Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.2, 5/31/2020)

1.1 General Information

Agency or State Entity Name: Department of Public Health

If Agency/State entity not in list, then enter here. Click or tap here to enter text.

Organization Code: 4265

Proposal Name: CDPH Future Disease Surveillance System (FDSS) Project

Proposal Description: The CDPH proposes to procure a disease surveillance system to address operational inefficiencies associated with manual processes and lack of access to timely and complete data to perform local and statewide disease surveillance.

When do you want to start the project? 9/1/2022

Department of Technology Project Number (0000-000): 4265-076

1.2 Submittal Information

Contact Information

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Submission Date: 8/17/2021

Version Number: 1.0

Project Approval Executive Transmittal – (Attach Transmittal to the email submission.)

1.3 Business Sponsorship

Executive Sponsors

Title: Deputy Director

First Name: Erica

Last Name: Pan, M.D.

Business Program Area: (Name of the business program area represented by the Executive Sponsor(s))

CDPH Center for Infectious Diseases (CID)

Business Owners

Title: Division Chief

First Name: James

Last Name: Watt, M.D.

Business Program Area: CDPH, Division of Communicable Disease Control

Program Background and Context

The Division of Communicable Disease Control (DCDC) within the California Department of Public Health (CDPH) and overseen by the Center for Infectious Diseases (CID), works to promptly identify, prevent, and control infectious diseases that pose a threat to public health, including emerging and re-emerging infectious diseases, vaccine-preventable agents, bacterial toxins, bioterrorism, and pandemics.

DCDC also coordinates the California Reportable Disease Information Exchange (CalREDIE), the statewide surveillance and reporting system for infectious diseases, outbreaks, and emergencies that laboratories, health care providers, and local health departments (LHDs) use to meet California disease reporting requirements. Title 17 of the California Code of Regulations (CCR), Section 2500 specifies the 80+ infectious disease that health care providers are required to report, and Section 2505 specifies the 60+ infectious diseases that laboratories are required to report. The CalREDIE system also supports reporting and surveillance for some non-communicable diseases and transmits some California disease data to the Centers for Disease Control and Prevention (CDC), the lead federal agency for public health in the United States. The CalREDIE system users are supported by the CalREDIE Program, within the DCDC, and the system technology is supported by CDPH Information Technology Services Division (ITSD).

Disease Reporting and Surveillance

Surveillance is the foundation of CDPH disease prevention and control programs and is essential to program planning, implementation, and evaluation. Public health surveillance includes ongoing and systematic health-related event data collection, analysis, interpretation, and dissemination for use in public health prevention and response activities. Although there are many surveillance strategies, disease reporting by healthcare providers and laboratories is the core of communicable disease surveillance.

While the DCDC administers the State's disease surveillance programs, the LHDs conduct the day-to-day case investigation and management, and public health intervention activities. LHDs' disease control efforts rely on CalREDIE and other LHD- or state-developed data systems, including the recently implemented COVID-19 contact tracing system, CalCONNECT.

The Need for Change

The rapid onset, high data volume, and evolving reporting requirements of COVID-19 challenged CDPH and LHD staff to effectively track and report on patients, tests, and confirmed cases. Processes previously executed manually were no longer sustainable and the lack of functional automated solutions for data transfers, data updates, and other functions increased workload at the state and local levels, causing delays in updating and reporting disease data needed for decision making. The CalREDIE system struggled to scale or adapt quickly to changing needs, resulting in performance issues under high data volumes.

While most LHDs have adopted the CalREDIE system for all reportable diseases, Los Angeles and San Diego, which together account for approximately 34% of California's population, operate their own disease reporting and surveillance systems. The CalREDIE system does not interoperate with the Los Angeles and San Diego systems, and the inability to have timely access to disease data from nearly 1/3 of the state significantly hinders statewide disease surveillance and delays response activities.

This proposal is for a disease surveillance system solution that will provide accurate, complete, and timely data for the entire state; be interoperable with other data systems; have greater flexibility to adapt to changes in disease or technology; and be scalable to adapt to rapid volume changes. This will allow the DCDC and LHDs to more efficiently share disease data, monitor all reportable diseases, make informed decisions, and respond quickly to manage and control disease outbreaks, locally and statewide.

1.4 Stakeholders

Key Stakeholders

Organization Name: Division of Communicable Disease Control, California Department of Public Health

Stakeholder Name: Dr. James Watt, Chief, Division of Communicable Disease Control

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The DCDC programs perform the following general business activities associated with disease reporting and surveillance:

- Receive and import or manually enter incident reports into CalREDIE from health care providers and laboratories
- Validate incident report data and remove or combine duplicate records, if necessary
- Identify cases for investigation; review, update, and close cases
- Assist LHDs in their disease reporting, local disease surveillance, and investigation activities

- Monitor and report on LHD investigation progress
- Perform state-level investigations
- View and extract data for analysis and reporting

There are 12 business programs who each perform up to four primary business functions related to communicable disease control: Disease Incident Creation, Data Entry/Import, Investigative Functions, and Data Extract and Reporting.

Disease Incident Creation

A disease incident is created when a California laboratory, healthcare provider, or LHD submits data to the DCDC about an instance of a specific patient tested for a specific disease. Incidents may be created for statewide reportable diseases or for diseases of local concern (i.e., diseases that are only surveilled in certain geographical areas). The data may be submitted electronically, by phone or by fax. The incident data may include test results, personally identifiable information (PII), and protected health information (PHI).

Data Entry/Import

DCDC business programs may add additional data to disease incidents. In some cases, LHDs submit supplemental case investigation data that are manually entered into CalREDIE. For COVID-19, LHDs also enter data into the CalCONNECT system that is later imported into CalREDIE. DCDC programs may also import data about cases from other state systems.

Investigative Functions

State and local public health staff can access the data to identify cases for investigation, make updates to the data, and close incidents. CDPH staff consult with and support LHDs, monitor and report on LHD surveillance progress, as well as conduct their own disease surveillance and investigation activities. Investigation activities vary by disease, but often involve following up with individuals with a questionnaire to identify exposure details relevant to the disease, such as food history, community activities, travel details, and close contacts. The investigators use these data to identify likely outbreak sources and to alert other jurisdictions or patients of potential for ongoing disease transmission. Some investigations involve analytic tools or outbreak management tools that are not compatible with CalREDIE. State and local public health staff must download data into different systems to access the needed functionality that does not exist within or interoperate with CalREDIE.

Data Extract and Reporting

CalREDIE data is extracted nightly and stored in the CalREDIE data warehouse, which all CalREDIE users can access to export data and run standard reports, conduct analyses, and populate dashboards. CDPH staff also use these data to report to the Centers for Disease Control and Prevention (CDC). COVID-19 case data are transferred multiple times daily to CalCONNECT, the application implemented for COVID-19 contract tracing and case management. Similarly, data are transferred from CalCONNECT into CalREDIE once per day.

The DCDC stakeholder group comprises various business programs who perform one or more of these four business functions. Six DCDC stakeholders, considered primary business programs, fully perform all four of the DCDC primary business functions. These stakeholders are the Infectious Diseases Branch, Immunization Branch, Tuberculosis Control Branch, Sexually Transmitted Diseases Control Branch, Healthcare-Associated Infections Program, and the Coronavirus Science Branch.

There are six secondary business program stakeholders in other parts of CDPH that perform some of the DCDC business functions and to a lesser extent: Office of AIDS, Office of Binational-Border Health, California Parkinson's Disease Registry, Infectious Disease Laboratory Branch, Center for Family Health, and Occupational Health Branch.

The table below crosswalks each internal business program stakeholder with the four primary DCDC business functions. All DCDC stakeholders use CalREDIE to perform the indicated business functions. There are also two external entities who also use the CalREDIE system to perform these same business functions within their own organizations using different data. These entities are described separately as external stakeholders.

DCDC Business Programs	Communicable Disease Control Business Functions			
	Disease Incident Creation	Data Entry / Import	Investigative Functions	Data Extract and Reporting
PRIMARY BUSINESS PROGRAMS				
Infectious Diseases Branch	X	X	X	X
Immunization Branch	X	X	X	X
Tuberculosis Control Branch	X	X	X	X
Sexually Transmitted Diseases Control Branch	X	X	X	X
Healthcare-Associated Infections Program	X	X	X	X
Coronavirus Science Branch	X	X	X	X
SECONDARY BUSINESS PROGRAMS				
Office of AIDS	X		X	X
Office of Binational Border Health			X	X
California Parkinson's Disease Registry	X	X		X
Infectious Disease Laboratory Branch			X	
Center for Family Health			X	X
Occupational Health Branch			X	X

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

CDPH program areas will be actively involved in all areas of the project from planning through implementation and roll-out. The project will include a Project Team responsible for day-to-day project activities and composed of staff from the DCDC, CDPH program representatives, and Program Planning and Management Branch (PPMB) staff who will manage the project.

The overall project will be guided by a Disease Surveillance Governance Structure, which is expected to include an Executive Steering Committee; an Advisory Board with LHD, laboratory, healthcare professional, and external business program representatives; Business Function Working Groups with other CDPH stakeholders who will serve as subject matter experts in relevant business functional areas; and Support Teams that represent information technology and administrative partners.

The Executive Steering Committee will consist of leadership from the Center for Infectious Diseases (CID), the Information Technology Services Division (ITSD), and the Center for Health Statistics and Informatics (CHSI). This committee will champion project efforts, clear project roadblocks, and make final decisions related to this effort as well as to initiatives that support the broader context of disease surveillance for the State. The DCDC Chief will serve as the product owner, lead the Project Team, and coordinate activities of the Advisory Board, Working Groups, and Support Teams.

Organization Name: External Business Programs

Stakeholder Name: California Emerging Infections Program; California Environmental Protection Agency, Office of Environmental Health Hazard and Assessment

Stakeholder Internal or External? External

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

There are two external business program stakeholders that function similarly to the CDPH secondary business program areas and use CalREDIE to perform some of the same business functions for their respective organizations as DCDC internal business programs staff do for DCDC. These stakeholders are the California Emerging Infectious Programs (CEIP) and the California Environmental Protection Agency's (CalEPA) Office of Environmental Health Hazard and Assessment (OEHHA). CEIP is one of ten EIPs nationwide that collaborate with their respective health departments and academic centers to conduct active population-based surveillance and special studies for specific emerging infectious diseases. OEHHA is required to report known or suspected pesticide-related illnesses or injuries, in accordance with California Code of Law, Health and Safety Code Section 105200. Although both entities are external to CDPH, because they are CalREDIE system users, they are considered part of the CDPH business program group. The table below provides a crosswalk to identify the business functions that these two external programs business programs perform.

External Business Programs	Communicable Disease Control Business Functions			
	Disease Incident Creation	Data Entry / Import	Investigative Functions	Data Extract and Reporting
California Emerging Infections Program	X		X	X
California Environmental Protection Agency, Office of Environmental Health Hazard and Assessment		X		X

External business program representatives will participate in the Advisory Board and/or Working Groups.

Organization Name: Local Health Departments (LHDs)

Stakeholder Name: Various (61 Local Health Departments in total across the State of California

Stakeholder Internal or External? External

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The public health system in California consists of CDPH and 61 LHDs, composed of 58 independent county health departments and 3 independent city health departments. To serve their communities, LHDs help prevent the start and spread of outbreaks and disease, promote healthy practices, provide public health education, develop and uphold public health policy and collaborate with state officials to strategize and provide local public health services.

All LHDs are specifically impacted during all four communicable disease control business functions: Disease Incident Creation, Data Import, Investigative Functions, and Data Extract and Reporting. Specifically, LHDs:

- Receive and import or manually enter into CalREDIE incident reports they receive from physicians, other health care professionals, and laboratories.
- Review and assess the incident report data and determine whether to create a new incident record or append the new data to an existing incident.
- Identify cases for investigation; update, and close cases.
- Analyze and report on disease data.
- Identify and enter data on case contacts to CalCONNECT for COVID-19 contact tracing.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

LHDs will be an integral part of the planning, implementation, and roll-out phases of this effort. LHDs will participate in the Disease Surveillance Governance Structure as part of its Advisory Board. The Advisory Board's main role is to propose recommendations and provide advice to the Project Team, the Working Groups, and the Executive Steering Committee. Clearly identified decision making criteria, expectations, and communications between the Advisory Board and other governance elements will help ensure fluid and successful decision making that satisfies both CDPH and LHDs.

Key LHD Activities as part of the Advisory Board will be to:

- Analyze project needs, review possible solutions, and make recommendations to the other elements of Governance Structure
- Consult with Working Groups on business processes
- Work with the Project Team and provide feedback regarding procedures and policies to meet the short- and long-term goals and objectives

Organization Name: Laboratories

Stakeholder Name: 350+ public health, clinical, and state laboratories across the State of California

Stakeholder Internal or External? Internal and External

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: No

Output of Business Process: No

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

California local public health and clinical laboratories, along with state laboratories collect and test clinical samples from persons from throughout California. Laboratories throughout California report test results for reportable diseases directly to the State and to LHDs either manually via fax or electronically via CalREDIE Electronic Lab Reporting (ELR). Therefore, labs are impacted by only one of the four main business functions: Disease Event Creation.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

As external stakeholders, laboratories will participate in the Disease Surveillance Governance Structure as part of its Advisory Board, like LHDs. The Advisory Board's main role is to propose recommendations and provide advice to the Governance Structure elements.

Organization Name: Healthcare Professionals

Stakeholder Name: 1200+ Provider Portal users reporting on behalf of thousands of California physicians, health care professionals, and clinics throughout California

Stakeholder Internal or External? External

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: No

Output of Business Process: No

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

Healthcare professionals and clinics provide care to patients, refer them to laboratories for tests, and report to the patient's LHD and to CDPH either electronically or manually via fax or phone call any known or suspected cases of a reportable disease. Therefore, healthcare professionals are impacted by only one of the four main business functions: Disease Event Creation.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

As external stakeholders, a small representative sample of healthcare professional representatives will participate in the Disease Surveillance Governance Structure as part of its Advisory Board, like LHDs and laboratories. The Advisory Board's main role is to propose recommendations and provide advice to other Governance Structure elements.

Organization Name: CalREDIE Program, California Department of Public Health

Stakeholder Name: Deniz Dominguez, CalREDIE Program Manager, California Department of Public Health.

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The CalREDIE Program, within the DCDC, has overall responsibility for the CalREDIE system, a modified commercial-off-the-shelf (MOTS) software product that has been customized and branded for CDPH use for disease survillance and reporting. Approximately 40-50 CalREDIE program staff members provide user support to all CalREDIE stakeholders by serving as liaisons between end users, ITSD, and SunQuest, the CalREDIE vendor. CalREDIE program staff perform the following program activities:

- Perform business analysis to research unexplained system behavior and translate end user needs into system changes that either the vendor or ITSD implement
- Provide end user support and training for all LHDs, programs, laboratory submitters, and provider portal users for activities such as user access, passwords, data cleanup, and onboarding
- Process merge requests from LHDs to merge duplicate CalREDIE incident or person records

- Perform an annual master person index de-duplication process to improve data quality
- Implement electronic case reporting
- Manage the data distribution portal used to extract CalREDIE data
- Manage the CalREDIE budget

Because it supports all CalREDIE users, the CalREDIE Program is impacted by all four of the communicable disease control business functions.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

CalREDIE staff will be an integral part of the planning phases and will likely be involved in the implementation and roll-out, depending on the solution. CalREDIE staff will have representation within the Disease Surveillance Governance Structure throughout the project as part of Working Groups and the Project Team. The Chief of DCDC, who has ultimate CalREDIE oversight, will coordinate the project. CalREDIE staff will also help identify business and technical needs for a future solution and help develop requirements to ensure current business requirements are captured accurately.

Organization Name: Centers for Disease Control and Prevention (CDC)

Stakeholder Name: CDC

Stakeholder Internal or External? External

When is the Stakeholder Impacted?

Input to Business Process: No

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The CDC defines policy regarding disease reporting and receives its California disease reports from CalREDIE for a wide variety of diseases, each of which has specific reporting requirements and timelines. CDPH collaborates with the CDC to investigate multi-state outbreaks, so the CDC is impacted by the Investigative and Reporting business functions.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

The CDC will provide funding for this project and has a vested interest in its success. The CDC is a funding agency and will monitor the project progress to ensure that activities are consistent with funding requirements.

Organization Name: Information Technology Services Division, California Department of Public Health

Stakeholder Name: Yasser Lahham, Chief Information Security Officer, Information Technology Services Division, California Department of Public Health

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: No

During Business Process: Yes

Output of Business Process: No

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

Under the direction of the Chief Information Officer, the Information Technology Services Division (ITSD) provides technical and project management expertise for CDPH throughout planning, development, and implementation activities on all technology-related projects. ITSD is specifically impacted when any technical changes are needed for CalREDIE.

ITSD is responsible for providing resources and technology to the DCDC and other business units within CDPH. ITSD assesses and works collaboratively with DCDC staff to identify the most appropriate technological platforms and necessary hardware investments, identifies and estimates major costs, and determines network readiness. ITSD monitors, and adjusts when needed, resources to support operations (e.g., increasing memory, adding servers, contracting with cloud services). ITSD works with developers to deploy code to external environments (i.e., staging and production), uses its discretion to review code, and identifies any issues.

ITSD staff work in conjunction with CalREDIE program staff and SunQuest, the software vendor, to manage all aspects of the CalREDIE system. Sunquest provides enhancement support, patches, and bug fixes. ITSD is responsible for the infrastructure on-premises, manages and monitors the CalREDIE application, performs the system updates and patches, handles configuration, troubleshoots technical issues, and manages the cycle for enhancements and bug fixes. ITSD also works with SunQuest to ensure it meets CDPH security, privacy, and cloud standards. Because it must troubleshoot and support all business activities, ITSD is impacted by all four business functions.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

The CIO will work in partnership with the Executive Sponsor and serve as a member of the Executive Steering Committee, to promote successful project outcomes. ITSD will allocate technical and project management resources to plan and execute the project. The CDPH Information Security Office (ISO) and the CDPH Enterprise Architecture Team will be engaged early for guidance and support as part of a Support Team. The CDPH ISO will engage the California Health and Human Services Agency (CHHS) ISO. Designated ITSD staff will identify, clarify, and validate technical requirements, receive technical knowledge transfer and/or training, and participate in testing prior to solution implementation. The full scope of project participation for this stakeholder depends on the solution that is ultimately selected. ITSD will be responsible for post-implementation support using State and/or vendor resources.

ITSD will participate in the Disease Surveillance Governance Structure by providing Program Planning and Management Branch (PPMB) staff to manage the project. ITSD will also provide one of the Support Teams with technical support staff, who will report to PPMB Project Managers.

Organization Name: The Public

Stakeholder Name: The California population is approximately 40+ million people

Stakeholder Internal or External? External

When is the Stakeholder Impacted?

Input to Business Process: No

During Business Process: No

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The public does not interact with CalREDIE but does rely on both CDPH and LHDs for current, accurate disease information they will use to help make personal health choices. The data that ultimately are presented for public consumption are the data captured in the CalREDIE system; therefore the public is only impacted by the Reporting business function.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

Members of the general public are not expected to participate in the project but will be beneficiaries of the enhanced capabilities the future solution will have to provide current, accurate disease information so that they can make informed health decisions.

1.5 Business Program

Organization Name: CDPH Division of Communicable Disease Control, California Department of Public Health

Business Program Name: Dr. James Watt, Division Chief

When is the unit impacted?

Input to the Business Process: Yes

During the Business Process: Yes

Output of the Business Process: Yes

How is the business program unit impacted? (Describe how the business program unit will be involved in the project)

DCDC program areas use laboratory results, electronic health records, and epidemiologic data received through CalREDIE to detect and investigate communicable disease outbreaks and conduct ongoing disease surveillance. CalREDIE surveillance data are used to determine and implement disease control measures, develop prevention strategies, meet CDC disease reporting requirements, and inform public health policy. DCDC coordinates CalREDIE system management, maintenance, and use. The CalREDIE Program, within DCDC, provides CalREDIE user support and coordinates with SunQuest, the software vendor, and ITSD to manage all technical aspects of CalREDIE and implement system and policy changes. Key DCDC Activities related to CalREDIE:

- DCDC ensures that there are adequate resources, both in funding and personnel support needed to maintain and operate the CalREDIE Program and systems.
- DCDC provides strategic guidance and direction to the CalREDIE Program.
- DCDC develops and reviews policies and documents based on epidemiology and surveillance; public health planning, program implementation, and evaluation; and principles of effective communication and collaboration.

The DCDC is directly involved in and therefore impacted by all four of the communicable disease control business functions.

How will the business program unit participate in the project?

As product owner, the DCDC Chief provides input on the modernization effort, including through focus groups and targeted briefings as part of the planning, implementation, and roll-out of this effort. Throughout the project, the DCDC Chief will monitor project progress and continue to guide the project to its end goal.

The Project Team will report to the DCDC Chief, who will make tactical decisions regarding the project, as a delegate of the Executive Steering Committee. The DCDC Chief will present project updates and bring strategic questions to the Executive Steering Committee, which will make all final decisions related to the modernized disease surveillance system. DCDC disease program staff will be a part of the Project Team as well as Working Groups, providing disease- and program-specific input into planning, requirements, system design, and implementation.

The DCDC, through CalREDIE program staff, will implement and monitor the future disease surveillance system. CalREDIE program staff will also prioritize and manage CalREDIE system changes or transitions necessary to support the chosen solution and work with ITSD and vendors, if applicable, to align business needs with the technical solution.

1.6 Business Alignment

Business Driver(s)

Financial Benefit: Yes

Increased Revenue: No

Cost Savings: No

Cost Avoidance: Yes

Cost Recovery: No

Mandate(s): Choose an item.

Improvement

Better Services to Citizens: Yes

Efficiencies to Program Operations: Yes

Improved Health and/or Human Safety: Yes

Technology Refresh: Yes

Security

Improved Information Security: No

Improved Business Continuity: Yes

Improved Technology Recovery: No

Technology End of Life: Yes

Strategic Business Alignment

Strategic Plan Last Updated? 5/31/2019

Strategic Business Goal: Enhance Services Through Agile Operations: Ensure that core business areas are efficient, innovative, transparent, and customer-focused. Maintain a proactive culture of continuous quality improvement. Tailor practices to meet needs of communities that we serve.

Alignment: This project will achieve numerous program efficiencies by significantly reducing or eliminating the need for time-consuming and labor-intensive manual processes to capture, extract, manipulate, analyze, and report disease data used to manage outbreaks and cases, perform investigations, and make public health decisions. A unified system architecture will reduce the need for standalone external tools and the manual workarounds and duplicative steps associated with them, thereby accelerating understanding of current disease conditions and enabling timely public health decisions. Expanded technical capabilities and data access will allow public health staff to use the disease surveillance system to better support local public health requirements, reducing the need for external systems to manage data and perform local surveillance activities not currently supported by CalREDIE.

Strategic Business Goal: Promote Health and Wellness: Prevent disease and injury by fostering vibrant, resilient, and prosperous communities. Improve State health outcomes by advancing protective measures and reducing risk. Mobilize partnerships to strengthen collective impact.
Protect the Public's Health: Strengthen foundational public health and health care infrastructure at the State and local level. Enhance California's resilience to current and

emerging health threats. Respond effectively to health threats and emergencies. Increase timeliness, efficiency, and quality of regulatory functions.

Alignment: This project will allow state and local public health staff to capture complete, high quality, timely disease data that is available for use on demand, resulting in more-informed public health decisions and better health outcomes. Public health staff will be able to access disease data consolidated across CDPH and local health systems, which allows them to expand their view of public health conditions and gain greater insight into local and regional disease conditions. These integrated data support positive partner relationships, which benefits the public by allowing all jurisdictions to have access to as much data as possible with which to make timely and appropriate public health decisions. Users will be able to perform advanced analytics to more easily and quickly identify trends and respond to public health threats and emergencies, thereby reducing health risks and improving overall health outcomes. State and local staff will be better able to capture, manipulate, and analyze disease data to address needs efficiently without the need for external systems. All users will benefit from greater abilities to manage cases, outbreaks, and investigations, enhancing California's ability to respond to and manage health threats quickly and effectively.

Strategic Business Goal: Optimize Data and Technology: Leverage data and technology to advance goals and inform action and accountability. Leverage data and technology to enhance services. Promote an ecosystem of data sharing. Expand surveillance systems for evidence-based decision making

Alignment: Recent experiences with COVID-19 pointed out the imperative need to have a strong and trustworthy technical infrastructure that has the flexibility to support significant data volume increases and processing needs during an acute disease outbreak. During COVID-19, CDPH incurred significant personnel costs to respond to major incidents that disrupted business continuity and hindered the State's ability to understand current disease conditions and provide information to help California residents make informed decisions regarding their health. Upgraded technology will support consumption and management of higher data volume and improve system stability to ensure business continuity during future disease outbreaks. This project will reduce the risk of system failures or delays that cause a prolonged period of time where disease information would not be available to analyze outbreaks, identify trends, and make timely public health decisions. Reducing that risk will allow CDPH to avoid costs to respond to or prevent service disruption on an emergency basis during the next acute disease outbreak, which could occur at any time.

Executive Summary of the Business Problem or Opportunity:

The COVID-19 pandemic strained the State's ability to fulfill its mission to provide timely, accurate, and reliable information on disease patterns to support guidance, and policy development. This made it more difficult for public health staff, the medical community, and government officials to ensure the health and well-being of Californians during a public health emergency. To fulfill that mission for future public health emergencies, CDPH needs more sophisticated disease reporting and surveillance functionality and technical capabilities to manage and investigate cases and outbreaks, understand current disease conditions, identify trends, and reliably produce the data that informs decision making and actions to safeguard the public.

The CalREDIE system is the primary tool state and local public health staff use to capture and use reportable disease data; however, its many limitations cause users to have to perform time-consuming manual workarounds to capture, analyze, and make use of important data stored outside of the system. These workarounds and inefficiencies place additional strain on public health resources, and can result in inaccurate, inconsistent, and delayed data upon which decisions are made. CalREDIE's outdated and maximized technical abilities have shown that it cannot be relied upon to support the data volume or transaction processing needs during a future public health emergency. State and local public health staff are unable to take advantage of new surveillance techniques and analysis methods, which continually evolve, in part, because of CalREDIE's inflexibility and outdated technology that cannot support modern tools.

The cornerstone of public health systems is timely access to current, complete, accurate, and reliable information, which, in California, begins with data collected by LHD staff, laboratories, and healthcare providers. Improving the ability for local public health staff to capture complete and accurate data on demand will result in improved disease reporting and surveillance at all levels, and by extension, improved public health response. The primary objectives of disease surveillance are to determine the extent of disease in the community, evaluate transmission risk, and intervene rapidly when appropriate. For surveillance to be effective, communicable disease reporting must be timely.

CDPH and LHD disease reporting and surveillance currently entails numerous manual processes and time-consuming workarounds.

For example, CDPH cannot produce a statewide view of current health conditions without time-consuming manual steps to incorporate the data from the two most populous counties, Los Angeles and San Diego, which account for 34% of the state's population. The processes to incorporate these counties' data vary by pathogen – some, like COVID-19, are submitted daily, others monthly, and others even less frequently, all processed manually. This makes it hard to employ standardized surveillance methods across CDPH divisions and branches and reduces the timeliness and quality of analytics. Prior to COVID-19, it could take from weeks to months to receive disease data from Los Angeles and San Diego, depending on the pathogen. Dozens of CDPH staff perform the work necessary to consolidate CalREDIE data with data from Los Angeles and San Diego, whether by manually entering data into CalREDIE from hard copy case report forms, or combining external LA and SD datasets with CalREDIE data and using an external statistical tool to perform meaningful analytics and produce statewide reports.

Due to the lack of interoperability between the LA and SD disease surveillance systems and CalREDIE, and the need for real-time, statewide data to response to the COVID-19 pandemic, LA and SD began downloading COVID-19 data from their systems and submitting data files to CDPH daily. In order to maintain a near real-time, complete registry of statewide COVID-19 cases, CDPH must extract the cumulative COVID-19 case data from CalREDIE and concatenate those data with the LA and SD data files. LA and SD's data fields are then mapped to the comparable fields in CalREDIE and modified to ensure compatibility to produce a consolidated dataset. For example, one jurisdiction may store a data value as numeric, while the other stores it as character, but the formats need to match in order to analyze the values together. One jurisdiction may replace an existing field in their dataset with a new one, causing references to or calculations using the original field obsolete. Some issues may not be identified until the data has been consolidated and attempts to perform analysis fail or produce unexpected results, which causes the team to have to research and correct the issue and reconsolidate the data. The onerous daily process to recreate the COVID-19 registry, which takes place outside of CalREDIE, takes approximately 6 hours per day to perform all the necessary steps. A series of burdensome manual steps are required, not just for COVID-19, but every time public health staff need a statewide view of public health conditions, delaying access to critical and complete information that informs public health decisions. The reporting frequency, data

volume, and level of effort vary by disease and jurisdiction, though statewide COVID-19 data is reported daily, statewide data for other diseases is compiled much less frequently. Additionally, because data transmission can be so laborious for the jurisdictions sending the data, data may be sent in batches and is rarely the most current data, skewing the picture of current conditions and delaying when CDPH is notified of outbreaks. Automating the data-sharing process between LHDs with their own systems and CDPH will significantly expand surveillance capabilities, expand the geographical range to include all statewide data, and drastically reduce the delay between data capture by the LHD and data use by CDPH, thereby improving disease response and outcomes statewide. Such automation will also benefit the LHDs, saving them time and reducing strain on resources to share data with CDPH.

Among the most important epidemiologic investigative tools are questionnaires that LHD staff use to document specific details about a patient's demographics and case history. During an outbreak, results from the standard disease-specific questionnaires are compiled to create a line list of outbreak cases, a table that consolidates key information about each case patient. Supplemental questionnaires are often developed and deployed outside of CalREDIE – a process that is largely manual, which means the amount of time spent to get important information increases exponentially as the cases – and associated data volume - increase. Automating disease surveillance tasks such as this would allow public health officials to identify outbreak sources more efficiently, identify risk factors more quickly, and inform the public of existing dangers sooner.

The CalREDIE system data warehouse is populated daily with CalREDIE transactional data; however, the data warehouse contains only a subset of the data, and availability of data can be delayed up to 24 hours. Changes in routine surveillance practices, or other local needs may indicate the need to capture new data elements associated with a disease. The process to update the live system to capture that data element is straightforward, allowing public health staff to begin capturing the new data quickly. However, the processes to propagate that change into the systems used for *reporting* that data – the CalREDIE data warehouse and the CCRS data warehouse – entail time-consuming manual steps that can take more than a month, which is especially problematic when staff need to access data quickly in response to public health emergencies. As a result, both LHD and state staff users often store and manage data manually outside of the CalREDIE system, which limits its value. This project presents an opportunity to enhance data sharing between the State and LHDs and improve routine disease surveillance, case management, and outbreak investigation functions.

Since the CalREDIE system inception in 2010, the number of disease reports that the DCDC processes and analyzes has increased nearly 4,000%. In FY 2015-16, CalREDIE processed 272,000 reports. By FY 2019-20, disease reports had increased to more than 2,700,000. In the first five months of FY 2020-21 alone, during the COVID-19 pandemic, CalREDIE processed more than 10,000,000 reports.

The rapid onset of COVID-19 and resulting massive volume increase strained the CalREDIE technical infrastructure and its ability to scale up to and support the daily reporting demand. The consequences included system outages, reporting backlogs, and a proliferation of locally-developed standalone external tools (e.g., Microsoft Access databases, Excel spreadsheets) for which there is no automated way to feed data back into the CalREDIE system. CDPH incurred significant costs in downtime, hardware and software upgrades, and personnel time to bolster CalREDIE's ability to support the volume and address issues that threatened business continuity. The technical challenges contributed to discrepancies in reporting between CDPH and some LHDs. These difficulties strained relationships between CDPH and its local partners and raised issues of credibility and public confusion over the source of truth for important COVID-19 information. In addition, the difficulty receiving and processing large daily data files from Los Angeles and San Diego caused considerable

extra and sometimes duplicative work among both CDPH and LHD staff, as well as delays in issuing daily COVID-19 reports, which are critical for policy decision making. Subsequently, the California State Assembly convened oversight hearings on CalREDIE system performance, which led to this project.

This project seeks to eliminate inefficient manual processes and workarounds, expand the State's disease reporting and surveillance capabilities, and ensure future business continuity by implementing an enhanced disease surveillance solution that will provide the following overall benefits:

1. Local and state public health staff will be able to efficiently collect, consolidate, and analyze accurate and complete disease data that may provide local, regional, or statewide views of public health conditions on demand to inform decision making and public instruction.

2. CDPH and LHDs will be able to eliminate duplicative systems and inefficient manual processes, freeing their professional staff to perform important disease surveillance and analysis tasks and getting important disease information into the hands of decision makers and the public sooner.

3. CDPH will be able to ensure business continuity by having a modern system with the flexibility, reliability, and capacity to expand to meet extreme volume and processing demands during critical public health events.

4. CDPH systems will be able to interoperate seamlessly with other State systems such as CalCONNECT, developed for COVID-19 contract tracing, and key local systems that support a significant portion of the California population, to provide consolidated data that allows public health managers to view conditions and perform analyses across geographical boundaries, providing better targeted guidance to specific populations within the State.

5. Local and state public health staff will be able to take advantage of advanced disease surveillance methods and tools, which will allow them to more easily and quickly identify trends, perform predictive analytics, investigate outbreaks, and give them better information sooner, which translates to improved overall disease response and better health outcomes for Californians.

This proposal is essential for consideration at this time given the shortcomings highlighted during the ongoing COVID-19 pandemic and the resulting impact to business continuity, the imperative to prevent similar obstacles for future health emergencies that can occur at any time, and the window of opportunity that available COVID-19 funding presents.

Business Problem/Opportunities and Objectives List

Business Problem/Opportunity ID: 1

Business Problem/Opportunity Description:

Effective disease surveillance relies on receipt of timely and relevant data. When new types of data are needed, public health staff must be able to quickly receive these data. CDPH business processes rely on inefficient manual steps and workarounds that delay access to critical disease data and risk human errors that impact the quality and accuracy of the data public health staff use to identify emerging outbreaks and inform their decisions regarding response. These manual processes prevent public health staff from focusing on critical disease-related investigative activities, which are

high value for disease surveillance and making data-driven recommendations for action to inform the public and combat the outbreak.
Business Drivers: Efficiencies to Program Operations. Technology Refresh.

Objective ID: 1.1

Objective:

Upon implementation, reduce the time it takes for public health staff to access and analyze surveillance data used to identify new or emerging infections, and evaluate transmission risk sooner.

Metric: The elapsed time to implement a change in the data captured (e.g., add a new data field to the disease surveillance system) for an emerging infection and have the resulting data available to public health staff via a system report for data analysis.

Baseline: 48.3 days (for COVID-19, measured between 10/20 and 5/21)

Target: 72 hours

Measurement Method: Create a new data field in the disease surveillance system to capture a disease variable and 72 hours later run a system-generated report that includes that data.

Business Problem/Opportunity ID: 2

Business Problem/Opportunity Description:

Effective disease surveillance relies on complete data. A helpful metric in disease surveillance is how quickly CDPH learns of an outbreak, which can vary by disease type and by local health jurisdiction reporting. This metric enables understanding about the number and location of simultaneous outbreaks, which informs response, resource allocation, and policy decisions. While most LHDs use CalREDIE to report their disease data, the two largest counties in the state, representing 34% of the population, do not. To incorporate disease data from Los Angeles and San Diego requires a series of time-consuming manual steps for both the LHD and CDPH public health and technical staffs. There is always some lag time between the earliest onset date associated with an outbreak and when the corresponding outbreak data first becomes available to CDPH. Because of inherent delays throughout the surveillance process that cannot be avoided even with improved technology, the median timeframe for CDPH to first have access to COVID-19 outbreak data from all jurisdictions except Los Angeles and San Diego, is 19 days from the earliest known onset date associated with the outbreak. The median timeframe to receive that same data from Los Angeles and San Diego is 137 days from earliest known onset date, which means the most recent complete statewide disease data upon which decisions are made is generally 4-5 months old. Such delays inhibit the State's ability to understand statewide outbreak trends, which hinders the State's ability to develop and implement timely and appropriate response measures.
Business Drivers: Efficiencies to Program Operations. Better Services to Citizens. Improved Health and Human Safety.

Objective ID: 2.1

Objective:

To learn of and respond to emerging outbreaks, by one year after implementation, reduce LA and SD median lag time between earliest onset date for an emerging outbreak and CDPH having access to the associated outbreak data.

Metric: The lag time to receive LA and SD data, which is the median elapsed time from earliest onset date to when public health staff have access to the associated data, for a selected disease type.

Baseline: 137 days

Target: 19 days

Measurement Method: Run a report for Los Angeles and San Diego that calculates the median elapsed time between earliest onset date of an outbreak and the date public health staff can produce a report that identifies the existence of the outbreak, for a selected disease type.

Business Problem/Opportunity ID: 3

Business Problem/Opportunity Description:

During the COVID-19 pandemic, the unprecedented volume of disease reports caused CDPH to experience serious technical issues, system outages, and processing delays that caused a significant disruption to business continuity. This disruption resulted in discrepancies in reporting between CDPH and some LHDs, including COVID-19 cases being undercounted for a number of days. To address the resulting issues that impacted the COVID-19 response, CDPH created “Incident Rooms” using Microsoft Teams software, for program managers, technical staff, and contractor experts to brainstorm and work together to resolve major issues and incidents to ensure the business continuity necessary for program staff to access, analyze, and disseminate important disease-related information as quickly as possible. Incident Rooms remained open until the incident was resolved, which typically ranged from 1-72 hours per incident. Based on a sample of known Incident Rooms during the COVID-19 response, CDPH spent an estimated $785,000 over a five-month period in personnel costs alone, over-and-above normal support costs, to ensure CDPH had continuous access to the data necessary to maintain business continuity. Although CDPH was able to make emergency system upgrades to meet current needs, the system still retains single points of failure that risk bringing the service down at any time. CDPH needs to assure business continuity, not only during normal activity, but especially in response to a disease outbreak causing a health emergency, which can occur without warning. Without an improved disease surveillance system, CDPH can expect to require similar personnel engagement and costs as during the COVID-19 response in order to ensure business continuity during the next health emergency.
Business Drivers: Cost Avoidance. Improved Business Continuity. Technology Refresh. Technology End of Life

Objective ID: 3.1

Objective:

Within one year of implementation, avoid 90% of likely personnel costs (COVID-19 estimated personnel costs) to respond to major disease surveillance system issues in order to ensure continuously available disease data and information to maintain business continuity during a public health emergency.

Metric: Cost incurred for personnel to staff Incident Rooms in response to major system issues that risk loss of business continuity.

Baseline: $785,000, over a five-month period
See accompanying spreadsheet for calculations used to develop this baseline metric.

Target: $78,500, over a 5-month period during the first year following system Go-Live

Measurement Method: Add the combined personnel costs to staff Incident Rooms to respond to major emergencies that risk business continuity (Identify Incident Room participants; for state and Agency staff, capture their time spent participating in the Incident Room, multiplied by their fully loaded hourly rates; add in the actual cost of contractor personnel).

Project Approval Lifecycle Completion and Project Execution Capacity Assessment

1. Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?

   Answer (yes or no): Yes

2. Does the Agency/ state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

   Answer (No, New, Existing, or Both): Both New and Existing Processes

1.7 Project Management

Project Management Risk Score: .2

(Attach a completed Statewide Information Management Manual (SIMM) Section 45 Appendix A to the email submission.)

Existing Data Governance and Data

1. Does the Agency/state entity have an established data governance body with well-defined roles and responsibilities to support data governance activities?

   Answer (Unknown, Yes, No, Clear): Yes

   If Yes, include the data governance organization chart as an attachment to your email submission.

2. Does the Agency/state entity have data governance policies (data policies, data standards, etc.) formally defined, documented, and implemented?

Answer (Unknown, Yes, No, Clear): Yes

If Yes, include the data governance policies as an attachment to your email submission.

For security and confidentiality reasons, we have not attached our work in progress draft data governance framework to this proposal.

3. Does the Agency/state entity have data security policies, standards, controls, and procedures formally defined, documented, and implemented?

   Answer (Unknown, Yes, No, Clear): Yes

   If Yes, attach the existing documented security policies, standards, and controls used to your email submission.

   (1) The CDPH Information System Security Requirements for Projects provides minimum security requirements mandated by the CDPH ISO for projects governed and/or subject to the policies and standards of CDPH. Projects that intend to deploy systems/applications into the CDPH system infrastructure, or will utilize CDPH information system services, are also subject to minimum security requirements it contains. The CDPH Information Systems Security Requirements for Projects document explains the criteria CDPH will use when evaluating and certifying the system design, security features, and protocols used by project solutions utilizing CDPH services. These security requirements will also be used in conjunction with the CDPH ISO compliance review program of its information system services customers. These security requirements serve as a universal set of requirements which must be met regardless of physical hosting location or entities providing operations and maintenance responsibility. For security and confidentiality reasons, we have not attached the CDPH Information System Security Requirements for Projects to this proposal.
   (2) All state departments are required to have implemented an information privacy program (Government Code Section 11019.9), including rules of conduct regarding personal information (Civil Code Section 1798.20), a designated employee in charge of ensuring program compliance (Civil Code Section 1798.22), and other guidelines, procedures, training, and compliance as outlined in the Information Practices Act (IPA) (Civil Code Section 1798 et seq.) and the State Administrative Manual (Sections 5100 and 5300 through 5399).
   (3) CDPH follows the privacy policies contained in the Information Privacy Program documented in Chapter 11 of the Public Health Administrative Manual. For security and confidentiality reasons, we have not attached the Public Health Administrative Manual to this proposal.

4. Does the Agency/state entity have user accessibility policies, standards, controls, and procedures formally defined, documented, and implemented?

   Answer (Unknown, Yes, No, Clear): Yes

If Yes, attach the existing documented policies, accessibility governance plan, and standards used to the email submission.

CDPH understands the importance of ensuring that its Internet-facing websites are accessible by the intended audiences and that its internal electronic and information technology systems are accessible by authorized state employees, including persons with disabilities. CDPH IT projects incorporate requirements to address these needs by complying with accessibility requirements such as the requirements set out in Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. CDPH accessibility practices align with the guidance provided by the following sources.
(1) California Department of Technology, IT Accessibility Resource Guide, SIMM Section 25, October 2017. Link: https://cdt.ca.gov/wp-content/uploads/2017/10/SIMM-25-October-2017.pdf
(2) State Administrative Manual Section 4833, Information Technology Accessibility Policy. Link: http://sam.dgs.ca.gov/TOC/4800.aspx
(3) Office of the State CIO, IT Policy Letter (ITPL): Information Technology Accessibility (ITPL 10-10). Link: https://cdt.ca.gov/technology-letters/ Section 4-1065 of the Public Health Administrative Manual, which addresses Web Site and Information Technology Accessibility. For security and confidentiality reasons, we have not attached the Public Health Administrative Manual to this proposal.

5. Do you have existing data that you are going to want to access in your new solution?

   Answer (Unknown, Yes, No, Clear): Yes

   If Yes, include the data migration plan as an attachment to your email submission.

6. If data migration is required, please rate the quality of the data.
   Select data quality rating: Some issues identified with the existing data.

1.8 Criticality Assessment

Business Criticality

Legislative Mandates: No

Bill Number(s)/Code(s): N/A

Language that includes system relevant requirements: N/A

Business Complexity Score: 2.6

(Attach a completed SIMM Section 45 Appendix C to the email submission.)

Noncompliance Issues: Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is noncompliant.

Programmatic regulations: No

HIPAA/CIIS/FTI/PII/PCI: No

Security: No

ADA: No

Other: No

N/A: Yes

Noncompliance Description: Click or tap here to enter text.

Additional Assessment Criteria

1. What is the proposed project Implementation start date? 9/1/2022

2. Is this proposal anticipated to have high public visibility? Yes
   If "Yes", then please identify the dynamics of the anticipated high visibility below:

   Several months into the COVID-19 pandemic, the CalREDIE system failed to produce accurate test and infection counts at the county and state levels for a short period of time. This was caused by technical issues that arose when CalREDIE's limitations collided with the large volume of COVID-19 data and demands. In addition, the system failed, in general, to handle the demand of increased volume and faced multiple downtimes.

   The incident was reported in the media and caused public confusion and doubt about the accuracy of state and county health reporting and, by association, health recommendations. The incident occurred during a contentious period nationally when the disease was politicized and many rebuffed public health recommendations, contributing to disease spread. In addition, it occurred against the backdrop of a looming recall effort against the California Governor, serving as possible political fodder. This project visibility has political as well as health implications and is expected to face public scrutiny from the following:
   - The Governor
   - CHHS
   - CDT
   - California State Legislature
   - The federal CDC
   - The media
   - The public, which includes citizens, health care providers, and laboratories
   - Special interest groups (e.g., California Medical Association)

   To address their concerns and drive project success, the project will include a project management team that ensures clear stakeholder and public communications. Project governance will include representatives from other relevant state entities with LHDs and other external partners participating in an advisory capacity. As much of disease surveillance work takes place within LHDs, representatives will be involved throughout the various project phases from planning through implementation to capture necessary requirements and ensure thorough testing.

3. If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, then include as an attachment to your email submission.

4. Does this proposal affect business program staff located in multiple geographic locations? Yes

   If Yes, provide an overview of the geographic dynamics below and enter the specific information in the space provided.

   City Sacramento, Richmond, and multiple field offices around the state State: California

   Number of locations: 62+

   Approximate number of Staff: 13,600+ and growing

1.9 Funding

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to complete the project approval lifecycle?

   Answer (Yes, No, Clear): No

2. Will the state possibly incur a financial sanction or penalty if this proposal is not implemented?

   Answer (Yes, No, Clear): No

   If yes, please identify the financial impact to the state:

   Click or tap here to enter text.

FUNDING SOURCE	FUND AVAILABILTY DATE
General Fund: Yes	1/1/2023
Special Fund: No	Click or tap to enter a date.
Federal Fund: No	Click or tap to enter a date.
Reimbursement: Choose an item.	Click or tap to enter a date.
Bond Fund: Choose an item.	Click or tap to enter a date.
Other Fund: Yes	9/1/2022

If "Other Fund" is selected, specify the funding source: Initial project funding is expected to be the federal ELC COVID-19 Enhancing Detection fund, available at the start of the project. Longer-term project support is expected to be provided by the State General Fund through a Budget Change Proposal (BCP) to fund increased staffing to support maintenance and operations of the new system.

1.10 Reportability Assessment

1. Does the Agency/state entity's IT activity meet the definition of an IT Project found in the State Administrative Manual (SAM) Section 4819.2?

   Answer (Yes, No, Clear): Yes

   If No" this initiative is not an IT project and is not required to complete the Project Approval Lifecycle. (Reportable Project Decision Tree (RPDT) Reference Guide, Reference R1.)

2. Does the activity meet the definition of Maintenance or Operations found in SAM Section 4819.2?

   Answer (Yes, No, Clear): No

   If Yes, this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report and provide an explanation below:

   Click or tap here to enter text.

3. Has the project/effort been previously approved and considered an ongoing IT activity identified in SAM Section 4819.2, 4819.40? **NOTE**: Requires a Post Implementation Evaluation Report (PIER) submitted to the CDT.

   Answer (Yes, No, Clear): No

   If Yes, this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.

4. Is the project directly associated with any of the following as defined by SAM Section 4812.32? Includes single-function process-control systems; analog data collection devices, or telemetry systems; telecommunications equipment used exclusively for voice communications; Voice Over Internal Protocol (VOIP) phone systems; acquisition of printers, scanners and copiers.

   Answer (Yes, No, Clear): No

   If Yes, this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.

5. Is the primary objective of the project to acquire desktop and mobile computing commodities as defined by SAM Section 4819.34, 4989 (RPDT Reference Guide, References R8)?

   Answer (Yes, No, Clear): No

   If Yes, this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity. Submit a copy of the completed, approved Stage 1 Business Analysis to the CDT and track the initiative on the Agency Portfolio Report.

6. Does the Project meet all of the criteria for Commercial-off-the-Shelf (COTS) Software and Cloud Software-as-a-Service (SaaS) delegation as defined in SAM Section 4819.34, 4989.2, and SIMM Section 22? (RPDT Reference Guide, Reference R9.)

   Answer (Yes, No, Clear): No

If Yes, this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity; however, submit an approved SIMM Section 22 COTS/SaaS Acquisition Information Form to the CDT.

7. Will the project require a Budget Action to be completed?

   Answer (Yes, No, Clear): Yes

8. Is it anticipated that the project will exceed the delegated cost threshold assigned by CDT as identified in SIMM Section 15 Departmental Delegated Cost Thresholds?

   Answer (Yes, No, Clear): Yes

9. Are there any previously imposed conditions place on the state entity or this project by the CDT (e.g. Corrective Action Plan)?

   Answer (Yes, No, Clear): No

   If Yes, provide the details regarding the conditions below: Click or tap here to enter text.

10. Is the system specifically mandated by legislation?

    Answer (Yes, No, Clear): No

Department of Technology Use Only

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Form Accepted Date: 9/15/2021

Form Status: Completed

Form Status Date: 9/15/2021

Form Disposition: Approved

If Other, specify: Click or tap here to enter text.

Form Disposition Date: 9/15/2021