

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

January 26, 2019

2. Department

California Correctional Health Care Services (CCHCS)

3. Organizational Placement (Division/Branch/Office Name)

Health Care Regulations and Policy Section - CCHCS

4. CEA Position Title

Associate Director, Health Care Regulations and Policy

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

CCHCS proposes to allocate the above position to a CEA category (Level A) within the Health Care Regulations and Policy Section. This CEA Position Request form will serve in establishing the allocation. The program has oversight of all statewide operational health care policies, procedures and regulations on behalf of the Department and impacted programs and is required as part of the transition of CCHCS back to the California Department Correction and Rehabilitation.

6. Reports to: (Class Title/Level)

CEA B

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain): The CEA will handle the complexity of the responsibilities that require a higher level position to carry the authority required to be able to speak on behalf of the Department and impacted programs.

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

Under the general direction of the Deputy Director, Policy and Risk Management Services, the Associate Director, Health Care Regulations and Policy Section is responsible for the effective management of the Risk Management Branch (RMB) which includes the Litigation Support Unit, Program Compliance Unit, and Policy Development Unit. The Associate Director provides leadership to ensure litigation support and appropriate handling of Habeas Corpus cases, Public Records Act requests and Paragraph 7 correspondence are reviewed, investigated and responded to in a manner consistent with State law, rules, regulations, policies and procedures.

Typical duties include the following:

45% Manages the initial adoption and on-going revision of all health care policies and procedures including medical, dental and mental health into the California Code of Regulations, Title 15, Division 3. Manages the implementation and on-going revision of the new Health Care Department Operations Manual (HC-DOM) which includes responding to public comments, holding public hearings, tracing and monitoring regulatory packages, responding to underground petitions, reporting requirements researching case law and inquiries, on-going training, preparing documents for the Office of Administrative Law and facilitating program workgroups. Manages a group of professional and support staff in the various work activities of the RMB (monthly, quarterly and annual reports, correspondence and information request trend analysis, various pilot program surveys, special projects, and Budget Change Proposals) to provide information, recommendations, quality services using various resources (e.g., policies, procedures, laws, rules, regulations, scope definition, plans schedules, management skills, communication skills) on an on-going basis. Effectively delegates work assignments to staff with appropriate guidance, direction and instruction to complete work as needed using standard managerial practices as well as policies, procedures, laws, rules and regulations.

25% Guides and directs staff in the RMB, analyzing the impact of new program mandates on the provision of health care. Oversees the development and implementation of health care policy and regulations, and HC-DOM. Develops and recommends process improvement strategies and methods of reducing error or duplicative work. Works with Department staff to ensure responses to Habeas Corpus cases, Public Records Act requests and Paragraph 7 correspondence are complete and appropriate, and follow-up is accomplished if necessary.

10% Provides information and recommendations to management related to program and administrative issues in order to obtain management guidance/direction and ensure program compliance with various policies procedures, laws, rules and regulations. Serves as the liaison between the Department and higher level control agency levels to coordinate implementation of mandated activities; and oversees regulatory local, State and federal government.

10% Participates as part of the management team to develop strategies, program initiatives, goals, objectives and performance measures as needed. Ensures program's goals are in support of the Department's goals by developing regulations, policies, procedures, and program alternatives consistent with the Department's mission and organization's objectives on an on-going basis.

10% Attends meetings, and represents CCHCS on task forces, meets with stakeholders and other special forums. Hires, evaluates, trains, motivates, disciplines and otherwise manages employees under direct line supervision. Coordinates with all departmental and divisional staff to ensure remediation and improvement of health care operations.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: This process is required as part of the transition of CCHCS back to the California Department of Corrections and Rehabilitation (CDCR) and was noted in the Case Management Conference statement recently issued by the parties to the Plata Court. It is also noted in the Receiver's Turnaround Plan of Action with updates to be provided via the Tri-Annual Report. The program has oversight of all statewide operational health care policies, procedures and regulations on behalf of the Department and impacted programs.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

Under the Federal Court Receivership, all health care policies and procedures developed and implemented by CCHCS have been exempt from the regulatory requirements as set forth in the Administrative Procedures Act (APA) which includes analysis of fiscal impact, Office of Administrative Law (OAL) review, public comment period and hearing, etc. The Health Care Regulations and Policy Section (RPS) has been responsible for the drafting and editing of policies and procedures, facilitating workgroups, revising care guides and forms, etc. This existing workload of RPS has expanded to include oversight of the initial adoption and on-going revision of all health care policies and procedures including medical, dental and mental health into the California Code of Regulations, Title 15, Division 3. In addition, RPS will be responsible for the drafting, implementing and on-going revision of the new HC-DOM. RPS will be responsible for a variety of new tasks relating to regulations and the HC-DOM including responding to public comments, holding public hearings, tracking and monitoring regulatory packages, responding to underground petitions, reporting requirements, researching case law and inquiries, on-going training, preparing documents for the OAL and facilitating program workgroups.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The policy areas in which the CEA will be the principal policy maker are:

Review and vetting of all health care policies and procedures, development of health care regulations as well as the HC-DOM.

Conversion of the Inmate Medical Services Policies and Procedures (IMSP&P) and preparation of a health care exemption regulatory package.

Development of regulations for Mental Health Services from the Mental Health Program Guides.

Update of the current DOM referencing outdated practices.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The Associate Director has the primary responsibility for all health care policies and procedures developed and implemented by CCHCS statewide that have been exempt from the regulatory requirements as set forth in the APA.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

As stated in Question 26, the CEA's primary responsibility is to oversee IMSP&P and adopt them into regulations through legislative exemption. A Regulations Project Work Plan has been established for priorities and time frames for the initial adoption of the health care regulations and the implementing and on-going revision of the new HC-DOM.