	2008-06-03	As needed – Exec. & Enf. Program Mgmt.
AF COMPLAINTS DETAIL REPORTS		
D29 SUMMARY OF COMPLAINT / INVESTIGATION ACTIVITY	2007 0719	As needed – Enf. Program Mgmt.
D61 REPORT REFERRAL CODE REPORT	2007 1101	As needed – CCU Manager
029 INVESTIGATOR DETAIL REPORT	2006 1130	
049 LICENSE TYPE DETAILS	2007 1227	Not Used
052 COMPLAINT WORKSHEET	2006 0726	
055 COMPLAINT INSPECTOR WORKLOAD REPORT	2002 0206	
071 CSR OPEN COMPLAINT ACTION REPORT	2007 1203	As needed – CCU Manager
079 COMPLAINTS RECEIVED PRIORITY	2005 0419	
099 COMPLAINTS CLOSED - NON-	2008 0501	Monthly – CCU Manager
190 800 REPT REQUIREMENTS BY SOURCE/REPORT REFERRAL CODE XCLUDES 1F	2008 0515	Monthly – CCU Manager
AI ACTIVE COMPLAINT INVESTIGATION INVENTORY REPORTS		
D46 ACTIVE INVESTIGATIONS SORTED BY	2008 0306	As needed – Enf. Program Mgmt.
D47 PENDING INVESTIGATIVE ACTIONS	2008 0306	Monthly – Enf. Program Mgmt.
D63 INVESTIGATOR CASELOAD REPORT	2008 0513	Monthly – Enf. Program Mgmt.
AJ COMPLAINT STATISTICAL REPORTS - 1		
B28 COMPLAINT ACTION CODE COUNTS	2005 1219	
B59 NUMBER AND STATUS OF OPEN CASES	2007 1205	As Needed – CCU Manager
D35 COMPLAINTS WITH FORMAL INVESTIGATIONS	2006 1130	
D72 STATUS OF OPEN CASES MATRIX PERFORMANCE REPORT	2008 0501	Monthly – Enf. Program Mgmt.
021 COMPLAINT COUNT TO INVEST BY IDENT AND ALLEGED VIO CATEGORY	2001 1206	
AK COMPLAINT STATISTICAL REPORTS - 2		
B26 AGE OF COMPLAINT AWAITING CONSULTANT REVIEW AGE ROM DATE REC'D	2007 0307	
B27 AGE OF COMPLAINT AFTER CONSULTANT REVIEW AGE FROM DATE REC'D	2007 0307	
AL COMPLAINT STATISTICAL REPORTS - 3		

Medical Board of California CRIMS Feasibility Study Report

Report Title	Last Used	Comments
B24 TIME SINCE RECORDS REQUESTED FROM SUBJECT/PROVIDER	2004 0713	
B25 TIME FOR SUBJECT/PROVIDER TO SUBMIT REQUESTED RECORDS	2004 0713	
B89 INVESTIGATOR COMPLAINT CLOSURES (EXCLUDING AG CASES)	2006 0706	
AM COMPLAINT STATISTICAL REPORTS - 4		
B03 COMPLAINT COUNT BY DISPOSITION	2007 0612	As needed – CCU Manager
B04 COMPLAINT CLOSURES BY CSR - WITH MERIT	2007 0501	As needed – CCU Manager
B05 COMPLAINT CLOSURES BY CSR – WITHOUT MERIT	2007 0501	As needed – CCU Manager
B06 COMPLAINT CLOSURES BY CSR – NON-JURISDICTIONAL	2007 0501	As needed – CCU Manager
B07 COMPLAINTS RECEIVED BY IDENTIFIER	2007 0307	
B08 COMPLAINTS RECEIVED BY MONTH	2007 0307	
B10 COMPLAINTS CURRENTLY WITH MEDICAL CONSULTANT	2005 1222	
B11 TIME FOR MEDICAL CONSULTANT TO PROCESS COMPLAINT	1995 0418	
B14 AGE OF COMPL AWAITING MED RECDS SUBJ/PROV FROM DATE REC'D	1994 0711	
B15 AGE OF COMPL AFTER SUBJ/PROV REQST REC FROM DATE REC'D	1994 0711	
B16 COMPLAINT COUNT TO INVESTIGATION	2007 0307	
B17 COMPLAINTS REFERRED TO AG AND DA	2007 0307	
B18 COMPLAINTS TO INVESTIGATION BY PRIORITY	2003 0220	
B19 COMPLAINTS ASSIGNED TO ATTORNEY GENERAL	1998 0311	
B20 COMPLAINT COUNT TO MEDICAL CONSULTANT	2005 1219	
B21 REPORT BY VIOLATIONS	2004 0409	
B22 CSR & REGIONAL OFFICE CLOSURES BY IDENTIFIER	2006 0614	
AR AGENCY STATISTICAL PROFILE		
091 COMPLAINTS AND INVESTIGATIONS STATS	2008 0515	Monthly – Enf. Program Mgmt.
092 COMPLAINT COMPLETION STATS	2008 0514	Monthly – Enf. Program Mgmt.
093 INVESTIGATION STATS	2008 0514	Monthly – Enf. Program Mgmt.
094 INSPECTION STATS	2006 0814	N/A – MBC does not perform site inspections
095 STATEMENT OF ISSUE STATS	2008 0514	Monthly – Enf. Program Mgmt.
096 DISCIPLINE CASE STATS	2008 0514	Monthly – Enf. Program Mgmt.
097 LEGAL ACTION STATS	2008 0514	Monthly – Enf. Program Mgmt.
098 RPT (13) MONETARY SAVINGS ACHIEVED	2007 1001	As needed – Enf. Program Mgmt.
CP STANDARD COMPLAINT REPORTS (RECEIVED, PENDING, CLOSED)		
010 COMPLAINTS RECEIVED STATISTICS	2007 0307	
011 COMPLAINTS RECEIVED DETAIL	2007 0718	AS needed – CCU Manager
012 COMPLAINTS RECEIVED ALPHA	2002 0828	
013 COMPLAINTS RECEIVED BY CSR	2008 0501	Monthly – CCU Manager
014 COMPLAINTS RECEIVED COUNTY	2006 0321	
020 COMPLAINTS PENDING STATISTICS	2006 0726	
021 COMPLAINTS PENDING DETAIL	2007 0612	As needed – CCU Manager
022 COMPLAINTS PENDING COMP NO	2005 1219	
023 COMPLAINTS PENDING RCVD DT	2005 0707	

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Report Title	Last Used	Comments
024 COMPLAINTS PENDING CSR/AGE	2008 0501	Monthly – CCU Manager
025 COMPLAINTS PENDING ALPHA	2001 1101	
026 COMPLAINTS PENDING COUNTY	1994 1011	
030 COMPLAINTS CLOSURE STATISTICS	2007 0612	As needed – CCU Manager
031 COMPLAINTS CLOSURE DETAIL	2006 1219	
032 COMPLAINTS CLOSURE ALPHA	2005 0725	
033 COMPLAINTS CLOSURE ASGND ID	2006 0306	
034 COMPLAINTS CLOSURE COUNTY	1995 0615	
035 COMPLAINTS CLOSURE MERIT	2008 0409	As needed – CCU Manager
CQ STANDARD COMPLAINT REPORTS - 1 (SUNSET REVIEW/EVAL.)		
D44 AGING DATA FROM COMPLAINT RECEIPT TO COMPLETED INVESTIGATION	2007 0723	As needed – CCU Manager
D57 AVERAGE AGE OF COMPLETED COMPLAINTS	2008 0515	Monthly – Enf. Program Mgmt.
D70 DISCIPLINARY CASE AGING DATA (AVG. TIME FROM COMPLAINT FILED)	2007 0516	As needed – Enf. Program Mgmt.
D98 CONSUMER SATISFACTION SURVEY FOR PODIATRY	2006 0427	
D99 CONSUMER SATISFACTION SURVEY FOR PHYSICIAN ASSISTANT COMM.	2002 1009	
CS DISCIPLINARY CASE REPORTS		
055 DISCIPLINARY CASES RECEIVED ACCUSATION/SOI AG/SOI DATE	2007 1113	As needed – DCU Manager
056 DISCIPLINARY CASES RECEIVED ACCUSATION/SOI AG CASE	2000 0719	
057 DISCIPLINARY CASES RECEIVED ACCUSATION/SOI CASE-NO	2005 0517	
058 DISCIPLINARY CASES RECEIVED ACCUSATION/SOI ALPHA -	2007 1101	As needed – DCU Manager
060 PENDING DISCIPLINARY CASES (ACCUSATION) / STATEMENT OF ISSUES	2008 0414	As Needed – DCU Manager
061 PENDING DISCIPLINARY CASES AG CASE / STATEMENT OF ISSUES	2005 0728	
062 PENDING DISCIPLINARY CASES CASE NO / STATEMENT OF ISSUES	2005 0906	
063 PENDING DISCIPLINARY CASES ALPHA / STATEMENT OF ISSUES	2005 0907	
064 PENDING DISCIPLINARY CASES INV ID	2006 0316	
065 PENDING CASES AT ATTORNEY GENERAL WITH USER SPECIFIED SORT	2007 0501	As needed – DCU Manager
067 DISCIPLINARY CASES CLOSED ACCUSATION/SOI AG/SOI DATE	2007 1113	As needed – DCU Manager
068 DISCIPLINARY CASES CLOSED ACCUSATION/SOI AG-CASE	2007 1030	As needed – DCU Manager
069 DISCIPLINARY CASES CLOSED ACCUSATION/SOI CASE-NO	2007 1203	As needed – DCU Manager
070 DISCIPLINARY CASES CLOSED ACCUSATION/SOI ALPHA	2005 0728	
DC DISCIPLINARY CASE REPORTS - 2		
B99 CASES ASSIGNED TO AG (PRE & POST ACCUSATION) AKA BOATWRIGHT	2008 0114	As needed – Enf. Program Mgmt.
D42 DISCIPLINARY CASE AGING DATA	2008 0110	As needed – Enf. Program Mgmt.

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Report Title	Last Used	Comments
D70 DISCIPLINARY CASE AGING DATA (AVG. TIME FROM COMPLAINT FILED)	2007 0723	As needed – Enf. Program Mgmt.
D93 MBC DISTRICT OFFICE DISCIPLINE CASE INVENTORY	2008 0115	As needed – Enf. Program Mgmt.
FF CITATION DETAIL REPORTS		
B58 CITATION RECORDS WITH LISS AND LDUE ACTION CODES	2008 0428	As needed – Cite/fine analyst
OB OBREGON REPORT DETAILS		
B01 CSR CASELOAD OVER 6 MONTHS OLD	2008 0305	Monthly – CCU Manager
B12 COMPLAINT AGE SUMMARY BY PRIORITY (OBREGON 1)	2007 0719	As needed – CCU Manager
B13 COMPLAINT AGE SUMMARY BY PRIORITY (OBREGON 2)	2005 1219	
B2A EXCLUDING AG CASES – INVESTIGATOR CASELOAD OVER 360 DAYS OLD	1999 0723	
B2B AG CASES – INVESTIGATOR CASELOAD OVER 360 DAYS OLD	1999 0723	
B2C EXCLUDING AG CASES - INVESTIGATOR CASELOAD OVER 360 DAYS (REGN)	2008 0401	As needed – Enf. Program Mgmt.
B2D AG CASES - INVESTIGATORS CASELOAD OVER 360 DAYS (REGN)	1994 0711	
B23 UNASSIGNED INVESTIGATORS	2008 0505	Monthly – Enf. Program Mgmt.
D04 AG/DA CASE AGE SUMMARY BY ALLEGED VIOLATION	2000 1205	
PP PENALTY / PROBATION REPORTS		
D65 PENDING PROBATION MONITORING REPORT	2008 0505	Monthly – Enf. Program Mgmt.
D66 DISCIPLINE CASES WITH MISSING PROBATION RECORDS	2007 0928	As needed – Enf. Program Mgmt.
D67 REPORT OF PROBATION COMPLETIONS	2008 0505	As needed – Enf. Program Mgmt.
PS PHYSICIAN SURVEY REPORTS		
PSR CREATE YOUR OWN PHYSICIAN SURVEY REPORT	2004 0415	
TB ENFORCEMENT STANDARD TABLE LISTS		
CAS CASE TYPE	2007 1227	As needed – CCU Manager
CTG CATEGORY CODE (DCA)	2007 1227	As needed – CCU Manager
D44 AGING DATA FROM COMPLAINT RECEIPT TO COMPLETED INVESTIGATION	1997 0430	
ERR ERROR CODE	1999 1230	
EXP EXPERT MODE SCREENS	1999 0920	
INV INVESTIGATION TYPE	2007 1227	As needed – Enf. Program Mgmt.
RTE STANDARD RATE	2002 0610	
SRC SOURCE CODE	2007 1227	As needed – Enf. Program Mgmt.
STD STANDARD ACTION CODES LISTING	2007 1227	As needed – Enf. Program Mgmt.
TC ENFORCEMENT AGENCY TABLE LISTS		
ACT ACTION CODE LIST (AGY/STD)	2008 0418	As needed – Enf. Program Mgmt.
APP APPLICATION TYPE	2007 1227	As needed – Enf. Program Mgmt.
B66 REPORT OF DUPLICATE RECORDS	1996 0129	
D27 ASSIGNMENT CONTROL	2008 0108	As needed – Enf. Program Mgmt.
D28 USER INFORMATION	2008 0408	As needed – Enf. Program Mgmt.
DEC DECISION TYPE	2007 1227	As needed – Enf. Program Mgmt.
DOC DOCUMENT TYPE	2007 1227	As needed – Enf. Program Mgmt.
ID2 IDENTIFIER CODE	2007 1227	As needed – Enf. Program Mgmt.
LTR LETTER PROCESSING NAME TABLE	2002 0328	

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Report Title	Last Used	Comments
MED MEDICAL SERVICE CODE	1999 0920	
PRI PRIORITY CODE	1999 0920	
REA REASON CODE	2007 1227	As needed – Enf. Program Mgmt.
RPT DETAILS OF REPORTS FROM THE REPORT CONTROL TABLE	2008 0515	As needed – Enf. Program Mgmt.
RRF REPORT REFERRAL CODE	2007 1227	As needed – Enf. Program Mgmt.
VIO VIOLATION CODE	2008 0421	As needed – Enf. Program Mgmt.
VP ACCUSATION, PENALTY PROBATION REPORTS		
B29 CASE ACTION CODE COUNTS	2007 1227	As needed – Enf. Program Mgmt.
B37 CASE'S ASSIGNED TO THE ATTORNEY GENERAL'S OFFICE	2007 1227	As needed – Enf. Program Mgmt.
B62 DISCIPLINARY REPORT	2007 0102	
B63 RECORDS ASSIGNED TO A DA	2003 0724	
C42 PENALTY TICKLER AND DELINQUENT RECEIVABLE REPORT	1998 0115	
ZD DOWNLOAD REPORT		
B57 RELATED ACTION CODE REPORT – DOWNLOAD	2007 0223	

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Attachment C: Automatic Letters

**Automatic Letters Produced in FYs 2003-04 through 2007-08
(as of April 2008)**

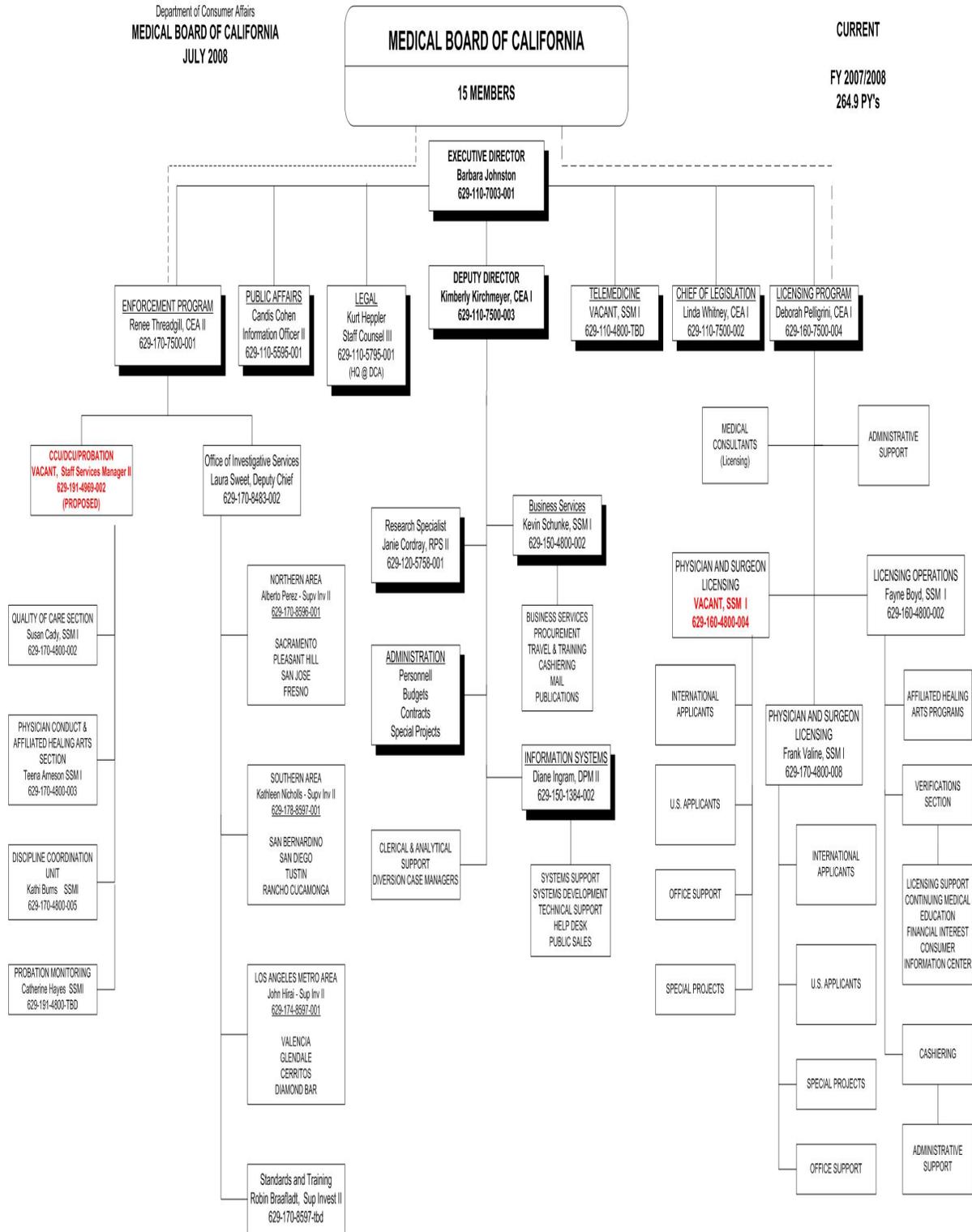
Fiscal Year	03-04	04-05	05-06	06-07	07-08
Letter Type					
Acknowledge Receipt of Complaint	6308	4443	4445	4008	2851
Final Decision Notification (Subject)	2284	2582	2220	2505	1554
Final Decision Notification (Complainant)	4442	5166	4958	4743	2932
Request subject response for release of records (to subject)	2696	2821	3000	2872	1770
Authorization Letter and Form (to complainant)	1329	1049	1084	1248	965
Insurance Company Notified to file 801 Report	17	17	19	11	8
Complaint sent to investigation	1812	1327	1355	1293	1056
Letter to Insurance Company/Attorney requesting records	3541	3084	2924	3309	2440
TOTAL	22,429	20,489	20,005	19,989	13,576

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Attachment D:

Department of Consumer Affairs
MEDICAL BOARD OF CALIFORNIA
 JULY 2008

CURRENT
 FY 2007/2008
 264.9 PY's



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Attachment E: Basis for Measuring Improvement

FIVE YEAR BASIS FOR PROCESSING IMPROVEMENTS

Conclusion - Over time, 74% of all complaints result in no action taken and 19% result in some CCU (10%), FO (14%), or AG (5%) action.

The analysis of a February 22, 2008 snapshot of 36,982 complaints that were opened during FYs 2003-04 through 2007-08 revealed the following:

- A total of 34,345 complaints (93%) were closed resulting in
 - 377 licenses revoked
 - 217 licenses surrendered
 - 33 probations
 - 176 public letters of reprimand
 - 980 citations
 - 93 referrals for criminal action
 - 3,923 complaints identified for consideration with future incidents
- A total of 2,637 (7%) are still open in the
 - CCU (1109)
 - FO (1081)
 - AG (447)
- Closures occurred in the following units
 - Over eighty-six percent (86%) of the complaints were closed by the CCU
 - ten percent (10%) by the FO
 - four percent (4%) by the AG.
- The CCU received 36,982 complaints:
 - 1109 (3%) are still open
 - 9,854 (27%) resulted CCU actions (including citation issued, compliance verified, flagged for consideration with future complaints, and sent to the FO for further investigation)
 - 26,019 (70%) were not acted on
- The FO received 6,305 complaints:
 - 1,081 (17%) are still open
 - 4,143 (66%) resulted in FO actions (including citation issued, referred for criminal action, flagged for consideration for future complaints, and sent to the AG for legal action),
 - 1,081 (17%) were not acted on
- The AG received 1,667 complaints
 - 447 (27%) are still open,

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CRIMS Feasibility Study Report

- 1,149 (69%) resulted in AG administrative actions
- 71 (4%) were declined by the AG or withdrawn by petitioner and were not acted on

ADDITIONAL BASIS

All complaints filed with the board in FY 2005-06 were analyzed for final disposition. Data was collected on February 22, 2008.

See Attachment D, Dispositions of Closed Complaints for all closures.

Only closures that resulted in no action were examined further.

FY 2005-06 is the closest year that could be use because the later years had too many complaints still open to examine closing dispositions.

As of February 22, 2008, 7144 (93%) of the 7669 complaints filed with the Board in FY 2005-06 were closed.

Of the 7144 closed complaints, a total of 5220 were closed “without merit” as follows:

Final Disposition	Total number of complaints	Average Days to Process	Max Days to Process
insufficient evidence	858	244	886
no violation	2,749	93	931
not within the jurisdiction of the Board	651	31	374
referred to another agency	962	10	281
Total	5,220		

The processing patterns for these types of complaints (non-actionable) should be examined to determine how to bring them to closure quicker and to determine why there is such a huge difference between average and maximum processing times. CAS provides insufficient data and functionality to do that.

Without good data to do the analysis, the impact of process or automation change cannot be measured.

Example of Use

As of February 22, 2008, 7144 (93%) of the 7669 complaints filed with the Board in FY 2005-06 were closed. Of the 7144 closed complaints, a total of 5220 were closed “without merit” .

For this FSR, these violations and related statistics will be the basis for measuring change.

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For example, the 73% of closed complaints opened in FY 2005-06 were closed with no action taken. (Almost identical to the historical percent which was based on 34,345 closed complaints.) In addition, 12.5% of all complaints opened in FY 2005-06 were closed by referring the complainant to the appropriate agency for the complaint.

The CRIMS system proposes to provide a Web process to help complainants identify the proper agency for their complaint or at least help them recognize when the Board does not have jurisdiction over the alleged incident.

As a result, the CRIMS system expects to reduce the percent of mis-sent complaints that the Board receives from the current 12.5% to a maximum of 6% of total complaints received.

The automated processes proposed for CRIMS should also reduce the amount of time it takes to refer a complaint to another agency from an average of 10 elapsed days (6 work days) to an average of 3 work days.

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Glossary

- ALJ** *Administrative Law Judge*
- BPC** *Business and Professions Code*
- CCU** *Central Complaint Unit*
- CAS** *Consumer Affairs System*
- COTS** *Commercial Off the Shelf*
- CARS** *Criminal Activity Reporting System*
- DCU** *Discipline Coordination Unit*
- FO** *District Field Office*
- GAP DATA** *Elapsed Time Measurements*
- HQE** *Health Quality Enforcement*
- IAR** *Investigation Activity Reporting System*
- LAN** *Local Area Network*
- MOTS** *Modified Off the Shelf*
- RFP** *Request for Proposal*
- VE** *Vertical Enforcement*
- WAN** *Wide Area Network*

INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION A: EXECUTIVE SUMMARY

1.	Submittal Date	
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		FSR	SPR	PSP Only	Other:
2.	Type of Document	X			
	Project Number				

		Estimated Project Dates		
3.	Project Title	Complaint Resolution Information Management System	Start	End
	Project Acronym	CRIMS	1/01/2009	7/01/2011

4.	Submitting Department	Medical Board of California
5.	Reporting Agency	Consumer Affairs Agency

6.	Project Objectives	8.	Major Milestones	Est Complete Date	
	<p>The Complaint Resolution Information Management System (CRIMS) is necessary to enable the California Medical Board (Board) to protect health care consumers by reducing the amount of time to respond to consumer complaints against the Physicians, Surgeons, and Allied Health Professionals that the Board licenses and regulates.</p> <p>The Consumer Affairs System (CAS) that staff currently uses is merely a data repository rather than a system that facilitates complaint resolution. The data collected is of such poor quality that internal users depend on paper complaint folders to obtain reliable complaint information.</p> <p>When the new system is implemented, the Board's Enforcement Program will realize the following benefits:</p> <ul style="list-style-type: none"> • Faster resolution of consumer complaints while still providing consistent resolutions and timely notifications. • Efficient processing of complaints by enabling Enforcement Analysts and Investigators to focus on actionable complaints. • Consistent Program-wide use of current Enforcement processes • Reliable, accessible, automated, complaint information. 		FSR approved	January 2009	
				Hire MBC Project Manager and IV&V vendor	August 2009
				Complete Functional and Technical Requirements	September 2009
				Develop Detailed Project Schedule	October 2009
				Hire IPOC vendor	December 2009
				Release Request For Proposal (RFP)	January 2010
				Receive Draft RFPs	March 2010
				Receive Final RFPs	June 2010
				Announce Winning Vendor	July 2010
				Award Vendor Contract	October 2010
				Complete Unit, System, and User Testing	June 2011
				Convert and Migrate Data to Production System	June 2011
				Install in Production	July 2011
			PIER	January 2013	
			Key Deliverables		
			RFP	Dec 15, 2009	
			Data Conversion and Migration Plan	Aug 1, 2010	
			Detailed Design Document and Revised Schedule	Aug 1, 2010	
			Unit, System, and User Test Plans	Aug 15, 2010	
			Training, Deployment, & Installation Plans	Aug 30, 2010	
			Vendor Contract	Sept 15, 2010	

INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION A: EXECUTIVE SUMMARY

7.	<p>Proposed Solution</p> <p>The Complaint Resolution Information Management System (CRIMS) project is being deployed to enable the California Medical Board (Board) to better serve consumers who are seeking assistance in resolving complaints about the Physicians and Surgeons, and Allied Health Professionals that the Board regulates. The Consumer Affairs System (CAS) system that staff currently uses is merely a data repository rather than a system that facilitates complaint resolution.</p> <p>The Public Utilities Commission (PUC) has recently concluded market research and evaluated demonstrations of the top viable commercially available solutions for their Consumer Information Management System (CIMS). The PUC has concluded that the most value-effective solution for their complaint resolution problems is a modified-off-the-shelf (MOTS) solution that, once procured, can be modified and deployed in less than a year.</p> <p>After reviewing their research and evaluations, the Board believes that this solution is also appropriate for the proposed CRIMS system.</p> <p>The solution will facilitate complaint resolution by:</p> <ul style="list-style-type: none">• Identifying and processing complaints with automated pre-screening and workflow processes freeing the Board's Enforcement staff to resolve actionable complaints.• Storing electronic images of supplemental documents and correspondence on complaint records so that all staff can view the entire complaint electronically.• Enforcing proper edit controls to ensure accurate and complete data in the complaint records.• Creating a WEB, rule-based intake process for complaints that minimizes the number of complaints that, currently, are simply routed to another organization for processing.• Allowing consumers to file complaints using a secure WEB intake process that also produces completed submittal forms, including medical release documents, that complainants can print, sign, and submit to the Board.• Having current business rules coded in the entry system thereby ensuring consistent processing of complaints.• Providing electronic guidance to internal staff on how to process (rule-based entry) and resolve complaints.• Automatically alerting Supervisors, Analysts, and Investigators to unacceptable processing delays. <p>The solution will be housed at the Department of Technology Services (DTS). The project costs include the purchase of sufficient hardware and software for development, test, training, and production environments. The solution will use hardware and software that is compliant with DTS and the Board's standards. The Board's Information System Branch (ISB) will oversee the design, development, and implementation of the new system and will support it in production.</p>
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**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION B: PROJECT CONTACTS**

Project #	
Doc. Type	FSR

Executive Contacts								
	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
Agency Secretary	Rosario	Marin	916	653-2636		916	445-8895	rmarin@scsa.ca.gov
Dept. Director	Carrie	Lopez	916	574-8200		916	574-8613	DCADirector@dca.ca.gov
Budget Officer	Debbie	Titus	916	263-2464		916	263-0318	dtitus@mbc.ca.gov
CIO	Debra	Gonzales	916	574-7910		916	574-8600	debra_Gonzales@dca.ca.gov
Proj. Sponsor	Renee Diane	Threadgill Ingram	Chief of Enforcement Manager ISB	916 916	263-2194 263-6181	916 916	263-2383 263-2210	RThreadgill@mbc.ca.gov DIngram@mbc.ca.gov

Direct Contacts								
	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
Doc. prepared by	Helen	Stanley	435	729-0399				hstanley@att.net
Primary contact	Diane	Ingram	916	263-6181		916	263-2210	dingram@mbc.ca.gov
Project Manager	TBD							

INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION C: PROJECT RELEVANCE TO STATE AND/OR DEPARTMENTAL PLANS

1.	What is the date of your current Operational Recovery Plan (ORP)?	Date	October 2007	Project #	
2.	What is the date of your current Agency Information Management Strategy (AIMS)?	Date	September 2006	Doc. Type	FSR
3.	For the proposed project, provide the page reference in your current AIMS and/or strategic business plan.	Doc.	MBC Strategic Plan 2007		
		Page #	7		

4.	Is the project reportable to control agencies?		Yes	No
			X	
	If YES, CHECK all that apply:			
	X	a) The project involves a budget action.		
		b) A new system development or acquisition that is specifically required by legislative mandate or is subject to special legislative review as specified in budget control language or other legislation.		
X	c) The estimated total development and acquisition cost exceeds the departmental cost threshold and the project does not meet the criteria of a desktop and mobile computing commodity expenditure (see SAM 4989 – 4989.3).			
	d) The project meets a condition previously imposed by Finance.			

**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION D: BUDGET INFORMATION**

Project #	
Doc. Type	FSR

Budget Augmentation Required?										
No										
Yes	X	If YES, indicate fiscal year(s) and associated amount:								
		FY	2009-10	FY	2010-11	FY	2011-12	FY		FY
			\$ 346,000		\$ 2,396,000		\$ 513,000			\$

PROJECT COSTS

1.	Fiscal Year	2009-10	2010-11	2011-12			TOTAL
2.	One-Time Cost	434,000	2,637,000	0			\$ 3,071,000
3.	Continuing Costs	0	0	886,000			\$ 886,000
4.	TOTAL PROJECT BUDGET	\$434,000	\$2,637,000	\$886,000			\$ 3,957,000

SOURCES OF FUNDING

5.	General Fund						\$
6.	Redirection	\$ 88,000	\$ 241,000	\$ 373,000			\$ 702,000
7.	Reimbursements						\$
8.	Federal Funds						\$
9.	Special Funds	\$ 346,000	\$ 2,396,000	\$ 513,000			\$ 3,255,000
10.	Grant Funds						\$
11.	Other Funds						\$
12.	PROJECT BUDGET	\$ 434,000	\$ 2,637,000	\$ 886,000			\$ 3,957,000

PROJECT FINANCIAL BENEFITS

13.	Cost Savings/Avoidances	\$	\$	\$	\$	\$	\$
14.	Revenue Increase	\$	\$	\$	\$	\$	\$

Note: The totals in Item 4 and Item 12 must have the same cost estimate.

**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION E: VENDOR PROJECT BUDGET**

Vendor Cost for FSR Development (if applicable)	\$2,400,000
Vendor Name	To be determined by RFP process

Project #	
Doc. Type	FSR

VENDOR PROJECT BUDGET

1.	Fiscal Year	2009-10	2010-11	2011-12				TOTAL
2.	Primary Vendor Budget		1,800,000					\$
3.	Independent Oversight Budget	\$150,000	150,000					\$
4.	IV&V Budget	\$ 75,000	225,000					\$
5.	Other Budget							
6.	TOTAL VENDOR BUDGET	\$225,000	\$2,175,000		\$		\$	\$2,400,000

------(Applies to SPR only)-----

PRIMARY VENDOR HISTORY SPECIFIC TO THIS PROJECT

7.	Primary Vendor	
8.	Contract Start Date	
9.	Contract End Date (projected)	
10.	Amount	\$

PRIMARY VENDOR CONTACTS

	Vendor	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
11.									
12.									
13.									

**INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION F: RISK ASSESSMENT INFORMATION**

Project #	
Doc. Type	FSR

RISK ASSESSMENT

	Yes	No
Has a Risk Management Plan been developed for this project?	X	

General Comment(s)
<p>The Risk Management Plan has been developed for this project and is included in Section 7 of this FSR.</p> <p>The CMB understands that risk management planning is a vital component of ensuring project success. A disciplined approach to risk management includes developing a Risk Management Plan that identifies and documents potential risks (risk identification), identifies ways in which they can be minimized (risk mitigation planning), and includes policies and procedures to monitor and resolve risks that arise (track and control). When hired, the CRIMS project manager will The Board will update this document with input from the Board's Project manager to be hired 7/1/2009 and again after the after the RFP is awarded. The Project Manager will develop the policies and procedures that the project will follow to identify, assess, rank, prioritize, mitigate, and monitor each project risk.</p> <p>In general, the mitigation approach for potential changes in scope will require a clear definition of business objectives in the request for proposal and a strong change management process. The mitigation approach for potential resistance to change by staff is to involve them throughout the process and to communicate frequently with staff about project progress.</p> <p>The Project Manager and the project team will update the Risk Management Plan as the project progresses.</p>