



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.3 (Ver. 3.0.9, 02/01/2022)

1.1 General Information

1. **Agency or State entity Name:** 4440 - State Hospitals, Department of

If Agency/State entity is not in the list, enter here with the [organization code](#).

[Click or tap here to enter text.](#)

2. **Proposal Name and Acronym:** CONREP Operations Data and Support System (CODSS)

3. **Proposal Description: (Provide a brief description of your proposal in 500 characters or less.)**

The Department of State Hospitals (DSH) Conditional Release Program (CONREP) and Technology Services Division (TSD) proposes to implement an enterprise patient/client tracking solution to address the expanded continuum of care programs. The proposed solution will be used to appropriately track, monitor, and report patient information from hospitals and counties through a Web-based enterprise solution and is set to replace the existing standalone manual process with an automated one. The proposed solution will include hardware and software components, to collect patient information, monitoring the population served and ultimately provide improved patient care.

4. **Proposed Project Execution Start Date:** 7/1/2025

5. **S1BA Version Number:** Version 1

1.2 Submittal Information

1. **Contact Information**

Contact Name: Gance Ly

Contact Email: gance.ly@dsh.ca.gov

Contact Phone: (916) 937-3191

2. **Submission Type:** New Submission

If withdraw, select Reason: [Choose an item.](#)

If Other, specify reason here: [Click or tap here to enter text.](#)

Sections Changed, if this is a Submission Update: (List all sections changed.)

[Click or tap here to enter text.](#)

Summary of Changes: (Summarize updates made.)

[Click or tap here to enter text.](#)

3. Attach [Project Approval Executive Transmittal](#) to your email submission.

4. Attach [Stage 1 Project Reportability Assessment](#) to your email submission.

1.3 Business Sponsorship

1. Executive Champion (Sponsor)

Title: [Assistant Deputy Director](#)

Name: [Dr. Melanie Scott](#)

Business Program Area: [Community Forensic Partnership Division](#)

2. Business Owner

Title: [Staff Services Manager II \(Specialist\)](#)

Name: [Maria Latino](#)

Business Program Area: [CONREP Operations](#)

3. Product Owner

Title: [Staff Services Manager I \(Specialist\)](#)

Name: [Adinn Phean](#)

Business Program Area: [CONREP Operations](#)

TIP: Copy and paste or click the + button in the lower right corner on any section to add additional Executive Champions, Business Owners, or Product Owners with their related Business Program Areas as needed.

1.4 Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select 'Yes' or 'No' for each.)

State Entity Only: **Yes**

Other Departments/State Entities: **Yes**

Public: **No**

Federal Entities: **No**

Governor's Office: **No**

Legislature: **No**

Media: **No**

Local Entities: **No**

Special Interest Groups: **No**

Other: **Yes**

2. Describe how each group marked 'Yes' will be involved in the planning process.

State Entity: Department of State Hospitals, Community Forensic Partnerships Division will be involved with facilitating communication, user acceptance testing, design, implementation, and training end users.

Other: CONREP (Conditional Release Program) is a program that is mandated in Welfare and Institutions Code (WIC) section 4360. Recently, the Legislature enacted Welfare & Institutions Code (WIC) section 4147 through the passage of Assembly Bill 133 June 30, 2023 Department Letter 23-001 Page 2 of 4 "Caring Today for a Safe and Healthy Tomorrow" (Chapter 143, Statutes of 2021) and the Budget Act of 2021 (Chapter 69, Statutes of 2021), which charged the California Health & Human Services Agency (CalHHS) and DSH to convene an IST (Incompetent to Stand Trial) Solutions Workgroup comprised of state, local, court, criminal justice, patient advocacy and family member representatives and stakeholders to identify actionable solutions that address the increasing number of individuals with serious mental illness who become justice-involved and deemed IST on felony charges. A recent statutory amendment to CA Penal Code 1370 (SB 1223, Chapter 735, Statutes of 2022) was effective July 1, 2023, that prioritizes and supports outpatient treatment, community treatment, and diversion for felony incompetent to stand trial (IST) defendants. Beginning July 1, 2023, courts shall first consider placement of an IST in an outpatient, community-based treatment, or diversion program, unless the court finds that clinical or safety needs of the defendant, based on a Conditional Release Program (CONREP) Community Program Director's (CPD) recommendation to the court, determine an inpatient setting is necessary. To address the interests of stakeholders, such as, the external CONREP and CONREP continuum of care programs, regulatory agencies, DSH hospitals, and county partners, in the progress of redirecting IST defendants to a CONREP program or other community treatment option that is the least restrictive, it is crucial to keep them informed and to get their feedback about the project's progress. This can be achieved through regular updates, reports, meetings, or public consultations. By doing so, we can ensure transparency, build trust, and address any concerns they may have related to the project's outcomes.

DSH Consulting Psychologists

Consulting Psychologists use data entered in the system and generated reports to ensure compliance with required services from CONREP program providers. The project team will consult with the consulting psychologists on user interface design, current data fields, any new data points, and report layout.

Other Departments/State Entities: Community Program Directors/Administrative Staff

Community Program Directors/Administrative Staff enter patient data directly into the system and generate reports. The project team will consult with the Community Program Directors/Administrative Staff on user interface design, current data fields, any new data points, and report layout.

Other Departments/State Entities: Hospital CONREP Liaisons

The hospital CONREP Liaisons provide data for the reports and work with the consulting psychologists. The project team will consult with the hospital CONREP Liaisons on data points and user interface design.

Other Departments/State Entities: DSH Headquarters - Patient Management Unit

Patient management Unit enter data into Patient Reservation and Tracking System and Admission Discharge and Transfer systems (PaRTS/ADT) and utilize reports in PaRTS/ADT. The project team will consult with the Patient Management Unit on data points and user interface design.

Other Departments/State Entities: DSH Headquarters – Research Evaluation and Data Unit

Research Evaluation and Data Unit are the content owners of PaRTS and ADT. They develop the reports pulled, determine data points that are captures, manipulate reports and works with TSD on back-end updates. The project team will consult with the Research Evaluation and Data Unit on data points and user interface design.

1.5 Business Program

1. Business Program Name: CONREP Program - Headquarters

2. Program Background and Context: (Provide a brief overview of the entity's business program(s) current operations.)

DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily census of 6,143 and 333 respectively. The CONREP program maintains an average daily census of approximately 650.

CONREP is DSH's statewide system of community-based services for specified court-ordered forensic individuals. Mandated as a State responsibility by the Governor's Mental Health Initiative of 1984, the program began operations on January 1, 1986 and operates pursuant to statutes in Welfare and

Institutions Code (WIC) 4360 (a) and (b). The goal of CONREP is to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system.

The CONREP population includes:

- Not Guilty by Reason of Insanity (NGI) (Penal Code (PC) 1026)
- Offender with a Mental Health Disorder (OMD) (both PC 2964 parolees who have served a prison sentence and PC 2972 parolees who are civilly committed for at least one year after their parole period ends)
- Felony Incompetent to Stand Trial (IST) (PC 1370 patients who have been court-approved for outpatient placement in lieu of state hospital placement)
- OMD (WIC 6316)
- Sexually Violent Predator (WIC 6604) patients who have been ordered to the CONREP program

Currently, DSH contracts with county-operated and private organizations to provide outpatient treatment services to clients in all 58 counties in the state with non-Sexually Violent Predator (SVP) commitments.

Individuals suitable for CONREP may be recommended by the state hospital Medical Director to the courts for outpatient treatment. As specified in PC 1600-1615, the CONREP Community Program Director (CPD), with the Court's approval, assesses and makes their own recommendation for individuals' placement in CONREP. Under PC 2960-2972, Offenders with Mental Disorders are under the jurisdiction of the Board of Parole Hearings (BPH) rather than the courts. With approval from BPH, the CONREP CPD assesses and makes the recommendation for placement in CONREP if the individual continues to meet the legal criteria to be considered an OMD.

From program inception, DSH contracted primarily with county behavioral health programs for CONREP client treatment and supervision services. County entities had the structure and network to support CONREP clients' treatment needs and had the built-in connections with local courts, law enforcement and social services, with whom CONREP clients have regular contact. Over time, counties began to opt out of providing CONREP services. In 2013, eight county agencies ended their contract relationship with DSH, resulting in the single largest reduction in county contractors ever. The private agencies who took over from the counties lacked the county structural support and network of relationships, adding a complexity to the program operations which, in turn, increased the CONREP Consulting Psychologists workload by requiring increased oversight and monitoring of program administration and service delivery.

DSH CONREP currently uses an Access 2003 data system to track historical and current patient and contractor data. This program interfaces with the ADT system, in a limited way, to transfer hospital patient information to the Access program to aid in data continuity between the hospital and CONREP clients upon admission. ADT tracks pre-placement information that effects pending placements to CONREP, that is not currently integrated with the current Access 2003 System. There is also the PaRTS system of patient tracking for justice involved individuals that DSH uses to track IST defendants prior to admission to a DSH hospital or program. PaRTS is not currently integrated with the Access 2003 data system, so that information is tracked manually vs. through integration with other DSH systems that already contain integral population information. Additionally, DSH CONREP uses multiple excel spreadsheets and word document forms to track any newly activated programs or additional data variables that were not included in the original Access 2003 data system build out.

3. How will this proposed project impact the product or services supported by the state entity?

The Department of State Hospitals (DSH) Conditional Release Program (CONREP) currently does not have an effective electronic process to track patient and contractor information for the entirety of the continuum of care. This business program will be looking at what data is currently kept in the antiquated Access database that has been used to date. They will be vetting staff to see what data is kept offline in manual spreadsheets and tracking to ensure that all needed data variables are reported.

The Conditional Release Program (CONREP) will benefit from the project by gaining improved program operations, streamlined workflows, and increased efficiency. They will have better communication and collaboration with the program team, access to accurate and timely information, and a more user-friendly experience overall. This provides significantly increased opportunities to employ data-based decision-making in daily operations as well as strategic management decisions. The project will also strive to meet CONREP's needs more effectively through continuous improvement, innovation, and actively engaging them in the system's development and implementation.

TIP: Copy and paste or click the + button in the lower right corner to add Business Programs, with background and context and impact descriptions as needed.

1.6 Project Justification

1. Strategic Business Alignment

Enterprise Architect

Title: Chief Enterprise Architect

Name: Michael Velasco

Strategic Plan Last Updated? 1/1/2018

Strategic Business Goal: Integrated Behavioral Health System; Innovative Treatment and Forensic Evaluation

Alignment: Improve system performance through innovation; Maximize placement options for patients

TIP: Copy and paste or click the + button in the lower right corner to add Strategic Business Goals and Alignments as needed.

Mandate(s): Both

Bill Number/Code, if applicable: WIC 4360 (a); CA PC 1370/IST Trailer Bill Language

Add the Bill language that includes system-relevant requirements:

Legislation does not mandate DSH to implement an IT solution for their CONREP traditional and continuum of care programs that service IST defendants. Legislation does require DSH to provide mental health treatment and supervision for individuals ordered to the CONREP program umbrella. Furthermore, legislation states that DSH may provide these services directly or through a contractor and are exempt from the Public Contract Code, SAM, and from approval by DGS.

WIC 4360 (a) The State Department of State Hospitals shall provide mental health treatment and supervision in the community for judicially committed persons. The program established and administered by the department under this chapter to provide these services shall be known as the Forensic Conditional Release Program and may be used by the department in accordance with this section to provide services in the community to other patient populations for which the department has direct responsibility.

CA PC 1370 (a) (2) Prior to making the order directing that the defendant be committed to the State Department of State Hospitals or other treatment facility or placed on outpatient status, the court shall proceed as follows:

(A)(i) The court shall order the community program director or a designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be required to undergo outpatient treatment or be committed to the State Department of State Hospitals or to any other treatment facility. A person shall not be admitted to a State Department of State Hospitals facility or other treatment facility or placed on outpatient status under this section without having been evaluated by the community program director or a designee. The community program director or designee shall evaluate the appropriate placement for the defendant between a State Department of State Hospitals facility or the community-based residential treatment system based upon guidelines provided by the State Department of State Hospitals.

(ii) Commencing on July 1, 2023, a defendant shall first be considered for placement in an outpatient treatment program, a community treatment program, or a diversion program, if any such program is available, unless a court, based upon the recommendation of the community program director or their designee, finds that either the clinical needs of the defendant or the risk to community safety, warrant placement in a State Department of State Hospitals facility.

TIP: Copy and paste or click the + button in the lower right corner to add Bill Numbers/Codes and relevant language as needed.

2. Business Driver(s)

Financial Benefit: Yes

Increased Revenue: No

Cost Savings: No

Cost Avoidance: Yes

Cost Recovery: No

Will the state incur a financial penalty or sanction if this proposal is not implemented? **No**

If the answer to the above question is “Yes,” please explain:

[Click or tap here to enter text.](#)

Improvement

Better Services to the People of California: **Yes**

Efficiencies to Program Operations: **Yes**

Improved Equity, Diversity, and/or Inclusivity: **No**

Improved Health and/or Human Safety: **No**

Improved Information Security: **Yes**

Improved Business Continuity: **Yes**

Improved Technology Recovery: **No**

Technology Refresh: **Yes**

Technology End of Life: **Yes**

1.7 Business Outcomes Desired

Executive Summary of the Business Problem or Opportunity:

CONREP Programs and DSH program liaisons use the greater-than 30-year-old CONREP Data System to track admissions of clients, client progress within the CONREP Program, and client discharges, to meet the demands of data requests and reporting, and to make recommendations on client status within the program. The CONREP Data System includes a SQL database to store client records which is tied to a Microsoft Access 2003 user interface for data entry. As Access 2003 has not been supported by Microsoft since April 2014, and this is an outward-facing application intended for The CONREP Program would like to upgrade the user interface to a newer technology that is supported by DSH to improve operational efficiencies and data quality. Some of the issues they face while using this system include:

- **Program Efficiencies:** The CONREP Program manually tracks data in multiple locations via over 100 manual reports, and not all data is in the CONREP Data System. The process to collect a complete data set and put it into required reports is manual and can take four staff up to 160 hours per month, allows data consolidation errors, and is inefficient. To improve inefficiencies, the CONREP Program looks to capture all data in the CONREP Data System in order to refer more patients to the CONREP Program and reduce the number of patients on the waitlist.
- **Continuity of care:** The lack of integration between PaRTS and ADT and the CONREP Data System creates challenges if either system adds or modifies data fields as it is captured

through notification emails and separate spreadsheets instead of being captured in the system when patient changes are made at the hospital or community level within these systems. By leveraging existing system functions and techniques, integration between these systems can be easily achieved as part of this project and will lead to continuity and integrity of data by ensuring all DSH data systems are speaking to each other when patient changes occur in real-time.

- There is a fundamental need for a revised CONREP data system to support the need for ongoing research and data collection efforts needed to measure effectiveness and recidivism within the CONREP continuum of care programs to be able to report to stakeholders and with the aim of improving recidivism rates. Additionally, to speed up the admission process by identifying and tracking potential CONREP clients for a pending placement list efficiently and effectively. **Currently, the CONREP program collects the data necessary to determine effectiveness and recidivism rates, but the current processes are manually intensive.**
- Improved information security: CONREP currently tracks multiple data sources manually, and role-based security isn't available in the CONREP ACCESS application. We track and collect HIPAA patient data, and must improve information security and protect the confidentiality, integrity, and availability of business data to comply state and federal standards. Our goal is to reduce the potential for unauthorized access associated with paper documents to avoid security breaches.
- Improved Business Continuity: Microsoft Access 2003 is no longer supported by Microsoft, which means no security patches are available. The Access technical skillset isn't something that TSD grows internally. there is no means to update it. In order to ensure that CONREP activities can continue and be recovered in the instance of application failure, CONREP would need to build a system that allows for that kind of support. in-house.
- Technology End of Life: The current CONREP Access application is over 30 years old and has not had Microsoft security or application support updates since they discontinued support in 2014. It is past time to migrate this solution to a supportable framework with supported features that can expand to address the changing needs of the CONREP program.

Objective ID: 1.1

Objective: Increase the number of patients referred to the CONREP program.

Metric: The number of referrals to CONREP on a monthly basis

Baseline: On average 30 referrals to CONREP on a monthly basis

Target Result: Within three months after implementation, increase the number of referrals by 25% per month.

Objective ID: 2.1

Objective: Increase ongoing research capabilities and data collection efforts and reduce staff time needed to measure effectiveness and recidivism rates within the CONREP continuum of care programs.

Metric: The time it takes to compile reports on a monthly basis

Baseline: 160 hours per month

Target Result: Within three months after implementation, reduce the amount of time to compile reports by 50%.

Objective ID: 3.1

Objective: Improve overall compliance with federal laws related to data privacy and security.

Metric: The amount of access granted to particular records and by whom

Baseline: 100% of all documents that include Protected Health Information and Personally Identifiable Information

Target Result: Within three months after implementation, 100% of documents with improved access restrictions, verified by monthly system report.

TIP: Copy and paste or click the + button in the lower right corner to add Objectives as needed. Please number for reference.

TIP: Objectives should identify WHAT needs to be achieved or solved. Each objective should identify HOW the problem statement can be solved and must have a target result that is specific, measurable, attainable, realistic, and time-bound. Objective must cover the specific. Metric and Baseline must detail how the objective is measurable. Target Result needs to support the attainable, realistic, and time-bound requirements.

1.8 Project Management

1. Project Management Risk Score: 0.8

(Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix A Project Management Risk Assessment Template](#) to the email submission.)

2. Project Approval Lifecycle Completion and Project Execution Capacity Assessment

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: No

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): **No**

1.9 Initial Complexity Assessment

1. Business Complexity Score: **1.0**

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

2. 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**

Not Applicable: **No**

Noncompliance Description:

[Click or tap here to enter text.](#)

3. Additional Assessment Criteria

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

How many locations and total users is the project anticipated to affect?

Number of locations: **58 CA Counties**

Estimated Number of Transactions/Business Events (per cycle): **Unknown**

Approximate number of internal end-users: **20**

Approximate number of external end-users: **100**

1.10 Funding

Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to **complete planning** through the project approval lifecycle framework? **No**

If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

[Click or tap to enter a date.](#)

2. Please provide the Funding Source(s) and dates funds for planning will be made available:

[Funding Source: General Fund](#)

[Fund Availability date: 7/1/2023](#)

Project Implementation Funding

1. Has the funding source(s) been identified for ***project implementation***? [Yes](#)

If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

[General Fund; 7/1/2023](#)

Will a budget action be submitted to your Agency/DOF? [No](#)

If "Yes" is selected, specify when this BCP will be submitted: [Click or tap here to enter text.](#)

2. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project: [Less than \\$10 Million](#)

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 1 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: [08/27/2024](#).

Form Received Date: [08/27/2024](#)

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Form Status: [Complete](#).

Form Status Date: [08/27/2024](#)

Form Disposition: [Approved](#)

If Other, specify: [Click or tap here to enter text](#).

Form Disposition Date: [08/27/2024](#)

Department of Technology Project Number (0000-000): [4440-130](#)