

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

9/1/2020

2. Department

California Department of Public Health

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

Center For Health Care Quality / Office of Internal Operations

4. CEA Position Title

Chief, Office of Internal Operations

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

The Center for Health Care Quality (CHCQ) is comprised of over 1,350 staff responsible for the licensing, regulation, inspection, and certification of California health care facilities to ensure compliance with state laws and regulations. The Chief, Office of Internal Operations (OIO), CHCQ, supports the program's mission by directing and executing CHCQ's administrative strategy and objectives in support of overall Center operations. The Chief, OIO provides direction, oversight, and policy development and implementation for the Center's administrative functions related to budget, accounting, audits, human resources, training and recruitment, facility management, and contracts to ensure existing operational objectives are met and to identify opportunities for improvement and adaptation in the rapidly changing health care environment.

6. Reports to: (Class Title/Level)

Deputy Director, Center for Health Care Quality/Exempt

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 OIO Chief has frequent contact with the Executive Management Team to discuss and provide technical expertise on administrative actions that impact CHCQ and/or to provide policy recommendations in the absence of, or in conjunction with the CHCQ Deputy Director.

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.

The CEA A provides oversight and operational management for CHCQ's Office of Internal Operations, which includes fee development, budget estimates, training and recruitment, capital asset management, facilities, fleet administration, contracts, asset management, and internal and external customer service. CHCQ's staff occupy 19 locations statewide totaling 309,446 square feet. CHCQ has 1350 staff with 85 additional positions proposed for Fiscal Year 2020-21 and a \$313 million budget, which will increase by \$43.2 million in Fiscal Year 20-21. CHCQ comprises over one third of CDPH in both funding and positional authority. Not only does the operational decisions of the Chief, OIO, impact health care statewide, the incumbent's decisions influence CDPH administrative operations and ability to achieve its mission.

The Chief, OIO, oversees the policies and processes of developing CHCQ's statewide facility fee schedule. In accordance with Health and Safety Code 1266, the schedule is published annually and outlines the fees health care facilities pay to the State. The fees are an important portion of over 11,000 health care facilities' budgets and are a primary source of revenue to fund and support CHCQ Operations. The incumbent advises the Directorate and the Health and Human Services Agency Secretary of future fee adjustments and the projected impact on health care facilities throughout the state. The Statewide fee schedule endures industry, gubernatorial, and legislative scrutiny prior to implementation. The Chief, OIO, provides policy guidance consistently throughout the year in preparation for, and to contribute to, the development of the CHCQ Statewide facility fee schedule. The Chief has independent authority for policy decisions that determine how and which assumptions are made pertaining to the projected workload, anticipated asset needs, and program growth.

The Chief, OIO, acts as principal advisor to the Executive Management Team on critical issues of financial risk as well as political and legal sensitivity of decisions made influencing CHCQ operations. The incumbent represents CHCQ during meetings and presentations to public and private organizations, local/state/federal government officials, legislative representatives, auditors, and the media on financial and other oversight issues. The Chief, OIO, is responsible for CHCQ's annual budgeting and legislative processes, including leading the budgets change concepts drafting process and developing the budget change proposals. The incumbent speaks on behalf of CHCQ in high-level budget briefings/hearings with DOF, Assembly, Senate, and Legislative Analyst Office.

The Chief, OIO, provides Statewide and Center-wide policy decisions on behalf of the CHCQ Deputy Director. The incumbent serves as the direct conduit between CHCQ and the Department of General Services (DGS), DOF, and CDPH Administration to make policy decisions on any operational functions for the Center. The incumbent has full authority to make policy decisions that affect CHCQ's ability to ensure safe, quality health care for Californians and cover for the CHCQ Deputy Director in his/her absence. The Chief, OIO, oversees and has primary responsibility for CHCQ's response to Office of Inspector General audits, DOF audits, Medi-Cal Single State audits, CA State Auditor audits, and any other entities that seek to evaluate CHCQ's performance and ability to enforce regulations, ensure safe health care environments, and high-quality standards of care for Californians. The Chief is the point of contact for all audits and is responsible for policy decisions made in response to audit findings that contribute to a risk mitigation strategy and for ensuring timely responses to 60 day, 6 month, and annual audit responses for the Center.

The CEA is also responsible for leadership and strategic direction for the following areas:

The Fiscal Management Branch: Oversees the planning, organization, development, implementation, evaluation, and management of all CHCQ financials. This includes over \$313 million in appropriated funds from multiple sources and over \$330 million in revenue and grants projected for Fiscal Year 2020-21. The Chief, OIO advises the Executive Management Team on critical policy issues of financial risk as well as political and legal sensitivity of decisions made influencing CHCQ operations. The CHCQ budget makes up over one third of the entire CDPH budget, so these policy decisions over the Center affect the greater CDPH budget. The Chief OIO must ensure that any planned capital investments considered by CHCQ and the proposed fund source for those activities complies with statutory requirements.

The Business Operations Branch: Oversees planning for preventative maintenance, building upgrades, and repairs, and proactively develops long-term solutions that prevent disruption of the Center's business activities. This includes securing new locations, ensuring contracts are in compliance with state policies, monitoring utilization of CHCQ assets such as building space, state vehicles, cubicles, and docking stations to ensure CHCQ resources are used efficiently at all 19 locations Statewide.

The Recruitment Resources Section: Coordinates in a liaison capacity with the CDPH Human Resources Division to ensure internal operating processes and procedures comply with Department practices and staffing levels are maintained through Center outreach and the implementation of innovative recruitment and retention methods.

The Training Section: Develops training programs for new surveyors, support staff, other specialty topics such as the survey process specialized facility types and as regulations change. This includes proposing and implementing training and procedures for regulatory requirements, they enforce as well as new policies and processes resulting from health care emergencies such as responding to the 2019 coronavirus (COVID19) pandemic.

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: CDPH is committed to advancing the health and well-being of California's diverse people and communities. CDPH provides critical services to the public including infectious disease control and prevention, food safety, licensing of healthcare staff and facilities, environmental health, laboratory services patient safety, emergency preparedness, chronic disease prevention and health promotion, family health, health equity and vital records and statistics. CHCQ is the largest program within CDPH representing one third of CDPH's staff. CHCQ's critical activities directly support CDPH's mission, which includes evaluating applicant health facilities, agencies, and professional staff for compliance with state and federal laws and providing health facilities assistance with prevention activities including the use of data to inform decision-making.

The OIO provides a central hub for the Center's administrative functions to ensure and secure the financial, structural, and staff resources to support the overall Department and Center mission. Additionally the OIO plays an important role in ensuring the Department hires, appropriately trains, and retains staff who provide essential services for the health care facilities throughout the state. The Chief, OIO, duties are consistent with the priority to protect the public's health by strengthening foundational public health and health care infrastructure at the State and local level, as well as increasing timeliness, efficiency, and quality of regulatory functions. The Chief, OIO enhances services through agile operations by strategically investing in resources to attract and retain a diverse, highly engaged, and productive workforce; tailoring practices to meet needs of communities that we serve; and maintaining a proactive culture of continuous quality improvement. The incumbent's role is critical to supporting the state's health care services infrastructure and affording access to safe quality health care for every resident and visitor of California.

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.

CHCQ is reorganizing its structure to better align functions and improve operational efficiency. With the responsibility of regulating over 11,000 health facilities and provider agencies in California coupled with the ongoing changes in State and federal healthcare laws, CHCQ has an unavoidable need to realign functions to address the disproportionate distribution of workload among Center CEAs and span of control issues within the Center that prevent effective planning and oversight over new, existing, and/or expanded program functions.

In the current organizational structure, the Policy and Planning CEA A oversees the Policy Branch, the Staffing Audits and Research Branch, the Professional Certification Branch, the Healthcare Associated Infection Program, and the Resource and Operations Management Branch. At one time, the responsibilities of the Policy and Planning CEA A position may have been manageable. However, since the position's establishment changes to health care policy have been rapid, ever-changing and unpredictable. Further, the diverse functions of the assigned branches do not align which creates a span of control that does not allow for effective oversight of these program areas. As a result, it is difficult to provide the dedication and attention required to balance and effectively manage the complex and critical health care workload that exists within each branch.

As complexity and diversity of health care entities and population needs throughout the State continues to grow and change at an alarming rate, the CHCQ workforce has grown by more than 200 positions over the past several years, thereby significantly increasing the work volume and oversight responsibilities of the CEA A, Chief, Policy and Planning. The scope of that CEA's responsibility has grown in such so that the incumbent cannot give adequate attention to Fiscal Management, Personnel & Training, and Business Services. As such and response to legislative pressure, CHCQ employed a contractor to manage CHCQ's unique recruitment and retention needs. Through focused and innovative recruitment and retention efforts, the contractor was able to achieve and maintain an average vacancy rate between 3-6 percent which is substantially better than historic vacancy rates upwards of 25 percent. However, this achievement was inadequate to relieve legislative concerns. Since, CHCQ has terminated the contract to bring the recruitment and retention efforts in house. The Chief, OIO, and staff will assume and enhance the duties and responsibilities previously performed by the contractor which included oversight of new, targeted recruitment efforts in traditionally difficult to recruit classifications and regions as well as alternative marketing strategies, data tracking, and reporting.

CHCQ proposes to primarily distribute the Policy and Planning CEA A workload between the renamed and leveled CEA B over the Public Policy and Prevention Division, and the proposed CEA A over the OIO. The Chief, Public Policy and Prevention Division, will be responsible for the HAI Program; the new SIB; the PPLB (formally known as the Policy Branch); and IB (formally known as the Staffing Audits and Research Branch). The functions of the Resource and Operations Branch, which include, personnel, fiscal management and business operations functions will be assigned the Chief, OIO. Redistributing the diverse functions of the Policy and Planning area will align and improve the functionality of the above mentioned program areas to ensure CHCQ efficiently and effectively maintains and develops policies for the safety of patients within licensed health facilities.

The Chief, OIO, is critical to the health of Californians because the position is responsible for all operations of CHCQ which directly impact CHCQ staff's ability to perform essential functions which affect the care received by all Californians and visitors throughout the State. The incumbent will play an instrumental role in ensuring that CHCQ's budget requests capture the true cost of performing the Center's regulatory functions and thus equipping the Center with the positions and resources needed to perform its work in a manner that best serves the public. That same focus on understanding the true cost of business decisions will allow the Chief, OIO, to ensure that CHCQ adopts forward-looking changes designed to operate cost effectively in the future, such as electronic systems, tele-work equipment and training, recruitment and training of a diverse, multi-disciplinary health-care workforce, and strategic acquisition of new facility space. By effectively managing CHCQ's Internal Operations and infusing lean management principles throughout the Center's business activities, the incumbent can ensure CHCQ is able to make the most use out of the resources at its disposal.

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 Chief, OIO, will work with the executive management team and other CEAs within CHCQ to make recommendations on policy development and implementation related to the Center's internal operations. The CEA A has full decision making authority and is the chief policy maker for CHCQ's financial, personnel and training, and business services. The CEA A develops new and more flexible administrative strategies aimed to ensure the Center meets administrative goals and objectives; implements annual program plans; consults with and provides executive level advice to the CHCQ Deputy Director and CDPH executive management on administrative matters.

A significant portion of CHCQ's workforce goes on-site to health care facilities to provide regulatory oversight. CHCQ must develop employee policies and procedures that address a variety of potential workplace conditions that are unique due to staff presence in health facilities. These may include policies that address potential exposures to infectious diseases or other environmental hazards and preventative measures that can be taken to protect staff in these environments. Examples of policies that would fall under this category include:

- The Respirator Protection Policy for the (Health Facilities Evaluator Nurse)HFENs entering licensed facilities
- The COVID 19 Testing policy for HFENs entering skilled nursing facilities
- The Influenza Vaccine and Masking Policy requiring HFENs to have the flu vaccine or wear a protective mask

Additional policy areas under the CEA A, Chief OIO:

Fiscal management and revenue collection policies – Because CHCQ is funded by fees, fiscal management and revenue collection are vital to the Center's operations. The Chief, OIO, oversees the development of fiscal management and revenue collection policies to ensure staff performing these functions are doing so in a manner consistent with legal authority, state fiscal policies and generally accepted accounting principles. The Chief, OIO, guides every step of the modeling process and validation and briefs senior leadership that the California Health and Human Services Agencies on proposed fee options. The Chief, OIO presents and defends the Annual Fee Report to stakeholders and to the Legislature throughout the budget hearing process. Stakeholders scrutinize every penny spent and it is publicly debated during budget season on the assembly and senate floor before being signed by the governor. The Chief, OIO, is responsible for considering multiple factors (changes to legislative, increases health care cost, civil-service employee costs etc.) to develop the fee schedules for over 17 different facility types. Errors in establishing the fee structure strongly impacts the CDPH workforce's ability to perform duties and consequently, adversely patient safety statewide.

Recruitment and Retention - As CHCQ's number of established positions and public impact rivals the size and scope of many small to medium sized departments, CHCQ's recruitment and retention activities are subject to scrutiny and inspection traditionally not experienced at the center level. Responsible for the safety and quality of health care for all Californians and visitors, the actions of CHCQ are heavily monitored and examined by the Governor's Office, Legislature, media and the public. CHCQ's ability to meet mandates heavily reliant on the recruitment and retention of Registered Nurses, medical doctors, pharmacists and other medical professionals to perform specialized functions. There is a significant need to increase efforts in finding solutions that support the Department's recruitment and retention of qualified health care employees. The Chief, OIO, in collaboration with the CDPH's Human Resources Division, is tasked with the development, implementation and oversight of a comprehensive and strategic marketing and outreach plan to attract and retain the most qualified candidates. The incumbent is responsible for developing policies and procedures to ensure staffing levels are appropriate to meet the mandates set by CMS. The Chief, OIO, responds to inquiries from the Governor's Office, Legislature, CA State Auditor or other interested stakeholders regarding CHCQ's staffing levels and initiatives and their progress in meeting mandates and the recommendations of the CA State Auditor.

Financial Policies: November and May Revision Estimate – The proposed CEA will be responsible for any future changes to the Estimate methodologies, publication, and resource requests. The November and May Revision Estimate are legislatively mandated reports published bi-annually to inform the public of the current status of the program and its objectives. The incumbent will be directly involved with the development of the Estimate, and if necessary, the modification, definition, or reinterpretation of any policies which mold the Estimate.

Training – The CEA A provides strategic direction and policy implementation for the Staff Training Section within CHCQ. The Staff training Section provides the review, evaluation, inspection, and certification of health facilities and agencies to ensure compliance with State and Federal laws, regulations, and investigations of complaints. Ongoing evaluation of training is imperative in an ever-changing health care environment. The CEA A will expand the training program by developing protocols for conducting investigations for medical information breaches as well as investigating allegations of misconduct and abuse by certificate holders overseen by CHCQ. The expanded training program will include additional training on CHCQ core functions including infection control in an emergency such as COVID-19. The CEA A oversees the implementation of emergency policies and processes into Center trainings to ensure staff are following and investigating as per the most up to date health care laws, rules and regulations.

C. ROLE IN POLICY INFLUENCE (continued)

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

The decisions made by Chief, OIO, supports the overall mission and vision of CHCQ. The incumbent advises the CHCQ Deputy Director and CEAs and the Executive Management Team on human resource, procurement, contracting, facilities, and business services functional areas, and plays a significant role in the decision-making and development of priorities, policies, and practices pertaining to recruitment, strategic planning, workforce development, succession planning, organizational change management, and departmental training.

The Chief, OIO, has full authority for policy decision-making and implementation regarding facilities, capital assets, both technological and physical, and all spending authority of the special funds CDPH/CHCQ administers (the CDPH Licensing and Certification Program Fund [fund 3098], the Federal Health Facilities Citation Penalties Account, the State Health Facility Citation Penalties Account, the Internal Departmental Quality Improvement Account [IDQIA], and the Skilled Nursing Facility Minimum Staffing Penalty Account) as well as General Fund and Title XVIII and XIX awards granted through the Federal Trust Fund. The incumbent speaks on behalf of CHCQ in high level budget meetings including DOF, Assembly, Senate, and Legislative Analyst Office budget briefings/hearings. The Chief, OIO, advises executive management when updates to the Center's administrative policies need revision, works with the program areas to implement new policies as needed, and has full authority to make policy decisions on behalf of the Deputy Director in his/her absence.

In comparison to other CEAs in the Center, the outcome of the CEA's actions and decisions equally and directly impact CHCQ's overall mission. The CEA's resource management and decisions affect the Center's ability to request and acquire additional resources to keep pace with ever-changing and increasing health care needs. . Ultimately, impacting the health care and safety of all Californians and visitors.

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

The Chief, OIO, will formulate, develop, and make policy recommendations to executive management. implement new policy, as well as modify and implement existing policy related to CHCQ internal operations. New policies will be developed to modernize operations within CHCQ, which need to be innovative to meet the needs of continuous staff growth, changes to health care regulations, and/or emergency response efforts. The CHCQ reorganization allows the Department to consolidate the Center's administrative functions and provide focused, consultative leadership over the Center's resources.

The Chief, OIO has been designated the lead to establish and implement a Center-wide contract to conduct COVID 19 testing of employees deployed to conduct mandatory work in the field. Due to the unique role and composition that CHCQ holds within CDPH, this lead function would normally fall to someone within the CDPH Administrative Branch but instead has been delegated to CHCQ. The contract that ultimately will be negotiated with private vendors will be used as a master contract for other California State Departments (such as Department of Social Services, CALOSHA, Caltrans) to use to provide testing services for their employees.

The CEA A will also be the lead for CHCQ to modernize and adapt Department-wide telework policies to meet the unique workload requirements of CHCQ as well as assess, reevaluate and relinquish lease space/foot print of CHCQ headquarters and out stationed worksites to adjust to a new reality of telework options. The incumbent will develop and implement new policy directly related to CHCQ's budget, operating expenses, training, recruitment, retention, resource management, and business services, and continually evaluate existing policy to commensurate with programmatic changes and in accord with external changes impacting the Department to develop policy solutions that will enable CHCQ to thrive.