

Information Technology Capital Plan

Department IT Capital Plan



Information Technology Capital Plan, Plan Year 2009-10 through 2013-14 Executive Approval Transmittal

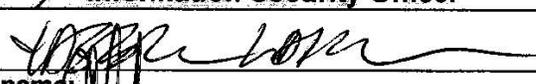
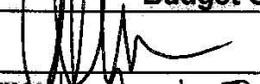
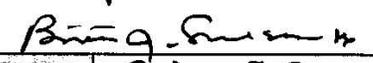
Department Name

APPROVAL SIGNATURES

I am submitting the attached Information Technology Capital Plan as required by the State Administrative Manual Section 4904.

I certify that the IT Capital Plan was prepared in accordance with State Information Management Manual section 57 and that the proposed IT projects are consistent with our business strategies and information technology strategy.

I have reviewed and agree with the information in the attached Information Technology Capital Plan.

Chief Information Officer	Date Signed
 Printed name:	9-18-08
Information Security Officer	Date Signed
 Printed name:	9-18-08
Budget Officer	Date Signed
 Printed name: Angie Johnson for Debbie Shepherd-Juch	9-19-08
Department Director	Date Signed
 Printed name: Bolette J. Sorenson	9-19-08

DEPARTMENT IT CAPITAL PLAN

Department Name and Org Code:

California Department of Public Health (CDPH)
Org Code: 4265

Plan Year:

2009-10 through 2013-14

1. Summarize your organization's business goals and objectives below:

For the CDPH 2008-2010 Strategic Plan, the CDPH executive management team developed five goals for the Department. The goals address strategic issues and provide broad direction. While the priorities of public health are numerous, with a great degree of difficulty, CDPH narrowed its goals to areas of public health that require additional immediate attention while remaining achievable with limited or no additional resources.

Goal 1- Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity

Objectives:

1. Increase to 50% the percentage of recent planning documents on file to support the prioritized subset of HHS Healthy People 2010 Objectives by 6/30/09.
2. Increase to 90% the percentage of the planning documents on file to support the prioritized subset of HHS Healthy People 2010 Objectives by 6/30/10.
3. Increase by an average of 5% progress toward California's performance on the prioritized subset of HHS Healthy People 2010 Objectives by 06/30/09.
4. Increase by an average of 10% progress toward California's performance on the prioritized subset of HHS Healthy People 2010 Objectives by 06/30/10.
5. Increase by an average of 2.5% programmatic progress toward California's improved performance on a prioritized subset of the HHS Healthy People 2010 objectives by 06/30/09.
6. Increase by an average of 5% programmatic progress toward California's improved performance on a prioritized subset of the HHS Healthy People 2010 Objectives by 06/30/10.

Goal 2 - Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies

Objectives:

1. Increase to 80% the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment by 6/30/09.
2. Increase to 90% the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment by 06/30/10.
3. Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.50 hours by 06/30/09.
4. Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.25 hours by 06/30/10.
5. Increase to 80% the percentage of laboratory tests supported by the CDPH enterprise-wide Laboratory Information Management System by 6/30/09.

6. Increase to 100% the percentage of laboratory tests supported by the CDPH enterprise-wide Laboratory Information Management System by 06/30/10.
7. Increase to 43 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/09.
8. Increase to 54 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/10.
9. Increase the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans to two by 06/30/09.
10. Maintain the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans at two by 06/30/10.

Goal 3 - Improve Quality and Availability of Data to Inform Public Health Decision-Making Objectives:

1. Increase to 16% the datasets in the CDPH Data Resource Inventory* that collect the Common Core Data Elements** by 6/30/09.
2. Increase to 18% the datasets in the CDPH Data Resource Inventory that collect the Common Core Data Elements by 6/30/10.
3. Increase to 16% the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information by 6/30/09.
4. Increase to 18% the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information by 6/30/10.
5. Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 20% by 06/30/09.
6. Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 30% by 06/30/10.
7. Increase to 50% the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the Internet by 06/30/09.
8. Increase to 70% the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the Internet by 06/30/10.

*The CDPH Data Resources Inventory (DRI) is an interactive electronic catalog of data sets and other data resources that have been created by and are maintained within DPH's various programs. The DRI includes data about data (metadata) for more than 100 data sets maintained within CDPH programs, including information about the purpose for the data, what program created and maintains the data set, what data items are included in the data set, how and under what circumstances CDPH staff and partners may access and use the data, etc.

**The Common Core Data Set includes five data elements to be collected by CDPH data resources in a standard format whenever appropriate and fiscally feasible. The data set includes birth name, birth date, location of birth, gender and mother's first name.

Goal 4 - Promote Quality of the Workforce and Workplace Environment

Objectives:

1. Increase to 50% the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor by 06/30/09.
2. Increase to 100% the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor by 06/30/10.
3. Increase to 40% the percentage of employees surveyed who rate the CDPH as "very good" or "good" on an anonymous survey of ten aspects of the workplace environment by 06/30/09. The ten aspects include:
 - o Organizational image/perception of others (peers, clients, community)
 - o Leadership
 - o Work conditions
 - o Treatment of employees
 - o Rewards and recognition
 - o Teamwork
 - o Supervision
 - o Job satisfaction
 - o Customer focus
 - o Overall satisfaction

Goal 5 - Improve Effectiveness of Business Functions

Objectives:

1. Increase by 10% the number of pending regulation packages filed with the Secretary of State within 36 months of development by 06/30/09.
2. Increase by an additional 10% the number of pending regulation packages filed with the Secretary of State within 36 months of development by 06/30/10.
3. Increase to 85% the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section by 06/30/09.
4. Increase to 90% the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section by 06/30/10.
5. Increase to 85% the percentage of Requests for Personnel Action receiving approval within 30 days of receipt in the Human Resources Branch by 06/30/09.
6. Increase to 95% the percentage of Requests for Personnel Action receiving approval within 30 days of receipt in the Human Resources Branch by 06/30/10.
7. Increase to 85% the percentage of contracts processed within 30 days of receipt by Contract Management Unit by 06/30/09.
8. Increase to 95% the percentage of contracts processed within 30 days of receipt by Contract Management Unit by 06/30/10.
9. Increase distribution of Expenditure Forecast Reports to programs to 100% by December 1, 2008 and ensure 100% are distributed monthly thereafter.
10. Increase distribution of fiscal year 2008-09 budgets (BUDS) to program to 100% within 45 days of budget enactment.

2. What are your organization's plans to upgrade or replace your IT infrastructure for the following? When responding, please indicate the timeframes of your intended upgrade or replacement efforts.

2.1. Hardware

CDPH Programs plan to upgrade their servers, mass storage devices, desktops, laptops and printers on a regular 4-year replacement cycle. If funding is available, these Programs will replace approximately 25% of their hardware each year. Hardware devices include, but are not limited to:

- Wintel Servers
- Backup Tape Drives
- Appliances
- Desktops
- Laptops
- PDAs - Blackberry
- Printers
- Mass storage devices, like DAS, NAS or SAN

All centralized infrastructure hardware supporting the enterprise services will be replaced by our Service Providers at DHCS and DTS.

2.2. Software – Provide a brief summary of the department's plans to upgrade or replace software infrastructure in the next five years, including the fiscal year that these activities are planned to occur. Identify the specific software to be upgraded or replaced.

CDPH Programs upgrade their application software on an as needed basis. Currently, our service providers, DHCS and DTS, maintain and support all infrastructure software. Usually this software is scheduled for upgrade only after sufficient analysis and testing, and based upon business requirements and availability of resources. No specific upgrades have been scheduled at this time. The following is a list of major enterprise software subject to potential upgrade each year that will be done by DHCS and DTS:

- Exchange E-Mail
- Blackberry Enterprise Server
- Active Directory
- Windows Servers
- SQL Servers
- IIS Web Servers
- SharePoint Servers
- SMS/System Center Configuration Manager
- Citrix Remote Access
- Remedy Help Desk
- Business Objects
- Voltage Anti-Virus
- ProofPoint Anti-Spam

- Voltage E-Mail Encryption
- Websense Internet Content Filter
- Guardian Edge Desktop Encryption
- Windows Desktop
- Microsoft Office

2.3. Network – Provide a brief summary of the department's plans to upgrade or replace network infrastructure in the next five years, including the fiscal year that these activities are planned to occur. Identify the specific network component to be upgraded or replaced.

CDPH does not maintain any infrastructure network equipment. The infrastructure network is supported and maintained by our Service Providers DHCS and DTS. CDPH understands that DHCS plans to replace all network devices including switches, routers, firewalls, VPNs, and appliances every 6 years. If funding is available, DHCS replaces approximately 17% of its network devices annually. Most routers are replaced by DTS through monthly payments for their WAN services.

- Routers
- Core Switches
- Distribution Switches
- Access Switches
- Appliances
- Network Monitoring Tools
- VPN devices

3. Existing Approved Reportable IT Projects

Provide the following information regarding your existing approved reportable IT projects on Table 1 on the following page:

Table 1-Existing Approved Reportable IT Projects Summary by Department

Existing IT Project Name	Approved Project Cost \$M	Project Number	Implementation Date
<i>The name of the existing IT project. (Each Project listed must meet the definition of a reportable project as defined in SAM Section 4819.37.)</i>	<i>This should be the total approved cost for the IT project, as documented in the last project approval letter issued by the OCIO or Finance</i>	<i>As documented in the project approval letter issued by the OCIO or Finance.</i>	<i>The implementation date of the IT project, as documented in the last project approval letter issued by the OCIO or Finance (in MM/YYYY format).</i>
Web Confidential Morbidity Report/Electronic Laboratory Reporting (Web CMR/ELR)	\$22.7	4265-7	06/2010
Vital Records Image Redaction and Statewide Access (VRIRSA)	\$24 *	4265-3	01/2009
Center Request Tracking System (CRTS)	\$1.1	4265-3	12/2008
Offsite Image Repository (OIR)	\$.8	4265-3	10/2007
Enterprise Online Licensing (EOL)	\$8.1	4265-8	07/2011
Screening Information System Expansion (GDSP)	\$19.7	Exempt	01/2009
Response and Surveillance System for Childhood Lead Exposures II (RASSCLE II)	\$4	4260-169	06/2005
Local Evaluations On-line (LEO)	\$.5	07-020	06/2008
Health Facilities Consumer Information System	\$2.8	4265-6	03/2008

*Note: Project # 4265-3 VRIRSA, CRTS, and OIR include the costs for Computerization of Records (COR) \$15.0M which is not considered an IT Project.

4. Proposed IT Projects

After each proposed IT project has been documented by answering questions 4.0 – 4.16 of the attached IT Project Proposal Form, provide the following information on Table 2 on the following page:

- The name of each proposed IT project;
- The priority ranking;
- The FSR submission date; and
- The estimated cost

Table 2-Proposed IT Project Summary

Proposed IT Project Name	Priority Ranking	FSR Submission Date	Estimated Cost
Genetic Disease Screening Program (GDSP) Business System Replacement Project (BSRP) *	1	07/2008	\$4,200,000
Statewide Immunization Information System (SIIS) *	2	07/2008	\$3,016,675
California Biomonitoring Information Technology System (CalBITS) *	3	07/2008	\$27,434,000
Enterprise Technology Architecture Strategic Planning (ETASP) Project	4	01/2009	\$2,500,000
SB 1301 – Hospitals Self Reporting Adverse Events	5	03/2009	\$1,100,000
Hospital Available Beds in Emergencies and Disasters (HAVBED)	6	01/2009	\$850,000
Electronic Verification of Vital Events (EVVE)	7	TBD	TBD
Public Health Emergency Incident Management System (PHEIMS)	8	07/2009	\$850,000
Integrated Statewide Information System (ISIS) Web EBT (Electronic Benefits Transfer)	9	TBD	TBD
Public Health Monitoring System (PHMS)	10	TBD	TBD
Screening Information System (SIS) Expanded Newborn and Prenatal Screening	11	Exempt	\$22,500,000
Healthcare Professional Licensing Management System (HAL System Replacement)	12	01/2009	\$1,320,000
On-line Health Facilities and Health Services Professional Licensing Application Project	13	TBD	TBD
State and Territorial Exchange of Vital Events (STEVE)	14	TBD	TBD
California Tobacco Control Program (CTCP) Portal	15	TBD	\$1,300,000
Electronic Distribution of Statement of Deficiencies and Receiving Plan of Correction	16	TBD	TBD
Electronic Fetal Death Registration System	17	TBD	TBD
SB 1058 – Health Facilities Self Reporting Infection Incidents System	18	TBD	TBD
Marriage license automation (imaging and indices)	19	TBD	TBD
Migration from Legacy (mainframe) system to the CDPH Information Technology Infrastructure	20	TBD	TBD

*Note: GDSP / BSRP, SIIS, and CalBITS projects already have submitted FSRs; therefore, they do not include IT Project Proposal Forms. This was verbal direction given at the IT Capital Plan training and stated in the YouTube Capital Plan training.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Andrea Spears
Telephone: 916-324-5353
Email: andrea.spears@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Enterprise Technology Architecture Strategic Planning (ETASP) Project
Priority: 4

4.2. Description of the proposed IT project:

The California Department of Public Health (CDPH) was established on July 1, 2007 by legislation (SB 162 of 2006) that excerpted public health programs from the (then named) Department of Health Services (DHS). A primary driver for establishing a public health department was to provide visibility to public health programs. The separation has enabled public health programs to prioritize the need to share information across programs to better perform surveillance and identify trends in chronic and infectious diseases. Identifying trends is the first step in ultimately preventing health problems – the reason for which public health exists. A national approach to facilitate data sharing, known as public health informatics, has been coalescing in the last few years to facilitate performing surveillance – the cornerstone to effective public health prevention programs.

The first of two primary components of CDPH's Enterprise Technology Architecture Strategic Planning (ETASP) project includes the development of CDPH's Agency Information Management Strategy (AIMS), which will establish key CDPH IT strategies, goals and objectives. In addition, the AIMS will provide the blueprint for CDPH's future enterprise technology architecture, including data, applications and technology, as well as related plans, policies and standards. This architecture will be instrumental to CDPH in achieving its mission and vision.

Since the inception of CDPH in July 2007, the Department of Health Care Services (DHCS) has provided Information Technology (IT) infrastructure and related support services on behalf of CDPH. In order to meet program requirements and better serve its constituents, CDPH must review its present infrastructure in conjunction with current and future business needs to determine its future direction on how best to acquire infrastructure services and support. As a result, the second primary component of CDPH's ETASP project entails identifying, acquiring and implementing an IT infrastructure solution, including services and support, that will enable CDPH to achieve its strategic business goals and objectives, including assuming an active role in public health informatics with both public and private sector partners in California.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

- Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity
- Goal 2: Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies
- Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making
- Goal 4: Promote Quality of the Workforce and the Workplace Environment
- Goal 5: Improve Effectiveness of Business Functions

Owing to its strategic nature, the ETASP Project will support CDPH in achieving all of its business goals and objectives. Development of its AIMS along with creation of a robust, secure yet flexible IT infrastructure will enable CDPH to contribute to the vision of nationwide public health informatics; develop more effective and efficient health information systems; broaden application of epidemiologic methods of analysis; improve the organization's effectiveness through strategic planning; establish strong liaisons with public health organizations and schools of public health; create policies to support data sharing while ensuring security and privacy; and build effective partnerships with federal, state and local health agencies and professionals. This federated approach to sharing data requires uniform technical specifications that allow different computer systems to exchange large amounts of data.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

By addressing the increasing demand for data sharing through public health informatics and the expansion of critical responsibilities to protect public health, the CDPH proposed enterprise technical infrastructure solution will offer the ability to transform a massive array of individual data points into readily available public health information that can be readily analyzed and evaluated by those authorized to do so. This capability is key to Business Goal 1 and Business Goal 3 for CDPH.

The proposed solution will create CDPH's requisite IT infrastructure that is rigorously available, reliable, flexible and responsive in meeting changing program priorities and in providing immediate access to and disseminating critical information during times of public health crisis to internal and external health partners, and the public. The proposed solution will enhance real-time communications capabilities and customer services while protecting information confidentiality. This capability is key to Business Goal 2, Business Goal 4 and Business Goal 5.

CDPH's vision is to ensure broad systematic access to standards-compliant, secure, geographically-referenced information about Californians affected by threats to public health and associated preventive measures. Our long-term goal is to create a portal for public health information that (1) provides de-identified geographically-referenced data for program assessment, disease pattern analysis, and targeted resource

planning; (2) accesses and combines information from a wide range of data sources; (3) facilitates improvements in health status and outcomes through both primary and secondary prevention; and (4) complies with federal geospatial data standards.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

01/2009

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

03/2009

4.10. What is the duration of the proposed project?

16 months

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes**
- No**

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

If CDPH does not implement the proposed IT project, it will be unable to develop and implement the enterprise IT architecture and network capacity necessary to address the business challenges that have been created by changing program needs and addressed in its business strategic plan. Failure to address these critical business challenges in a timely manner will put the health and well-being of Californians at risk through CDPH inability to maintain and provide vital services (e.g., bio-terrorism prevention, screening for genetic defects in newborn babies, safe drinking water, radiation safety, food and medical insurance benefits, and the control of communicable diseases). Additionally, there is a strong potential for loss of federal funding and legal action for noncompliance with legislatively mandated requirements.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe):

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund	\$2,500,000					\$2,500,000
Federal Fund						
Special Fund*						
Total	\$2,500,000					\$2,500,000

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Connie Kwan
Telephone: 916-552-8925
Email: connie.kwan@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: SB1301-Hospitals Self Reporting Adverse Events
Priority: 5

4.2. Description of the proposed IT project:

Business Background:

Senate Bill (SB) 1301 (2006)-Health Facilities: Reporting and Inspection Requirement requires the General Acute Care, Acute Psychiatric and Special Hospitals licensed by the Department of Public Health (CDPH) to self report to CDPH any adverse event within five (5) days of its discovery or within 24 hours of its discovery if the adverse event is an ongoing urgent or emergent threat to the welfare, safety, or health of patients, personnel, or visitors.

Defined in Health and Safety Code Section 1279.1 and summarized below, adverse events are:

1279.1(b)(1)(A)	Surgery Performed on the wrong body part
1279.1(b)(1)(B)	Surgery performed on the wrong patient
1279.1(b)(1)(C)	Wrong surgical procedure performed on a patient
1279.1(b)(1)(D)	Retention of a foreign object in a patient after surgery or other procedure
1279.1(b)(1)(E)	Death during or up to 24 hours after induction of anesthesia after surgery
1279.1(b)(2)(A)	Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the health care facility
1279.1(b)(2)(B)	Patient death or serious disability associated with the use or function of a device in patient care in which the device is used for functions other than as intended
1279.1(b)(2)(C)	Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility
1279.1(b)(3)(A)	Infant discharged to the wrong person
1279.1(b)(3)(B)	Patient death or serious disability associated with patient

	disappearance for more than four hours
1279.1(b)(3)(C)	Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility
1279.1(b)(4)(A)	Patient death or serious disability associated with a medication error
1279.1(b)(4)(B)	Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
1279.1(b)(4)(C)	Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility
1279.1(b)(4)(D)	Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility
1279.1(b)(4)(E)	Death or serious disability associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life
1279.1(b)(4)(F)	Stage 3 or 4 pressure ulcers acquired after admission to a health care facility
1279.1(b)(4)(G)	Patient death or serious disability due to spinal manipulative therapy
1279.1(b)(5)(A)	Patient death or serious disability associated with an electric shock while being cared for in a health care facility
1279.1(b)(5)(B)	Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
1279.1(b)(5)(C)	Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility
1279.1(b)(5)(C)	Patient death associated with a fall while being cared for in a health care facility
1279.1(b)(5)(E)	Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility
1279.1(b)(6)(A)	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider
1279.1(b)(6)(B)	Abduction of a patient of any age
1279.1(b)(6)(C)	Sexual assault on a patient within or on the grounds of a health care facility
1279.1(b)(6)(D)	Death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a health care facility

In addition, SB 1301 requires CDPH to conduct onsite inspection or investigation within 48 hours or 2 business days upon receipt of the reported event that indicates an ongoing threat of imminent danger of death or serious bodily harm at the general acute care, acute psychiatric or special hospital. SB 1301 also requires CDPH to post the required information about the reported adverse event and the outcome of

investigations or inspections of substantiated adverse events on the CDPH's Internet Website.

The purpose of this bill is to:

- Ensure quality care is being provided by the health care facilities
- Increase the licensing inspection frequency of health care facilities that reported serious medical errors
- Ensure the health care facilities that reported serious medical errors implement a plan of corrective action
- Provide health care consumers and the general public with an inspection report and listing of deficiencies involving licensed health care facilities

Project Description:

By July 2010, CHQ will implement the SB 1301-Hospital Self Reporting Adverse Events system, which will allow general acute care, acute psychiatric and special hospitals to self report adverse events via the CDPH Internet.

From this secure Internet site, hospitals can report to the Department with the incident detail such as the event description, the date the event occurred, the patient, and/or staff involved. Upon receipt of the incident report, the information is then forwarded to the appropriate Licensing and Certification (L&C) office to proceed with the investigation processes.

From this Website, health care consumers and the general public can search for the hospital they are interested in and be able to review the reported adverse event, the inspection report, listing of deficiencies cited by the Department, and the hospital's corrective action plan.

For the health care providers, this Website will provide historical information and trends for service and performance improvement.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal:

Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity

The SB1301-Hospitals Self Reporting Adverse Events project supports the Department goals by:

- Providing the health care consumers with health facility performance information when choosing the health facility for their loved ones or themselves
- Provide the health facilities with common data for self assessment and identify areas for their services and performance improvement

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

CHQ will be able to meet the legislative mandate defined in SB 1301.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
- No

The proposed system will collect and store hospital self-reported adverse event information including the patients' condition (diagnosis, medication and/or treatment) and detailed description of the adverse event.

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

12/2008

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

03/2009

4.10. What is the duration of the proposed project?

Ten months from initiation to implementation

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

Consequences of not doing this proposed project include the following:

- CDPH will be out of compliance with state law
- Health care consumer will not have the facility performance information when selecting the health facility to place their loved one or themselves
- CDPH will not have the ability to capture and analyze the data needed to improve the quality of care provided by the health care providers and to ensure the patients' safety
- Health care providers will not have the data needed to analyze the areas or services where improvement is needed

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
 Redirection of existing funds
 Other (describe): Licensing and Certification Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund* L&C Special Fund	\$632,000	\$129,180	\$129,180	\$129,180		\$1,019,540
Total	\$632,000	\$129,180	\$129,180	\$129,180		\$1,019,540

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Julie Whitten
Telephone: (916) 650-6451
Email: Julie.whitten@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Hospital Available Beds in Emergencies and Disasters (HAVBED)
Priority: 6

4.2. Description of the proposed IT project:

To meet the federal Hospital Preparedness Program (HPP) grant requirements, states are required to develop and implement a real-time electronic hospital bed tracking/monitoring system to assist in a regional or statewide ability to care for a surge of patients in the event of a mass casualty incident. The overarching purpose of this project is to develop a hospital bed tracking system for the California Department of Public Health (CDPH) Emergency Preparedness Office (EPO), and the Emergency Medical Services Authority (EMSA) to receive information on availability of acute care hospital beds from counties and transmit this information to the Federal Government.

In order for CDPH to complete the development of an operational bed tracking system compatible with the HAVBED standards and definitions, it must develop or implement a Custom or Modified Off-the Shelf (COTS / MOTS) system capable of reporting bed categories that are consistent with HAVBED requirements and definitions.

The system must adhere to the following requirements:

System will have the ability to report aggregate State level data to the HHS SOC within four hours, no more often than twice daily during emergencies. The frequency of data required from the hospitals is dependent on the incident. The time necessary for data entry must be minimized so that it does not interfere with the other work responsibilities of the hospital staff during a mass casualty incident (MCI). All institutions would need to enter data at the same time on similar days in order to reduce variability due to daily and weekly fluctuations in bed capacity. The data must possess Hospital identification information and categories as defined in the HHS HAVBed system.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal and objectives:

- Goal 2: Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies
- Objective 9: Increase the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans to two by 06/30/09
- Objective 10: Maintain the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans at two by 06/30/10

The implementation of a HAvBED system will include drills that will occur toward the end of the HPP grant period (June – August 2008). Since the HAvBED drills will include completed After Action Reports (AARs) and Corrective Action Plans (CAPs), and enable CDPH to meet the HPP grant requirement that may ultimately assist in a regional or statewide ability to care for a surge of patients in the event of a mass casualty incident, this meets both objectives in Goal 2.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

The business outcomes include the ability to report bed availability on a statewide basis that will meet HPP and HAvBED requirements. This project will increase CDPH's overall ability to collect regional or statewide bed availability data to provide critical information for immediate response during the event of an emergency. The HAvBED system meets the Mission of CDPH, which is dedicated to optimizing the health and well-being of the people in California along with a Core Activity of CDPH that includes preparing for, and responding to, public health emergencies. Ultimately, the HAvBED project will better protect the citizens of California and save lives. In addition, as CDPH continues to meet federal grant fund requirements, it is able to continue to receive federal dollars to meet these requirements vs. requesting general fund dollars.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
 No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
 No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

01/2009

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

02/2009

4.10. What is the duration of the proposed project?

One year.

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

If this project is not implemented, California will not be able to immediately respond to bed availability needs, which may result in the loss of lives.

In addition, failure to complete this project will place CDPH in non-compliance of the HPP and HAvBED requirements, which may result in loss of grant dollars and future

opportunities to apply for these funds, which will result in additional funding requests for general fund dollars.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Federal

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund	\$500,000	\$150,000	\$100,000	\$50,000	\$50,000	\$850,000
Special Fund*						
Total	\$500,000	\$150,000	\$100,000	\$50,000	\$50,000	\$850,000

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: David Fisher
Telephone: 916-552-8213
Email: david.fisher@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Electronic Verification of Vital Events (EVVE)
Priority: 7

4.2. Description of the proposed IT project:

At the Federal, State and local levels, considerable effort has been dedicated to the security and verification of an individual's identity. This is accomplished through the verification of documents presented by individuals seeking identity documents, such as licenses and passports, and individuals seeking various other Federal, State and local services. One of the primary documents used to establish age and citizenship is the birth certificate. With this increased emphasis on security, many Federal, State and local agencies are looking for ways of verifying the vital records documents presented as a part of their license or benefit issuance process.

The Center for Health Statistics is currently proposing to build a system that will allow various government agencies an on-line service to verify California vital records documents.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making

Goal 5: Improve Effectiveness of Business Functions

The EVVE project supports the Department's goals and basic core activities by:

- Improving quality and availability of data to inform public decision-making
- Improve effectiveness of business functions
- Producing and disseminating data to inform and evaluate public health status, strategies and programs

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

This system would meet the needs of our Federal, State and local customers so they can verify the documents they receive and allow them to be in compliance with rules and regulations used to establish identity and citizenship and for the subsequent issuance of identity documents.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management –**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To be determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
- No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

This service cannot be efficiently or even realistically provided except through the use of an electronic system. Manual processing would be expensive and require a workforce of several hundred staff. If there is no electronic system available for vital records verification, all persons born in California would have a difficult time acquiring personal identity documents that are compliant with Federal law. This would result in denied access to Federal facilities, delays in payment and access to benefits.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Health Statistics Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	TBD	TBD	TBD	TBD	TBD	TBD
Total	TBD	TBD	TBD	TBD	TBD	TBD

*All funding is Health Statistics Special Fund

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.1. Point of Contact:

Name: Julie Whitten
Telephone: (916) 650-6451
Email: Julie.whitten@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Public Health Emergency Incident Management System (PHEIMS)
Priority: 8

4.2. Description of the proposed IT project:

An Incident Management system is needed for operation of the Joint Emergency Operations Centers (JEOCs) and the Richmond Campus Coordination Center (RCCC) to provide critical information to make quick and effective decisions during an incident. An Incident Management system will provide the JEOCs and RCCC with situational awareness and communication tools while providing key staff timely information from critical contact information to important documents, to real-time capacity, equipment, and personnel information. The system will monitor the level of response throughout the JEOCs, RCCC, and the Strategic National Stockpile (SNS) warehouse, and provide real-time information on the operational state of other public health departments on a regional or statewide basis.

Key Business Requirements of the Incident Management System:

1. Event Planning and Preparation

Support the automation of the planning, preparation, and training that supports the Standardized Emergency Management System / National Incident Management System (SEMS/NIMS) organizational structure.

2. Event Management

To support the overall emergency operations, business processes, inventory and asset management, grant reporting requirements for the incident, timekeeping, reimbursement requests, staffing, and real-time tracking of resource requests and distribution, etc., that occurs during an event.

3. Interfaces

To support the primary interfaces with other key stakeholders; e.g., receive updates from other web-enabled incident management software in use by the Local Health Departments (LHDs) to manage their Department or Emergency Operations Centers (DOCs/EOCs). Integration with the HAvBED system will be researched to determine

if it is feasible. A GIS component will be included to display CDPH licensed health care facilities, water districts, Emergency Management Services Authority (EMSA) locations, and other stakeholder facilities that may suffer a public health impact during an incident or emergency; e.g., Department of Developmental Services (DDS), Department of Social Services (DSS), Department of Mental Health (DMH), etc.

4. Application Management

- Maintenance contract that includes a 24/7 help desk for emergency telephone and web-based support for the product
- Routine product updates for the duration of the maintenance contract
- Consulting services for the technical and functional areas needed for product installation, configuration, and testing

5. Operation Capacity

We want to provide robust performance for at least 120 concurrent users operating the system using both on site and remote access.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal and objectives:

Goal 2: Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies

Objective 3: Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.50 hours by 06/30/09

Objective 4: Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.25 hours by 06/30/10

The implementation of an Incident Response system will provide real-time information necessary for an immediate response. The CDPH duty officers are usually the first to receive information that needs to be acted upon immediately. With an incident management system, the duty officers and other key staff (e.g., Licensing and Certification, Drinking Water and Environmental Management, etc.) will have the ability to quickly access the information they need on a regional or statewide basis to better assess the incident situation to provide an effective response, that meets objectives 3 and 4 in goal 2.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

The business outcomes include the ability to immediately access critical information needed to quickly evaluate and assess an incident. With real-time information, the

duty officers and other key staff will be able to effectively respond to incidents. In addition, the Incident Response system will be used in exercises to identify After Action Report (AAR) and Completed Action Plan (CAP) issues to increase overall operational performance of the JEOCs and RCCC.

This project will increase CDPH's overall ability to collect critical regional or statewide information for immediate response during the event of an incident or emergency. The Incident Response system meets the Mission of CDPH, which is dedicated to optimizing the health and well-being of the people in California along with a Core Activity of CDPH that includes preparing for, and responding to, public health emergencies. Ultimately, the Incident Response project may be used to save lives and better protect all Californians.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

07/2009

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

09/2009

4.10. What is the duration of the proposed project?

Two years.

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
- No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

We may need to link the Incident Response system with the HAvBED system so information is in one system. This will depend upon the outcome of the HAvBED system to determine whether or not this is feasible.

4.13. Describe the consequences of not doing this proposed project:

Failure to complete this project will slow CDPH's response time by continuing to place the department in a reactive mode to quickly gather information manually vs. a planning and response mode with the immediate availability of real-time data and tools. As part of our direction from the Governor's Office to "lean forward" as we prepare and respond to emergencies, it is critical for CDPH to implement an Incident Response system to quickly align our activities and response in the JEOCs and RCCC to meet this directive.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Federal

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund	\$500,000	\$150,000	\$100,000	\$50,000	\$50,000	\$850,000
Special Fund*						
Total	\$500,000	\$150,000	\$100,000	\$50,000	\$50,000	\$850,000

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Patricia Perez
Telephone: (916) 928-8592
Email: Patricia.Perez@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Integrated Statewide Information System (ISIS) Web EBT (Electronic Benefits Transfer)
Priority: 9

4.2. Description of the proposed IT project:

- 1) A paperless system that will deliver benefits to Women, Infants and Children (WIC) participants using California WIC's existing online infrastructure integrated with a payment processing system.
- 2) The ISIS application's current terminal emulation presentation layer will be converted to a web-based graphical browser interface integrated with the existing backend databases.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal:

Goal 5: Improve Effectiveness of Business Functions

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

A more streamlined and efficient solution to providing food benefits than is currently provided by printing and issuing paper food instruments. With this solution State WIC will provide an EBT card to participants to use at WIC-authorized grocery stores. The State WIC Office, local agencies and vendors will be able to conduct business functions in one integrated application. Applicant eligibility determination, nutrition services delivery and State program management functions would be enhanced through web-based graphical features.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

Supporting and enhancing services for Californians and businesses

- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To be determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes**
- No**

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes**
- No**

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

State WIC will not have a streamlined and efficient solution to providing food and nutrition services. Participants will continue to receive paper food instruments. State WIC, WIC local agencies, and WIC-authorized vendors will continue to use separate applications without the benefit of a web-based graphical user interface to conduct business functions.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Federal

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund	TBD	TBD	TBD	TBD	TBD	TBD
Special Fund*						
Total	TBD	TBD	TBD	TBD	TBD	TBD

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: David Fisher
Telephone: 916-552-8213
Email: david.fisher@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Public Health Monitoring System (PHMS)
Priority: 10

4.2. Description of the proposed IT project:

The Center for Health Statistics (CHS), Office of Vital Records (OVR) and the California Department of Public Health (CDPH) have over the past 20 years undertaken a number of projects to improve and automate the process of creating and registering vital events documents. These highly successful automation efforts have produced both the California electronic birth and death registration systems. In continuation of these efforts and to enable the department to better utilize the data from these systems, the CHS and OVR, in conjunction with the Center for Infectious Disease and the Emergency Preparedness Office, are proposing to build the PHMS.

The threat to Californians health and safety from communicable, infectious or food-borne disease is an ever present danger in modern society. Although good, the current reporting systems have never had the ability to access the near real-time vital records data, primarily death data, from the State registration systems. With the completion of the California Electronic Death Registration System, the CDPH is in the position to be able to leverage the use of this data for many of its mandated State and Federal monitoring programs.

The PHMS would be a central data repository that would contain vital events data to be utilized throughout the department. This “data warehouse” would be populated primarily with birth and death records but would be updated with the surveillance data from any number of other programs. This constantly updated repository could be used throughout the department for any number of disease monitoring and data surveillance tasks.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal:

Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making

The Public Health Monitoring System would specifically address the Department's Strategic Plan Goal 3. In addition, this project will support the following goals, core activities and essential public health services.

- Increase quality and years of healthy life, reduce disparities and promote health equity
- Prepare for, respond to and recover from emergency public health threats and emergencies
- Improve quality and availability of data to inform public health decision-making
- Improve effectiveness of business functions

Core activities:

- Preventing disease, disability, and premature death and reducing or eliminating health disparities
- Preparing for, and responding to, public health emergencies
- Producing and disseminating data to inform and evaluate public health status, strategies and programs

Essential public health services

- Monitoring health status to identify community health problems, including disparities
- Detecting and investigating health problems and hazards in the community
- Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

The creation of this system would provide the Department and its numerous programs a wealth of information that would benefit in the monitoring and reporting of public health trends throughout the state. The system would provide rapid access to vital records data sooner than currently possible. The system would enable the use and warehousing of data that is not possible in the current systems.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

Supporting and enhancing services for Californians and businesses

- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
- No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
- No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

Both the electronic birth and death registration systems are currently in operation and leveraging the data from both of these systems would be part of this proposed project.

4.13. Describe the consequences of not doing this proposed project:

The CHS has shown through its past automation efforts that the creation of electronic registration systems improves the timeliness and accuracy of both the vital records data and the certificates. The PHMS would enable the department to leverage this data in conjunction with a number of other departmental program data to enable the department to rapidly respond to public health events and better meet the goals and objectives of the department. Access to data is essential to monitoring and improving health outcomes, health care and the overall public health; failure to automate the processing of such a critical health indicator would hamper the State and the CDPH in the completion of its core public health objectives.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Health Statistics Special fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	TBD	TBD	TBD	TBD	TBD	TBD
Total	TBD	TBD	TBD	TBD	TBD	TBD

*All funding is Health Statistics Special Fund

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Paul Adcock
Telephone: (510) 412-1477
Email: paul.adcock@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Screening Information System (SIS) Expanded Newborn and Prenatal Screening
Priority: 11

4.2. Description of the proposed IT project:

The Genetic Disease Screening Program (GDSP) manages two statewide screening programs that set the standard in the delivery of high quality, cost-effective genetic services to the constituents of California and make up the largest screening program in the world:

- Newborn Screening (NBS) Program – This legislatively mandated mandatory program offers screening for over 70 types of disorders (e.g., Down syndrome, spina bifida, and neural tube defects) and screens approximately 540,000 newborns each year.
- Prenatal Screening (PNS) Program – This legislatively mandated voluntary program screens for heritable and congenital disorders (e.g., Phenylketonuria and other metabolic disorders, galactosemia, primary congenital hypothyroidism, and sickle cell anemia) and serves approximately 400,000 women each year.

To support these programs, the California Department of Public Health (CDPH) implemented a Screening Information System (SIS) statewide in July 2005. Since that initial implementation, new legislation was passed which required an expansion of both newborn and prenatal screening in July 2007, and a major expansion of prenatal screening to be completed in January 2009.

It is expected that the American College of Medical Genetics will add two new disorders to their mandated list in the next 5 years. This proposal describes our plan to expand the NBS program to include two types of disorders in the next five years. The first disorder, Severe Combined Immunodeficiency Disease (SCID) is known to the lay public as “Bubble Boy Disease” after the well-publicized affected child who was confined in a germ-free environment. Individuals with SCID are healthy at birth, but die when exposed to infections unless provided with prompt treatment. The incidence of SCID is estimated at 1 per 50,000 births and is comparable to other disorders that are currently included in the NBS screening panel. Immediate

treatment in the pre-symptomatic period (immediately after birth) leads to 95% survival, minimal morbidity, and low treatment costs compared to SCID infants diagnosed only after developing serious infections.

The second part of our newborn screening expansion plan is to add a group of disorders known as Lysosomal Storage Diseases (LSDs). LSDs comprise a group of chronic progressive diseases that have a devastating impact on the patient and family. Individually, LSDs are rare genetic diseases. However, as a group, they are relatively common and in one recent report the combined prevalence was 1 per 7700 live births. These patients are clinically normal at birth but develop symptoms early in childhood. These disorders are devastating for individuals and their families and result in considerable use of resources from health care systems. Currently, several therapeutic options are available to improve the quality of life for newborns diagnosed with LSDs.

Expanding the NBS screening panel to include SCID and LSDs will require significant equipment changes at our NBS screening laboratories as well as software changes involving SIS. For SCID screening, laboratories will need to add a new technology that analyzes circular DNA fragments called, "T cell Receptor Excision Circles", or TRECs. Babies with SCID lack TRECs, thus providing the basis for early identification and treatment of affected cases. Screening for LSDs will require significant modifications to the tandem mass spectrometry equipment that is currently being used to screen for a large group of metabolic disorders that are currently part of the NBS panel.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

- Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity
- Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making

SIS has been called "A Miracle Life Saving System," as it identifies rare, but treatable, genetic disorders in babies and newborns before and immediately after birth. SIS uses cutting-edge technology to provide an improved user interface, access to online reporting capabilities, easy access to necessary information for medical providers, and improved security and privacy protection. Connections can now be made between prenatal and newborn cases, and family members' tests can be linked to the patient. The system allows physicians to diagnose and treat genetic disorders in children at earlier ages and allows the State to better manage test results and reporting between the genetic screening, diagnosis and treatment entities. SIS enables CDPH to intervene at an early stage to significantly increase the likelihood that the chances of a baby born with a genetic abnormality can be saved from suffering mental retardation, other handicapping conditions or premature death and, thus, live a healthy life. The system was designed to allow tests for additional disorders to be added when needed and has resulted in an increase in the number of disorders that have been detected and treated from 39 to 76. These

goals are consistent with the CDPH's mission to optimize the health and well-being of the people in California by providing or ensuring access to quality, population-based health services. Following the initial implementation, two additional bills were passed that required expansions of SIS functionality. Senate Bill 1555 requires an expansion of the prenatal screening program to include all tests that meet or exceed the current standard of care as recommended by the nationally recognized medical and genetic organizations. SIS has now been expanded to add inhibin as a fourth marker for second trimester screening. An additional expansion is underway to add first trimester and integrated screening. With these expansions, CDPH estimates an immediate improvement in the screening detection rate to 90-95 percent, for Down syndrome and other chromosomal abnormalities.

Another recent bill, Senate Bill 1748, required CDPH to expand statewide screening of newborns to include biotinidase deficiency and cystic fibrosis. This expansion adds to the number of disorders that can now be screened under the auspices of the NBS program, supporting early detection of nearly one hundred babies with cystic fibrosis and up to ten cases of biotinidase annually. Overall, the program expansion will help improve the quality of life of the affected babies by improving the outcome, easing the symptoms, and decreasing the risk of growth retardation and developmental delays.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

The expected business benefits of the proposed project include the continued efficient operation of SIS to support the newborn and prenatal screening programs. The screening for SCID and LSDs is consistent with the GDSP goal to serve the people of California by reducing the emotional and financial burden of disability and death caused by genetic and congenital disorders, and to deliver high-quality, cost-effective genetic services to all Californians.

The smooth operation of SIS provides significant benefits to many stakeholders, including California families, taxpayers, health care professionals, and the newborn and prenatal screening communities. Every California mother benefits from SIS in that it can, in most cases, eliminate worry that an unborn child has a genetic abnormality. In the cases where test results are positive, educational efforts can be undertaken so the parents understand the disease and are prepared, along with their doctors, to manage it. Additional markers like Inhibin, also reduce the number of false positives and the unnecessary stress that is associated with that experience.

SIS facilitates collaboration among California laboratories, case coordinators, counselors, physicians and GDSP staff to coordinate specific follow up activities for each of the diagnosed disorders. SIS also allows GDSP to better manage test results and reporting and to achieve more efficient communications and collaboration between the multiple public and private entities involved in genetic screening, diagnosis and treatment. Once identified as having a genetic disease, SIS helps facilitate extraordinary follow-up for affected babies and their families until the disorder is fully diagnosed and treatment is initiated. This process involves an extensive amount of cross-boundary collaboration between labs, case coordinators, counselors, physicians and staff of the CDPH Genetic Disease Screening Program.

As a result, Californians can look forward to receiving more extensive information regarding a wider set of disorders that will help children lead healthy lives. The child, the family, the community and the taxpayers of California all benefit through significant cost savings, future cost avoidance, and improved service delivery. Cost savings will be realized through increased efficiency, and reduction or elimination of redundant processes and tests. Future cost avoidances will be achieved through early detection of genetic abnormalities in newborns whose disorders would have gone undetected in the past, resulting in extraordinary lifetime medical costs. Without detection and early treatment, each child born with these disorders would suffer mental retardation, other handicapping conditions or premature death. To illustrate the cost avoidance, considering mental retardation alone, the lifetime costs of care of a single affected newborn have been documented at \$300,000 to \$1 million. Of course, the emotional cost for the family is incalculable.

California's Genetic Disease Screening Program is one of the largest and most comprehensive programs in the world in both number of mothers and babies screened and the number of diseases screened for. As a result, the entire genetic disease screening community benefits from the data captured and managed in the SIS system, as they continue to watch California introduce new disease screenings while simultaneously moving ahead on the cutting edge of screening technologies and continuing to set the example for outstanding screening program development, delivery, and maintenance.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

Health and Safety Code Section 125055 (g) (4) exempts the SIS Newborn and Prenatal Screening project from the requirement to submit an FSR.

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

Health and Safety Code Section 125055 (g) (4) exempts the SIS Newborn and Prenatal Screening project from the requirement to submit an FSR.
The proposed IT project activities will begin 07/2009.

4.10. What is the duration of the proposed project?

The duration of the proposed project is from 7/1/2009 through 6/30/2012.

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

This objective of the proposed project is to provide maintenance and operational support for SIS, in follow-up to the original SIS implementation project and the most recent Prenatal Expansion Project for SIS.

4.13. Describe the consequences of not doing this proposed project:

If CDPH does not implement the proposed IT project, daily operations of SIS and the clinical and billing functions it supports could be put at risk. Without resources responsible for daily batch monitoring, performance monitoring and tuning, and issue resolution, any problem with the SIS application could have an immediate impact on the newborn and prenatal screening programs.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
 Redirection of existing funds
 Other (describe): Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	\$6,500,000	\$7,500,000	\$7,500,000	\$1,000,000		\$22,500.000
Total	\$6,500,000	\$7,500,000	\$7,500,000	\$1,000,000		\$22,500.000

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Connie Kwan
Telephone: 916-552-8925
Email: connie.kwan@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Healthcare Professional Licensing Management System (HAL System Replacement)
Priority: 12

4.2. Description of the proposed IT project:

Business Background:

The California Department of Public Health (CDPH), Center for Healthcare Quality (CHQ) is responsible for regulatory oversight of health facilities and health services professionals to secure safe, effective, and quality health care for all Californians. In addition to licensing and certifying over 30 different health care facility types, CHQ is responsible to licensing and certifying over 180,000 health services professionals and over 960 training schools and accreditation programs. These health services professionals-including certified nurse assistants, home health aides, hemodialysis technicians, nursing home administrators, clinical laboratory directors, clinical laboratory scientists, clinical laboratory specialist scientists, phlebotomists, medical laboratory technicians, and bio-analysts - must be licensed or certified before they can work at the health care facilities or clinical laboratories. In some cases, these individuals must supply their criminal background clearance before they can work at the nursing facilities.

To manage the licensing and certification of these health services professionals, accreditation programs and training schools, CHQ relies on a technologically outdated legacy automated system called the Health Application Licensing System (HAL). Information such as the applicant's personal information, education, criminal background clearance, license/certification effective and expiration dates, continuing education fulfillment, fees received, etc., are captured in HAL.

HAL is a mainframe system developed in 1986 by the Department of Consumer Affairs (DCA) and adopted by the Department of Health Services (DHS) in 1987 to manage the licensing and certification of various health services professionals, clinical laboratories, nursing home administrators and training programs. HAL is a mainframe system written in Natural programming language with an ADABAS database management system. Currently, HAL is maintained by the Department's Information Technology Services Division (ITSD) staff. Due to its outdated

technology and costly maintenance requirements, this system is no longer meeting CHQ's health services clinical laboratory facilities and professionals' licensing management needs.

Project Description:

This proposed Healthcare Professional Licensing Management System project will leverage the CHQ's existing technical environment established for the Electronic Licensing Management System (ELMS). Implemented in 2004, ELMS was developed to replace a legacy system similar to the HAL System. ELMS is currently used by the Licensing and Certification (L&C) Program to support the health care facilities licensing management functions, including capturing health care facility profile information, generation of the facilities licenses, generating license renewal notices, capturing and issuing enforcement penalties. The proposed system will leverage ELMS' scalable system architecture and reuse the similar objective codes to provide the licensing management functions for the health services professionals, clinical laboratory facilities, and training programs.

This proposed project will include a data conversion phase that will convert the current health services professionals' information from the ADABAS database management system. This conversion phase will provide CHQ an opportunity to assess the data archival needs as well as the additional data needs not met by the current HAL system.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal:

Goal 5: Improve Effectiveness of Business Functions

This proposed project supports the CDPH's business Goal 5 by developing a enterprise-wide licensing management system that support the health care facilities and health services professionals

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

At the completion of this proposed project, CHQ will have a licensing management system that meets both the Laboratory Field Services (LFS) and L&C's health services facilities' and professionals' licensing management needs. In addition, CHQ will have a licensing management system that will interface with the On-line licensing application system that allow the health care facilities, as well as the health services professionals, to apply for new licenses or renewal their existing ones.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security

- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
- No

The proposed system will collect and store health services professionals' detail information such as their personal identification information, their criminal background clearance information and potentially any misconduct investigation results.

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

03/2009

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

06/2009

4.10. What is the duration of the proposed project?

18 months

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
- No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

This proposed project is related to CHQ's proposed project On-line Health Facilities and Health Services Professional Licensing Application Project.

4.13. Describe the consequences of not doing this proposed project:

- Regulatory mission cannot be accurately, efficiently and effectively carried out to protect the public health of California residents
- Information to support both incident/emergency responses and day-to-day regulatory needs will not be available
- Expected service level to customers (the regulated entities, the public, and federal agencies) will not be met
- Unnecessary increases in program budget will occur due to steadily declining efficiencies and future increased IT support for failing antiquated systems

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
 Redirection of existing funds
 Other (describe): Lab Field Services Special Fund and Licensing and Certification Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund* LFS and L&C Special Fund	\$631,180	\$129,180	\$129,180	\$129,180		\$1,018,720
Total	\$631,180	\$129,180	\$129,180	\$129,180		\$1,018,720

4.16. Additional Information – Enter pertinent information that may affect your project.

The department is engaged in an enterprise online licensing application project that will impact this project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Connie Kwan
Telephone: 916-552-8925
Email: connie.kwan@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: On-line Health Facilities and Health Services Professional Licensing Application Project
Priority: 13

4.2. Description of the proposed IT project:

Business Background:

The current license application processes used by the California Department of Public Health (CDPH), Center for Healthcare Quality (CHQ), Licensing and Certification Program (L&C) and Laboratory Field Services (LFS) are paper-based, labor intensive and time-consuming. Specifically in:

Licensing and Certifying Health Care Facilities/Clinical Laboratories

Currently, health care facilities and/or providers must submit a licensing application with the applicable licensing fee to L&C for approval before they can provide any health care services in California. Depending on the category of service the facility plans to provide or whether the facility plans to request for reimbursement from the Federal Government, the facility is required to complete up to 15 various application forms to provide L&C with information such as the facility's bed capacity, the ownership, the licensee, the facility's management company, the construction and/or building safety verification, etc. Even though these forms are available for download from the CDPH Website, the applicant is required to manually enter information into these application forms and submit these completed paper forms to L&C for review and approval. Depending on the completeness of the required information, L&C must contact the applicant via phone call or mail for additional information.

L&C is required by law to review these licensure applications within 30 days of receipt of the applications. To ensure that all health care consumers will receive the highest quality of health care from the prospective applicant, this review process entails identifying and ensuring that all the required information is included on the appropriate application forms and an investigation and evaluation of prospective licensee's current and past compliance history is completed. Depending on the completeness of the application forms, this manual, paper based review process can take up to 14 processing steps and takes from 60 to 120 days to complete.

In addition to the initial licensing application, the health care facilities are required to renew their license annually and submit an application for any changes of ownership, services and/or number of beds with the appropriate fee to L&C. Currently, the generation of the license renewal notices, the entry of the fee payments, and the capturing of change of ownership/services/bed information are manually entered into the Electronic Licensing Management System (ELMS) by staff at the L&C Headquarters and district offices.

LFS is responsible for the licensing and registration of 18,500 clinical laboratories in California where testing is done on human specimens for diagnostic purposes. Depending on the complexity of the type of services the laboratory plans to provide, the applicant must complete up to 9 different forms and submit the paper application forms, with the non-refundable fee to LFS for review and approval. To ensure that the clinical laboratory complies with the federal and state standards, LFS' application review process includes verification of the correctness and completeness of required information as well as the inspection of the laboratory. In addition to the initial application, licenses for clinical laboratories are renewed bi-annually.

Currently, information such as the clinical laboratory's location, director, license effective and expiration dates, and license payment are captured in the HALS system. Ownership information and a date log of actions taken by the laboratory (as change of director) are maintained in a chronology which is heavily used both by LFS, and also by Audits and Investigation, MediCal and the Centers for Medicare & Medicaid Services (CMS).

Licensing Health Services Professionals/Personnel:

Currently, health service occupations such as nurse assistants, home health aides, hemodialysis technicians, nursing home administrators, clinical laboratory scientists, specialists and phlebotomists must apply for initial and request for annual renewal to CDPH to be certified or licensed before they can provide health care services to the consumers.

For some occupation categories, prospective applicants are required by law to complete a competency training/testing and criminal background clearance as a condition of certification or licensure. Once the applicant submits an application, L&C or LFS is required by law to verify the applicant's education and training qualifications, examination result and fingerprint clearance and respond to the applicants within a required timeline. In addition, L&C and LFS are responsible to oversee the accreditation programs and training schools to ensure that prospective applicants are receiving the required training and education required by laws.

Currently, L&C oversees the licensing of over 134,000 certified nurse assistants, home health aides, hemodialysis technicians; certification of 3,000 nursing home administrators and approval of over 760 training programs. Due to the increasing demand for health services from the consumers, on an average, L&C receives 10,000 new applications monthly from individuals applying to become certified health services professionals. In addition, L&C is responsible for the approval and oversight of more than 767 training programs.

Concurrently, LFS oversees the licensing of over 20,000 clinical laboratory directors, clinical laboratory scientist, clinical laboratory specialists, and bioanalysts. In addition to its current workload, as a result of recent legislation mandates, LFS is required to oversee the certification of over 22,000 phlebotomists and the licensing of a new health service occupation classification called Medical Laboratory Technician. Moreover, LFS is responsible for the approval and oversight of 200 accreditation programs and training schools.

Project Description:

This proposed project will leverage the existing Internet application architecture developed by the Health Facilities Consumer Information System (HFCIS) at the Department of Technology Services (DTS) and the current intranet application developed to support the health facilities licensing management system and implement a Internet application that health facilities and health services professionals can use to apply for and/or renew, their licenses/certificates.

This Internet application will ensure the applicant enters the required information only once regardless of the form(s) requirement. By leveraging the built-in business rules, this application will alert the applicant to data entry errors and allow the applicant to submit the application or renewal request only when all the required information are input.

Once the applicant information is accepted, this application will then transfer the information to the Center's internal licensing management systems for update.

Project Goals and Objectives:

The goals of this On-line Health Facilities and Professional Licensing Application Project are:

- To be more responsive and timely in meeting the demands of private and non-profit businesses wanting to become licensed health facilities and of individuals wanting to become licensed/certified health services professionals
- To reduce the time and resource required to verify the completeness and accuracy of the health facilities, nurse assistants, home health aides, hemodialysis technicians and nursing home administrators license applications
- To utilize proven technologies in eliminating the backlog and improving the time required to process the applications from the health facilities, nursing home administrators, nurse assistants, home health aides and hemodialysis technicians
- To protect the California health care consumers through proactive oversight, monitoring and enforcement actions by licensing only health facilities that comply with laws and regulations and qualified and competent health services professionals

The objectives of this On-line Health Facilities and Professional Licensing Application Project are:

- To expedite the current manual application process for health facilities and health care service paraprofessionals
- To meet Californian's health care needs and demands for licensed health facilities
- To increase the number of paraprofessionals available to provide health care services
- To provide health facilities or individuals with an online system to apply for or renew licenses and pay the license fees electronically from any location at any time
- To reduce the time required for the health facilities or individual to apply for or renew a license
- To accept only license applications with completed information
- To reduce the current staff workload by offloading the data entry of the license application information to the applicants through the online licensing application system
- To utilize current staff resources more effectively and efficiently in:
 - Reviewing the health facility applicants' financial and compliance history; and
 - Ensuring that nurse assistants, home health aides, hemodialysis technicians are qualified, competent and have passed criminal background clearance

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity

Goal 5: Improve Effectiveness of Business Functions

The On-line Health Facilities and Health Services Professional Licensing Application Project supports the Department goals by:

- Seeking opportunities to consolidate, coordinate, and integrate programs and services
- Identifying program requirements (e.g. licensing requirements, request for proposal, eligibility, grants, etc.) that present barriers to access
- Increasing internal coordination in all program areas including data and information
- Improving organization of existing programs to eliminate duplication and make them more accessible

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

With the approval of this Project Proposal, CHQ will be able to:

- Ensure that health services professionals are qualified to provide the consumer with the medical care
- Eliminate the incomplete licensing applications submitted by prospective health care professionals or health care facilities
- Reduce the number of processing steps and the time required to provide the applicant with the application receipt acknowledgement or manually enter the application information into the automated licensing management systems
- Provide potential employers with timely certification and background clearance verification for the individual applying for employment

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
- No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
- No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

This proposed project is related to the CHQ’s proposed Healthcare Professional Licensing Management System-HALs Replacement Project and the approved Enterprise On-line Licensing (EOL) System.

4.13. Describe the consequences of not doing this proposed project:

- Consequences of not doing this proposed project will result in the following:
- Health facilities and health care professionals continue to submit paper application documents when applying for licenses

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Licensing and Certification Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*						TBD
Total						TBD

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: David Fisher
Telephone: 916-552-8213
Email: david.fisher@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: State and Territorial Exchange of Vital Events (STEVE)
Priority: 14

4.2. Description of the proposed IT project:

As a strong advocate for advancing the security and integrity of California's Vital Records the California Office of Vital Records has been an active participant in the national vital events exchange process. This proposal is to further enhance California's use of this system by moving California from a cumbersome manual paper system to an electronic system. Currently under the national exchange agreement California and other participating jurisdictions send all birth, death, and fetal death (stillbirth) records that occurred to non-residents to the state or jurisdiction of usual residence. Deaths records are also sent to the state or jurisdiction of the decedent's birth, and for decedents less than one year of age, birth records are sent on request to the jurisdiction where the death occurred. The exchange of this information ensures that all states and jurisdictions are properly notified of events occurring outside of their jurisdictions so they can take the appropriate actions on their own state records and produce complete data files that represent vital events that occur to all residents. This vital records exchange process is critically important when another state or jurisdiction has knowledge of a death where the decedent was born in California. With this notification the California vital records office can now mark the decedent's original California birth certificate with a deceased flag thus decreasing the chances this decedent's identity can be used to create a false identity.

The creation of the state and territorial electronic exchange system would solve a number of problems currently hindering the manual system. The electronic exchange system would allow California to join and participate in the national electronic exchange system. Participation in this national system would greatly enhance the vital records system in California and improve the ability of the California vital records office to rapidly and efficiently update its records.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making

Goal 5: Improve Effectiveness of Business Functions

The State and Territorial Exchange of Vital Events project supports the Department's goals and basic core activities by:

- Increasing quality and availability of public health data to inform public health decision making
- Improving effectiveness of business functions
- Producing and disseminating data to inform and evaluate public health status, strategies and programs

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

The creation of this system would provide the CHS with much quicker access to the data critical to maintaining complete and accurate vital records. The electronic system would not only be more efficient but also provide a better method of transmitting this information and help the CHS obtain a complete data set. As the notification of deaths occurring outside of California is essential to securing California's birth records the more timely process would ensure that the window of opportunity for misuse of these records would be as small as possible.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management – This could be checked, as it'll eventually save lots of staff time (if that's what they mean by this).
- Supporting state and agency priorities and business direction – I think this could be checked, too, per 4.3.

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
 No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

The vital records system is reliant on the jurisdictional exchange of vital events to maintain an accurate and secure vital records system and complete population-based vital statistics databases. Without this exchange process vulnerability exists that could be, and has been, exploited to aid in the creation of false identities and other criminal activities. Additionally, as the demand for use of vital records has increased, especially for verification of identity, the need for quick updates is essential. The current system cannot provide this complete and accurate update and no updates are currently possible without considerable time and effort on part of the vital records staff. If the vital records system is going to meet the current demands and the requirements of federal identity legislation, these demands cannot be met without this automation effort. Failure to act on this automation effort would leave California's vital records unnecessarily vulnerable to misuse and would leave California and the nation vulnerable to activities conducted under the veil of false identities. As has occurred in the past, this could result in loss of lives and millions of

dollars loss to California and the nation. Also, without this system, the validity and completeness of the vital statistics data and resulting analyses are severely compromised. These data are used by state and local public health programs to evaluate the health of Californians, and by a wide variety of additional users including other state agencies (including the Department of Finance), federal agencies, and researchers.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Health Statistics Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	TBD	TBD	TBD	TBD	TBD	TBD
Total	TBD	TBD	TBD	TBD	TBD	TBD

*All funding is Health Statistics Special Fund

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: April Roeseler
Telephone: (916) 449-5504
Email: april.roeseler@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: California Tobacco Control Program (CTCP) Portal
Priority: 15

4.2. Description of the proposed IT project:

The overarching goal of the CTCP Portal is to provide a tool that links various knowledge management silos into a unified gateway. The Portal would provide a secure username/password protected Website for use by CTCP staff and funded agencies that would consolidate various tobacco related content and procurement management Websites and data sources. It would connect users to information; resources; enhanced collaborative planning tools such as creating communities of practice; a schedule of and access to registration for webinars, in-person trainings, and on-demand training modules, which would track participation in training. The portal would provide a single gateway for CTCP-funded agencies and staff to manage their work, have single sign-on access to a breadth of tools and display information in a way that the user could customize and personalize their settings. CTCP would seek to design and implement a portal that was easy to administer and expand or modify it to meet changing Program needs.

The Portal offers further advancement and evolution in CTCP's commitment to use technology to result in cost savings to the Department, create workload efficiencies, improve communication, improve customer service to our contractors and employees, and create a flexible work environment for employees.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal and objective:

Goal 4: Promote Quality of the Workforce and the Workplace Environment

Objective 3: Increase to 40% the percentage of employees surveyed who rate the CDPH as "very good" or "good" on an anonymous survey of ten aspects of workplace environment by 6/30/09

Justification for Support of Goals and Objectives: As a result of improving accessibility to information, improving the functionality of tools available to employees, and designing work so it can be done in a virtual environment provides a more flexible work environment to employees that will better support telework and maintaining contact with the office when employees are traveling. Additionally, decreasing work-related travel through employment of more robust web meeting and e-learning technologies would decrease stress for employees who have family situations that make work-related travel difficult (e.g., childcare) and contributes to a more flexible work environment and increased job satisfaction.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

This project contributes to the overall Department's efforts toward addressing the 10 Essential Public Health Services:

- Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status by giving them easy access to information and tools to design and evaluate evidence based interventions
- Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies by giving them access to virtual environment collaborative planning tools
- Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes by increasing access to resources and training
- Researching from insights and innovative solutions to public health by improving access to data, information, resources, collaboration tools, and trainings through a single portal
- Cost Savings
 - A typical two-day conference for approximately 200 participants costs CTCP approximately \$140,000 for the event, plus travel and per diem costs for CTCP staff to attend. In 2008, CTCP will conduct three statewide conferences lasting 1-4 days each and two, one-day workshop trainings at two locations of the state. The direct cost of these trainings and conferences and travel and per diem for CTCP staff to participate is estimated at \$480,000. (This estimate does not include the travel/per diem costs of the CTCP-funded agencies that participate.) By maximizing usage of the virtual environment (e.g., webinars, web events) and e-learning systems that provide access to organized recorded trainings that can be accessed on demand and that are self-paced, we can save on training/conference/travel costs and redirect those cost savings to local assistance grants.
- Increased Efficiency
 - Maximizing use of the virtual environment to conduct trainings improves CTCP's ability to deliver a clear, concise message effectively and consistently. It would not be dependent on regional differences in trainers. CTCP could be more flexible and quicker at delivering trainings by improving our ability to obtain the best trainer without worrying about the individual's availability on a particular day since their presentation could be recorded, digitized and made accessible at any time. CTCP could increase its speed and capacity to train—rather than waiting for a critical mass to convene an

orientation training or training on specific work functions. Individuals could access training immediately or seek a refresher on specific information when they needed it—on demand

- Would enable CTCP to rapidly disseminate new information or business practices which promotes rapid learning—the more employees know, the more valuable and productive they are to our organization
- Consolidating a variety of Websites, training, and collaborative tools into a single Portal creates efficiencies in terms of content maintenance of Websites, creates a uniform look and feel, helps users more quickly find the information they need, and improves the ability to track and monitor completion of work, required trainings, etc.
- Improve Communication
 - Users would have access to a wide variety of Websites and resources through a single sign-on and they would have the ability to customize the display of that information in a manner that met their personal preferences
 - Users would have access to collaborative planning tools such as an external SharePoint site that would allow groups to contribute and edit documents that they are working jointly on or the ability to create communities of practice where users with a common problem could jointly problem-solve and share their expertise
 - Users could have access to peer-to-peer information exchanges such as e-forums and blogs
- Improve Customer Service
 - A single sign-on to a portal that serves as a gateway to a variety of tobacco control resources and tools and that permits the user to customize the display of their information is one means in which CTCP can improve customer service to its funded projects. It would streamline and simplify daily work and interaction by funded agencies with CTCP.
- Create a Flexible Work Environment
 - Increasing access to work-related tools and documents by CTCP employees and the employees of our contractors enhances the work environment, because employees are no longer tied to an office in a specific location and it enhances their ability to participate in trainings and network. California is a geographically large state. Participation in face-to-face meetings is costly for some agencies due to travel costs and time out of the office. For small offices, there may be no coverage when staff attend trainings. Some employees have family situations that make travel difficult. Maximizing use of virtual environment tools creates flexibility for employees which contributes to increased job satisfaction.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
 No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
 No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

The concept paper was entitled: Tobacco Control Section Website Management Consolidation Information Technology (IT) Project Concept Paper. It was prepared by April Roeseler, and was date-stamped June 2, 2006. It was approved and signed by Richard Rodriguez.

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

No date established for the completion of FSR.

4.10. What is the duration of the proposed project?

Three years

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

We would need to purchase software and hardware that would expand current e-learning methodologies. CTCP currently uses Avaya web-meeting software and the California Department of Public Health's telephone bridge-line, but anticipates needs for more robust uniform communication technologies that integrate voice and web conferencing, integrate with Microsoft Outlook for scheduling, a learning management system, learning content software, online training authoring tools, Web 2.0 technologies and hardware to support them. CTCP would seek to incorporate infrastructure tools that were simple to administer and that have the flexibility to be expanded or modified.

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

- Missed opportunity to reduce long-term costs associated with conducting face-to-face conferences and trainings and the associated travel
- Missed opportunity to decrease the carbon footprint of CTCP
- Missed opportunity to more quickly train and develop proficiency among CTCP-funded projects and staff as well as to efficiently track participation in mandatory trainings
- Missed opportunity to simplify communication and information dissemination among CTCP-funded projects
- Missed opportunity to enhance collaboration and speed up translation of best practices
- Missed opportunity to maximize efficiencies through more streamlined, organized and coordinated portal system that allows a single sign-on and customization of the user interface

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
 Redirection of existing funds
 Other (describe): Proposition 99 Health Education Account (Fund 0231), Competitive Grant Funds are used

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund* Proposition 99 Health Education Account (HEA) (Fund 0231) The California Department of Education also receives funding from HEA (Fund 0231)	\$300,000	\$500,000 (Will be based on specific design)	\$200,000 (Will be based on specific design)	\$150,000 Maintenance Upgrades Training Help Desk	\$150,000 Maintenance Upgrades Training Help Desk	\$1,300,000
Total	\$300,000	\$500,000	\$200,000	\$150,000	\$150,000	\$1,300,000

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Connie Kwan
Telephone: 916-552-8925
Email: connie.kwan@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Electronic Distribution of Statement of Deficiencies and Receiving Plan of Correction
Priority: #16

4.2. Description of the proposed IT project:

Business Background:

The California Department of Public Health (CDPH), Center for Health Care Quality (CHQ) is responsible for regulatory oversight of health facilities and health services professionals to secure safe, effective, and quality health care for all Californians. In addition to certifying health care facilities for federal reimbursement on the Federal Government's behalf, the Center's Licensing and Certification Program (L&C) licenses thirty different types of facilities and agencies that provide health care throughout California.

To ensure the health care facilities are providing the quality of care as defined by the state and federal laws, L&C conducts periodic surveys and complaint investigation at the health care facilities.

Based on the surveyors' (Health Facility Evaluator Nurse, Medical Consultants, Pharmaceutical, and Nutritional Consultants) assessment during their on-site visits, a health care facility can be cited for any violations/deficiencies when the conditions or services do not meet the regulation requirements.

These deficiencies are issued to the facilities via a standard document called Statement of Deficiencies or commonly refer to as 2567. The Statement of Deficiencies lists the specific laws (tag) the facility violated with the detail describing the circumstance as to how, where or what happened that caused the violation. This Statement of Deficiencies is delivered to the surveyed facility and the facility must respond with their plan of corrective actions (called Plan of Correction) within the required timeline.

Currently, L&C staff must manually generate the Statement of Deficiencies document from the automated system, put the document into a regular envelope, and mail it the surveyed health facility. Once the health care facility receives the Statement of

Deficiencies document, they must hand write their corrective action (including the date when the deficiency will be corrected and how they plan to make the correction) to each of the deficiencies cited and mail their Plan of Correction to the L&C office using the postal service.

Project Description:

The proposed Electronic Distribution of Statement of Deficiencies and Receiving Plan of Correction project will utilize the available Internet technology to distribute the Statement of Deficiencies and receive the health care facility's Plan of Correction.

CHQ will leverage the existing system architecture implemented by the Health Facilities Consumer Information System (HFCIS) project at the Department of Technology Services (DTS) and design, develop and implement an Internet application that will allow authorized health care facilities to review the deficiencies issued by the L&C. In addition, the system will allow health care facilities to respond to each deficiency with the corrective action information.

In addition, CHQ will work closely with the Centers for Medicare and Medicaid Services (CMS) to ensure that the proposed system interfaces with the existing automated system, the Automated Survey Processing Environment (ASPEN).

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goal:

Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity

This proposed project supports the CDPH's business Goal 1 by protecting the health care consumers by ensuring the health care facilities are providing the quality of care and services

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

Implementation of the proposed project will support the CDPH and CHQ's direction to utilize information technology to improve the business functions.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
 No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
 No

The proposed system will collect and store health care facilities' deficiencies information.

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

Consequences of not doing this proposed project will result in the following:

- L&C will continue to rely on a manual, paper-based process to distribute the Statement of Deficiencies document
- Health care facilities will continue to hand write their response to the deficiencies issued by L&C and return the paper document to the L&C office

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed**
 Redirection of existing funds
 Other (describe): Licensing and Certification Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*		TBD				TBD
Total		TBD				TBD

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: David Fisher
Telephone: 916-552-8213
Email: david.fisher@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Electronic Fetal Death Registration System
Priority: 17

4.2. Description of the proposed IT project:

The Center for Health Statistics (CHS), Office of Vital Records (OVR) and the California Department of Public Health (CDPH) have over the past 20 years undertaken a number of projects to improve and automate the process of creating and registering vital events documents. These highly successful automation efforts have produced both the California electronic birth and death registration systems. Continuing to build on these efforts the OVR is now proposing to build the Electronic Fetal Death Registration System.

Fetal deaths an important indicator used in determining the health of a society. This event is tracked very carefully in the public health community. The registration process for fetal deaths is still a paper based manual process. This means the fetal death certificate and the data has not benefited from the previous CHS automation projects.

Based on the importance of this vital event and the past successes that CHS has had with its electronic registration systems the CHS is proposing to build a fetal death registration system. This project is aligned with the strategic goals of the State as it will improve the functions of the OVR and improve service to the public. It is also aligned with the CDPH strategic goals as it is an important indicator of public health and is vitally important for measuring the impact of public health programs.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

- Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity
- Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making
- Goal 5: Improve Effectiveness of Business Functions

- The Electronic Fetal Death Registration System Project will support a number of the Department's goals and objectives. It addresses the preceding strategic planning goals to improve effectiveness of business functions.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

The modernization and automation of the fetal death registration system is the only way that CHS can continue to meet the ever increasing demands for more timely and accurate vital records data.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
- No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
- No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

Both the electronic birth and death registration systems are currently in operation and leveraging one or both of these systems would be part of this proposed project.

4.13. Describe the consequences of not doing this proposed project:

The CHS has shown in its past automation efforts that the creation of electronic registration systems improves the timeliness and accuracy of both the vital records data and the certificates. The same outcomes are expected with the fetal death registration system. In an age where timely access to data is essential to monitoring and improving health outcomes, health care and the overall health of the public, failure to automate the collection of such a critical health indicator would hamper the State and the CDPH in the completion of its core public health objectives.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Health Statistics Special fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	TBD	TBD	TBD	TBD	TBD	TBD
Total	TBD	TBD	TBD	TBD	TBD	TBD

*All funding is Health Statistics Special Fund

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: Connie Kwan
Telephone: 916-552-8925
Email: connie.kwan@cdph.ca.gov

4.1. Proposal name and priority ranking:

Project Name: SB 1058 – Health Facilities Self Reporting Infection Incidents System
Priority: 18

4.2. Description of the proposed IT project:

Business Background:

The proposed Senate Bill (SB) 1058- Medical Facility Infection Control and Prevention requires the California Department of Public Health (CDPH) to develop a more efficient system to monitor and report the incidence of antibiotic-resistant and other organisms that are acquired by patients in health facilities. SB 1058 also requires CDPH to establish and maintain a comprehensive inspection and reporting system for health facilities that will ensure that those facilities comply with state laws and regulations designed to reduce the incidence of facility associated infections.

The intent of the Legislature is to:

- Ensure that California's standards for protecting patients from exposure to pathogens in health facilities, including Methicillin-resistant Staphylococcus aureus (MRSA), are adequate to reduce the incidence of antibiotic-resistant organism acquired by patients in these facilities
- Ensure that CDPH develops and implements an Internet-based public reporting system that provides updated information regarding the incidence of infections, including associated pathogens acquired in health facilities
- Ensure that health facilities implement improved procedures intended to maintain sanitary standards in these facilities, avoid transmission of pathogens that cause infection, and treatment of health facility associated MRSA and other health facility associated infections in these facilities

Project Description:

The proposed project SB 1058- Health Facilities Self Reporting Infection Incidents System is to design, develop and implement an Internet-based public reporting system that allows the health facilities to self report any infection incidents and provide the health care consumers and the general public with up-to-date information regarding the infections incidences at the health facilities.

This Internet-based system will leverage the existing Health Facilities Consumer Information System (HFCIS) technical architecture located at the Department of Technology Services (DTS).

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

- Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity
- Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making

This proposed project supports the CDPH Goal 1 by:

- Providing CDPH with a better, more efficient system to monitor and report the incidence of antibiotic-resistant and other organisms that are acquired by patients in health facilities
- Ensure that patients/residents in licensed health facilities are protected

This proposed project also supports the CDPH Goal 3 by:

- Providing CDPH with the ability to collect infections incidence data from the health facilities
- Providing the health care consumers and the general public with incidence of infections acquired in health facilities

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

CDPH, CHQ will meet the legislative mandate.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses
- Enhancing information and IT security
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)
- Improving the reliability and performance of IT infrastructure
- Enhancing human capital management
- Supporting state and agency priorities and business direction

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes
- No

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes
 No

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

Unknown at this time

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

Unknown at this time

4.10. What is the duration of the proposed project?

Unknown at this time

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

4.13. Describe the consequences of not doing this proposed project:

CDPH will be out of compliance with the legislative mandate.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed**
 Redirection of existing funds
 Other (describe): Depending on the outcome of the Senate Bill, CHQ might be required to use the Licensing and Certification Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*						
Total		TBD	TBD			TBD

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: David Fisher
Telephone: 916-552-8213
Email: david.fisher@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Marriage license automation (Imaging and indices)
Priority: 19

4.2. Description of the proposed IT project:

As staffing reductions and increases in workload impact the Center for Health Statistics (CHS) and the State Office of Vital Records (OVR), the processing of California marriage certificates has over time moved to the lowest level of work priority. As a result the marriage certificates indices at the OVR have not undergone any modernization nor have they been automated in any manner. To correct this problem, the CHS is proposing an automation project to image and index the California marriage certificates. With the passing of AB102 the California certificate of marriage can now be used to legally change your name. This added condition now makes the collection of data from the marriage certificate extremely important and could have an impact on public safety and security.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making

Goal 5: Improve Effectiveness of Business Functions

The proposed project fully supports Department goals 3 and 5.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

As this data is not currently collected, very little to no data analysis is possible on California marriages. Collecting and archiving this data would structure the data so it can be queried and analyzed as needed. This would increase the ability of the CPDH to respond to inquiries regarding marriages and provide a valuable resource for the department. As the current system is time consuming to search, OVR operations spend a number of man hours researching marriages. The automation

process would put this information at their fingertips greatly improving their efficiency and saving countless hours working with these documents.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes**
- No**

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
- No

If yes, describe the related proposal or project and how it is related:

OVR currently uses a FileNet imaging system for the archiving of all its vital records documents. This project would leverage this infrastructure for the storage of these documents.

4.13. Describe the consequences of not doing this proposed project:

As these documents are not currently in any automated system, they are not useful for the State's vital records staff and very little data is collected for study and public health efforts. That would continue as automation is really the only way these records can be used effectively in the State office.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
- Redirection of existing funds
- Other (describe): Health Statistics Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	TBD	TBD	TBD	TBD	TBD	TBD
Total	TBD	TBD	TBD	TBD	TBD	TBD

*All funding is Health Statistics Special Fund

4.16. Additional Information – Enter pertinent information that may affect your project.

IT Project Proposal Form

Complete this IT Project Proposal Form (questions 4.0 through 4.16 below) for each proposed IT project that meets the definition of a reportable project as defined in the State Administrative Manual Section 4819.37 at <http://sam.dgs.ca.gov/TOC/4800/4819.37.htm>:

4.0. Point of Contact:

Name: David Fisher
Telephone: 916-552-8213
Email: david.fisher@cdph.ca.gov

4.1. Proposal name and priority ranking:

Proposal: Migration from Legacy (mainframe) system to the CDPH Information Technology Infrastructure.
Priority: 20

4.2. Description of the proposed IT project:

For at least the past 30 years, the California Department of Public Health (CDPH) and the Center for Health Statistics (CHS) has developed, improved and operated the Legacy (Mainframe) birth, death, fetal death, data processing and editing system. As the CHS has moved to the Internet and web browser based vital records systems a need has developed to fundamentally change the way data is processed in the Center. With the advent of web-based systems the data arrives on a flow basis rather than in the old batch process. The CHS would like to leverage this change in data flow so as to be able to quickly process and disseminate this important information and data back out to our customers. This will require that the CHS change or convert its current data processing system and, at the same time, migrate to a more modern client server data processing model.

4.3. Which of your department's business goals and objectives does this project support, and how?

This project supports the following CDPH goals:

- Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity
- Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision-Making
- Goal 5: Improve Effectiveness of Business Functions

The proposed project fully supports Department goals 1, 3, and 5.

4.4. What are the expected business outcomes or benefits of the proposal as they relate to your organization's business goals and objectives?

Conversion to more modern data processing models will allow the CHS to be able to more quickly and efficiently process the data arriving via the automated systems. At

the same time, the new system will be more flexible and easier to support. As this new system will utilize current well-known standards, it will be simpler to find support staff and system operators. These changes will make the CHS more capable and quicker in the completion of its business and can be leveraged to be able to do more with the same or fewer staff. As mainframe systems age, the expertise to maintain these systems is more and more difficult to locate. This conversion would remove that major burden from IT and allow IT the time to concentrate on business problems instead of maintaining an aging system.

4.5. The following are from the State's IT strategic plan. Check the appropriate box(es) to identify the goals this proposal supports:

- Supporting and enhancing services for Californians and businesses**
- Enhancing information and IT security**
- Reducing state operational costs (leveraging, consolidation, new technology, etc.)**
- Improving the reliability and performance of IT infrastructure**
- Enhancing human capital management**
- Supporting state and agency priorities and business direction**

4.6. Is the proposal consistent with your organization's Enterprise Architecture?

- Yes**
- No**

Although the Enterprise Architecture Planning is still in progress as stated in Appendix A, we anticipate that the proposed project will be consistent with the organization's Enterprise Architecture once planning is complete.

4.7. Will the proposed system collect, store, transmit, or exchange confidential or sensitive information?

- Yes**
- No**

4.8. If this proposal is conceptually approved, what is the estimated date (mm/yyyy) the FSR will be submitted?

To Be Determined (TBD)

4.9. What is the estimated project start date (mm/yyyy) if the FSR is approved?

TBD

4.10. What is the duration of the proposed project?

TBD

4.11. Will the proposed project utilize the existing IT infrastructure?

- Yes
 No

If no, explain what kind of changes to the existing infrastructure will be needed:

4.12. Is the proposal related to another proposal or to an existing project?

- Yes
 No

If yes, describe the related proposal or project and how it is related:

This proposal is a modernization effort and a conversion from older technology to new. We would leverage as much of the older system as possible and use this to construct the replacement system.

4.13. Describe the consequences of not doing this proposed project:

The current legacy system is aging and the expertise to maintain the system is slowly being lost. The older the existing system becomes, the bigger the risk it will fail outright, or CHS will find itself in a situation were it can no longer accommodate the needs of the business. As long as vital records processing is linked to the legacy processing cycle, CHS can not fully utilize to its best advantage the data it is collecting via its other systems. This impacts the delivery of data to customers and the current delays and processing will continue until improvements are obtained.

4.14. Check the appropriate box(es) to identify the proposal's funding strategy:

- Augmentation needed
 Redirection of existing funds
 Other (describe): Health Statistics Special Fund

4.15. What are the estimated cost and funding source(s) by fiscal year through implementation (information should be provided in the following format):

Fund Source	2009-10	2010-11	2011-12	2012-13	2013-14 and future	Total
General Fund						
Federal Fund						
Special Fund*	TBD	TBD	TBD	TBD	TBD	TBD
Total	TBD	TBD	TBD	TBD	TBD	TBD

*All funding is Health Statistics Special Fund

4.16. Additional Information – Enter pertinent information that may affect your project.

Enterprise Architecture

A.1 Does your organization have documented Enterprise Architecture principles, strategies, or standards to guide decisions on technology projects?

- Yes
- No

CDPH has adopted hardware and software standards for desktops, servers and network equipment. It also has web-based application development standards using n-tier architecture. CDPH currently utilizes the same standards that DHCS has implemented.

A.2 Indicate on Table A-1 below, the completion status of the component Reference Models of your formal Enterprise Architecture efforts. If available, please submit a copy of your Enterprise Architecture document.

Table A-1, Enterprise Architecture Completion Status

Component Reference Model	Status			
	Implemented	Implementation in Progress	Planned or Planning in Progress	Not Implemented and Not Planned
Business			X	
Service			X	
Technical			X	
Data			X	

A.3 Describe the governance structure your organization uses to review and approve the Enterprise Architecture and any subsequent changes.

Currently, our department does not have an Enterprise Architecture governance structure in place to review and approve its enterprise architecture; however, efforts to develop an Enterprise Architecture implementation plan are underway. We are directly working with the CHHS to leverage Agency Enterprise Architecture developments and OSI enterprise architecture best practices. We have plans to establish a Department Enterprise Architecture Steering Committee with a cross-section of business and IT representatives that includes the Chief Deputy, Program Deputies and the ISO, and project the following levels of Enterprise Architecture governance at a minimum:

- Department Enterprise Architecture Steering Committee responsible for department-level governance review and approval of IT investments, policy, procedure, guiding principles, and reference models in accordance with the department business strategy

This structure follows the projected CHHS Agency Enterprise Architecture strategy, with the CIO at the head of the department’s decision-making structure, and department workgroups, in subordinate roles, actively evaluating enterprise-wide operational policies and procedures to be forwarded to the CIO for approval.

In the meantime, CDPH participates, along with DHCS, in a regularly scheduled standards review committee, called I2E. This committee develops and maintains

Enterprise Architecture

standards to govern the shared CDPH / DHCS Internet, Intranet, and Extranet infrastructure hosting environments. Programs that wish to purchase IT products not currently in the existing approved standards must present their concepts before the committee to get an exception to deploy the hardware or software. The committee makes recommendations to the two departments' CIO's and ISO's for approval of the exception. The committee also reviews changes and updates to the standards. Both CDPH and DHCS enforce the policies, procedures, and standards implemented by this committee.

A.4 Does your organization have an Enterprise Architect? (if yes, provide their name, telephone number, and e-mail address below)

- Yes
- No

Name: _____

Classification: _____

Telephone Number: _____ **E-Mail:** _____

The Department currently has a vacancy at the System Software Specialist (SSS) III level, which it has designated for CDPH Enterprise Architect responsibilities.

Information Security

B.1 How is your Information Security Officer involved in proposed project development efforts?

The CDPH Chief Information Security Officer (CISO) approval is required for all IT Projects. The Information Security Office (ISO) is involved in all new and existing infrastructure modifications, review of application development projects, technical designs, consultation with CDPH organizations regarding day-to-day questions on general security, and security assessments on all new applications and projects to ensure CDPH security policies and requirements are being met as well as State and federal laws. Furthermore, the ISO is responsible for reviewing all CDPH Feasibility Study Reports (FSRs) and IT purchase requests to ensure there are no real or potential security implications. The ISO is responsible for reviewing and applying the controls related to regulatory compliance and risk management that are required to secure projects and associated applications. The CISO meets and confers regularly with executive staff to address specific and unique needs for security protection of the program's information assets, including preparing for information security audits.

B.2 What are your department's core business principles, policies and standards related to information integrity, confidentiality, and availability and the protection of information assets?

The CDPH ISO leads the governance of the information security program. The Program consists of the leadership, organizational structures, and processes that ensure the Department's information security program sustains and extends the agency's strategies and objectives in accordance with business requirements and relevant laws and regulations. Information security governance generates significant benefits, including the development of a structure and framework to optimize allocation of limited security resources. Short and long-term information security objectives include:

- Reducing operational costs by providing predictable outcomes; mitigating risk factors that may interrupt the business process
- Achieving consensus in the organization by balancing the needs of its business against information security requirements and maximizing the value of information security resources
- Increased predictability and reduced uncertainty of business operations by lowering information security-related risks to definable and acceptable levels
- Protection from the increasing potential for civil or legal liability as a result of information inaccuracy or the absence of due care
- Assurance of effective information security policy and policy compliance
- Improving trust in customer relationships and protecting the organization's reputation

Policy Management:

CDPH ISO Policy Management implements industry best practices and methods used to create and maintain security policies to translate, clarify, and communicate management's position on high-level security principles. Policy management includes

Information Security

development, deployment, communication, updating, and enforcement of agency statewide security policies.

CDPH ensures that security is an integral part of information systems. This includes operating systems, infrastructure, applications, off-the-shelf products, services, and user-developed applications. Security requirements are identified and agreed upon prior to the development and/or implementation of information systems and documented as part of the overall business case. The CDPH ISO has developed a “**Security Requirements for Projects (SR01)**” that accompanies all FSRs and internal Project proposals. The SR01 maps security requirements to the CDPH Information Privacy & Security Policy located in the CDPH Health Administrative Manual (HAM). The requirements also ensure compliance with any applicable laws, regulations, statutes, and state policies (e.g., Health Insurance Portability and Accountability Act (HIPAA), and State Administrative Manual).

Security is considered and designed in from the beginning, and during the entire software development lifecycle. The appropriate level of security applied to the information and systems is based on the classification and criticality of the information, and the business processes that use it.

Security Operations and Incident Management:

CDPH ISO Operations Management manages appropriate controls for hardware, software, and resources; maintaining appropriate auditing and monitoring; and evaluating system threats and vulnerabilities. Operations management covers information technology assets throughout their lifecycle. Proper operations management safeguards all of the organization’s computing resources from loss or compromise, including main storage, storage media (e.g., tape, disk, and optical devices), communications software and hardware, processing equipment, standalone computers, and printers.

CDPH ISO Incident Management implements the CDPH Security and Privacy Incident Response Procedures for responding to and managing information security and privacy incidents. The CDPH ISO interfaces with the CDPH Privacy Office, Office of Legal Services, Internal Audits, and Office of Civil Rights, as necessary. The main point of contact is the agency’s CISO. The CDPH ISO also conducts digital forensics and investigations in the analysis and review of security breaches or suspected employee policy violations and criminal activity, as a service to the Internal Audit and Investigation teams and local and federal law enforcement.

Security Awareness Program (Privacy and Security):

CDPH ISO currently collaborates with the Department of Health Care Services (DHCS) in developing and maintaining an Information Privacy & Security Policy Awareness Program. The online training is reviewed and updated annually.

Risk Management:

The CDPH ISO maintains a Risk Management Framework based on the National Institute of Standards and Technology (NIST) standards. This framework assists the ISO in identifying risk, assessing risk, and suggesting steps to reduce risk to an

Information Security

acceptable level. A risk management program is an essential management function and is critical for any agency to successfully implement and maintain an acceptable level of security. It is a proactive, ongoing program of identifying and assessing risk, and weighing business tradeoffs on acceptable levels of risk against ever changing technologies and solutions.

Operational Recovery:

Operational Recovery Plans (ORPs) are in place and routinely tested. The purpose of these plans is to provide for the continuance of critical business functions by developing a recovery strategy and procedures that ensure timely resumption of essential information technology operations and the recovery of critical applications and information.

Auditing & Compliance:

The CDPH ISO maintains an Audit & Compliance program to ensure conformity to applicable federal and state statutory, regulatory, and contractual requirements and adherence to statewide reporting requirements.

B.3 If data within your department is shared with external entities, does your department implement data exchange agreements with these entities?

- Yes
 No

The CDPH ISO has worked closely with the Privacy Office/Chief Legal Counsel and the Contract Management Unit to collaboratively develop Business Associate Agreements (BAAs) and Contract Addenda that enforce CDPH Security and Privacy requirements when contracts are implemented between Business Associates, Vendors, Contractors, etc. All BAAs and Contracts require the CDPH ISO Information Security Requirements (SR01) for projects to be appended. CDPH has also developed InterAgency Agreements (IAA) that reference CDPH ISO security requirements when handling data belonging to CDPH or other agencies.

B.4 How does your department ensure that software developers and programmers follow standards and best practices for Web, application, and system development?

The CDPH employs internal best practices while implementing a secure development life-cycle (SDLC) that suits the organization's business needs. CDPH ISO also leverages industry best practices to include the Open With Application Security Project (OWASP) Top 10. For commercial off the shelf software (COTS), CDPH ensures purchasing policies and contracts include the CDPH ISO Security Requirements (SR01) document, which details Web Application Security (WAS) Requirements. For custom code, CDPH has adopted secure coding principles and all code is tested by internal developers against strict code review standards.

Information Security

The CDPH has access to the documentation, standards, and tools implemented during code review conducted by DHCS for CDPH. DHCS currently performs application code review and WAS assessment for new and existing CDPH applications and projects.

B.5 Does your organization have an Information Security Officer? (if yes, provide their name, telephone number, and e-mail address below)

- Yes**
- No**

Name: Yasser Lahham
Classification: DPM III
Telephone Number: 916-440-7038
E-Mail: Yasser.lahham@cdph.ca.gov

Workforce Development, Workforce Planning and Succession Planning

C.1 Does your organization have a workforce development plan for IT staff?

- Yes
 No

If yes, briefly describe it.

Currently in the planning stage, CDPH's workforce development efforts will incorporate recruitment, lifelong learning, and mentorship into an effective plan of action for successfully increasing the size and aptitude of our skilled staff. Our plan formulation strategy involves seven key steps to goal fruition:

1. **Develop an overall plan structure.** CDPH will construct a general outline of the plan's architecture with the final framework goals of incorporating and implementing policies and processes within reasonable time frames, and at acceptable costs. The plan will be geared towards realizing observable improvements in department and agency performance, labor force management and retention.
2. **Establish roles and responsibilities.** The plan structure will outline roles, responsibilities, and targets for leadership.
3. **Incorporate formal and informal efforts.** The plan will make room for both formal development efforts (i.e., job fair recruitment), and informal efforts (i.e., supporting word-of-mouth recruitment and mentorship outside of an established mentoring program).
4. **Develop performance process mechanisms and procedures.** With the necessary safeguards and appropriate accountability mechanisms in place, our performance plan will focus on achieving organizational results, accelerating change, providing meaningful performance distinctions, and opening up ongoing dialogs between management and staff to aid in employee growth.
5. **Formulate retention and mentor recruiting elements.** Using proven recruiting and retention methods, we will create a workable, affordable plan of action to initiate and maintain productive recruiting and mentoring programs within the department.
6. **Solidify department participation.** Departmental feedback is critical to create workable, affordable procedures and attain employee "buy in". CDPH will rely heavily on department-level participation in construction of the final framework for workforce development.
7. **Identify core competencies.** To create an effective workforce development plan, we will examine the existing architecture of our department and identify those core competencies essential to successful operations. Our development plan will nurture the sustainment of these competencies by cultivating a talented staff guaranteed to support operations and meet CDPH short and long-term needs.

CDPH will initiate proven recruiting methods to hire new talent, map the advancement of current employees, identify and address potential future knowledge and skill needs, uphold workforce diversity, and increase employee retention. Based on thorough workforce planning analysis, our workforce development plan will successfully aid in the

Workforce Development, Workforce Planning and Succession Planning

achievement of organizational goals, and meet the current and future needs of CDPH, whatever the challenge.

C.2 Check the appropriate box(es) to identify which workforce development tools, if any, your organization is using for IT classifications:

- Training
- Upward Mobility
- Mentoring
- Career Assessments
- Knowledge transfer program
- Performance Evaluations
- Other (please list)

As stated, CDPH will soon solidify a formal workforce development plan geared towards the following priorities:

- Implement mentorship and management training programs to maximize the upward mobility of current staff and enhance retention efforts
- Aid employee growth through the development of performance process mechanisms and procedures to provide meaningful performance distinctions, accelerate positive change, and initiate employee growth
- Potentially further support retention efforts through recruitment bonuses and employee recognition programs that acknowledge and reward excellence while promoting individual and team growth

Performance management is vital to ensure and enhance department performance, due to the correlation between an individual's activities and departmental results. To increase department-wide performance, our workforce development plan will involve three key practices:

1. **Behavior modification support: linking individual performance with department performance and goals.** Each individual will be encouraged to realize the connection between their daily activities and accomplishments and their broader impact on company operations and objectives. This awareness will nurture our team mentality and identity as a cohesive unit, aiding in CDPH's health and future growth.
2. **Increasing communication and accountability.** As part of the plan's behavior modification support, mentoring, and retention efforts, each employee will be impressed upon the fact that, as part of a team, they have a responsibility both to reaching their goals and helping their coworkers achieve the same results. Further, performance monitoring by management will open up ongoing dialogs between supervisors and staff, supporting that same establishment of a link between individual performance and team/department performance. This collaborative atmosphere will provide a nurturing, open environment for staff at every level.
3. **Performance tracking.** Employee assessments will continue to be used for performance monitoring, providing a framework for constructive criticism, and enhancing individual productivity. The assessment, which will include an analysis of employee

Workforce Development, Workforce Planning and Succession Planning

competencies, job duties, performance, and behavior, will allow the employee to “self-monitor” and address performance gaps. The result will be the enhancement of both accountability and management-employee communications, creating a continuous wish for growth within the employee that directly and continuously contributes to department success.

C.3 Does your organization have a workforce plan for IT staff (i.e., for Rank and File)?

- Yes
 No

If yes, briefly describe it.

As stated, CDPH is in the process of implementing an effective workforce development plan, which will incorporate recruitment, lifelong learning, and mentorship. The plan will outline governance roles, responsibilities, and targets for leadership. The envisioned plan will be formulated for utilization by all departments.

C.4 Does your organization have a succession plan for IT staff (i.e., for Management)?

- Yes
 No

If yes, briefly describe it.

CDPH has a strong presence as an employer within the State of California. Though IT staff retention levels are historically low within the IT industry, CDPH does not suffer from high IT turnover and personnel shortages. We are adept at coping with increases and decreases in staffing requirements, and our effective workforce planning management procedures eliminate negative program continuity impact due to employee vacancies. Nevertheless, CDPH is in the process of developing a succession plan, applicable to all departments, that ensures continued success in adequate staffing.

CDPH’s succession plan will accomplish the following:

- Incorporate a workable, affordable recruitment strategy based on established best practices, and attracting potential talent via targeted outreach efforts and word of mouth
- Implement mentorship and management training programs to increase staff promotions and help to ensure the retention of our current talent
- Further support retention efforts through recruitment bonuses and recognition programs

At CDPH, we stay abreast of changes in the local economy affecting employment rates, as well as any employee recruitment developments within the greater Sacramento area. We realize that the welfare of our current and newly acquired staff members is paramount to agency success. Our plan will promote communication and knowledge

Workforce Development, Workforce Planning and Succession Planning

sharing, increase retention rates, and provide employees with stability and valuable opportunities for advancement, creating a dedicated, reliable workforce.

C.5 IT Staffing

Provide the following information in table C-1 on the following page:

- The name of each IT classification currently in the organization.
- The number of staff in each IT classification in the organization.
- The number of staff in each IT classification eligible to retire in the next five years.
- The percentage of each IT classification eligible to retire in the next five years.

Table C-1 — IT Staffing

IT Rank and File Staff Classification	Number of IT Rank and File Staff in Classification	Number of IT Rank and File Staff in Classification Eligible to Retire in Next 5 Years	IT Management Staff Classification	Number of IT Management Staff in Classification	Number of IT Management Staff in Classification Eligible to Retire in Next 5 Years
Staff ISA Spec(1312)	42	25	DPM I (1381)	9	5
Staff ISA Sup (1316)	5	4	DPM II (1384)	9	6
Sr ISA Spec (1337)	21	14	DPM III (1393)	8	8
Sr ISA Sup (1340)	5	2	DPM IV (1387)	0	0
IST (1360)	3	1			
SSS II (1373)	2	0			
Programmer I (1382)	1	0			
IST SUP II (1407)	1	1			
KD Sup I (1420)	2	2			
Assoc. ISA (1470)	67	31			
IST II Spec (1557)	1	1			
IST I Spec (1562)	1	0			
Assoc. PA (1579)	17	7			
Staff PA (1581)	26	16			
Sr PA (1583)	6	4			
SSS I (1587)	1	0			

Project Management, Portfolio Management and IT Governance

D.1 Does your organization have a process for improving the alignment of business and technology?

- Yes
 No

If yes, briefly describe it.

The CDPH recognizes the need for alignment of business and technology, possesses a solid belief in “business driven IT”, and strives to ensure that the two are kept in sync. CDPH’s process for improving alignment of business and information technology includes promoting strong and collaborative working relationships among Programs and IT and ensuring adequate Program participation and involvement in the development of IT systems that serve to meet their strategic business goals and objectives.

CDPH Programs are required to develop and submit IT Project Concept Papers (ITCP) to IT when considering an IT project. IT Concept Papers are reviewed and either accepted/or denied by the CDPH executive management team based upon whether the problem or opportunity needing to be addressed can be remedied effectively by an IT solution. When an IT Concept Paper is approved, the Program is authorized to conduct a feasibility study and develop a Feasibility Study Report (FSR). IT solutions reflected in any FSR put forth by the Department must map directly back to the business problems or opportunities being addressed. This process further helps to align IT and business.

The CDPH is in the process of establishing multi-level IT Governance in order to further enhance alignment of IT with business, ensure that CDPH stays on track toward achieving its strategies, goals, and objectives, and implement methods to better measure IT performance. CDPH IT Governance will serve to ensure that Program’s business needs and interests are taken into account and that processes used in IT provide measurable results.

D.2 What is the status of implementing a formal portfolio management methodology for technology projects within your organization?

- Implemented (Please describe)
 Implementation in progress (Please describe)
 Planned or planning in progress

The CDPH recognizes the value and benefit gained through effective portfolio management of its information technology projects. Toward this, the Department’s Planning and Project Management Branch (PPMB) utilizes a series of in-house developed methods, tools, and templates for managing, controlling, and reporting on IT projects from their initiation through project closeout. In addition, the Department maintains a project inventory, seeks to match projects to strategic objectives, and monitors projects closely and frequently. CDPH is laying the foundation for the establishment of formal portfolio management in order to better optimize the value of its IT investments, further minimize risks, plan and utilize resources more effectively, and eliminate redundancies in its project efforts. In the future, the Department will investigate options in terms of a robust portfolio management toolset; however, today the resources needed to fund an effort of this magnitude are not readily available.

- Not implemented and not planned

Project Management, Portfolio Management and IT Governance

D.3 List any automated tools being used for portfolio management. Enter "None" if no automated tools are being used.

Today the CDPH does not own a formal portfolio management suite of tools. However, the CDPH uses Microsoft Project, Word, and Excel in varied ways to manage, track, monitor, and report on its inventory of IT projects and investments.

D.4 What is the status of implementing a standard project management methodology for technology projects in your organization?

Implemented (Please describe)

The CDPH is consistent in its use of Project Management Institute (PMI) based methods, tools, and practices to initiate, plan, execute, control and close IT projects as appropriate based upon their size, complexity, and scope. The Department employs a set of standards for initiating and executing its projects that is tightly aligned with Institute of Electronics and Electrical Engineers (IEEE), the State Information Management Manual (SIMM), and PMI. The Department's project management methodology strictly adheres to the DOF IT Project Oversight Framework.

Implementation in progress (Please describe)

Planned or planning in progress

Not implemented and not planned

D.5 Does the organization require its project managers to be certified, either through a professional organization (e.g., PMI, ITIL) and/or through completion of specified project management coursework:

Yes

PMI

ITIL

Agency-specified project management coursework (identify below)

No

Though the CDPH does not require formal certification of its project managers, when selecting a project manager for an IT project, the Department requires a level of training and experience that's current and commensurate with the size and complexity of the project for which he/she is under consideration.

D.6 Select from the list other areas of training your organization requires of its project managers:

Fundamental Project Management

Systems Development Life Cycle

Scheduling tool (identify below)

– Microsoft Project

Project Performance Management (e.g., Earned Value Management)

Business Process Analysis

Requirements Traceability

Procurement/Contracts Management

Project Management, Portfolio Management and IT Governance

- Other (identify below)
 None

D.7 Describe project-level governance practices, including change management, issue resolution, and problem escalation.

CDPH project managers are required to develop and file a detailed Project Management Plan (PMP) that has all appropriate sub-plans either contained within or under separate cover for the focused management of communications, schedule, budget/cost, procurements, staffing, quality, change, issues, and risk. Project managers are required to keep project plans up-to-date and ensure that processes contained within are strictly adhered to.

All CDPH projects are governed by a Project Steering Committee that is chaired by the Project Sponsor(s) (a Program area executive) and comprised of the Sponsor, other members of the Program area as appropriate, internal and external representatives of key stakeholder areas, the Chief Information Officer (CIO), and the Project Director. The project manager, program lead, technical lead, and project oversight staff report to the Project Steering Committee at a minimum of once per month and as needed when a situation arises that warrants an additional session. Project Steering Committee meetings are increased in frequency if the project is considered high risk or is encountering significant issues. The primary functions of the Project Steering Committee are to allow for decision-making and issue and risk escalation at the appropriate levels of authority in order to maintain alignment with the project's approved project baselines for scope, schedule, and cost.

The vast majority of CDPH project managers report to Project Directors. Project managers are either State or consultant staff. All Project Directors are senior level State staff with significant project management background, training and experience. Consultant project management staff are not permitted to make decisions on behalf of the State.

D.8 Does the project management methodology include processes for documenting lessons-learned and applying these to future projects?

- Yes (Please describe)

As a formal component of the close-out phase and on an as required basis throughout the project management life cycle, PPMB staff conduct lessons learned sessions with technical, program, and project management staff as well as other representatives from key stakeholder areas. Lessons learned are captured formally, documented, and incorporated into project archives for historical record and leveraged in the completion of project Post Implementation Evaluation Reports (PIER) and continuous improvement. Project lessons learned and their related corrective actions, process improvements, and other recommendations are shared among key stakeholders and project management and oversight staff toward future efforts.

- No