

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

2023-11-13

2. Department

Department of State Hospitals - Coalinga

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

Executive Director's Office

4. CEA Position Title

Assistant Executive Director, DSH-Coalinga

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

The Assistant Executive Director (Asst. ED) facilitates the development, organization, and management of the State Hospital, and for sustaining a culture of collaboration, accountability, and transparency. The Asst. ED oversees the coordination of the clinical program, nursing services, and administrative services to positively affect delivery of services in an environment conducive to quality care and treatment of the patients and coordinates administrative oversight of all safety and security unit functions of the hospital. In addition, the Asst. ED is the primary designee to act on behalf of the Executive Director (ED) at the facility as well as a Local Governing Body representative in the absence of the ED and assists with accomplishing and implementation of the integrated strategic planning process and the mission, vision, goals, and values of the Department of State Hospitals.

6. Reports to: (Class Title/Level)

Executive Director/CEA Level C

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):

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 direction of the Executive Director (ED) of the State Hospital, the Assistant Executive Director (Asst. ED) coordinates the development, organization, and management of the State Hospital, and for sustaining a culture of collaboration, accountability, and transparency. The Asst. ED coordinates policy formation and decision making to ensure the effective operations of the State Hospital, provides management and communication interface between the ED and State Hospital staff, and manages the clinical program, nursing services, and administrative services to positively affect delivery of services in an environment conducive to quality care and treatment of the patients and provides administrative oversight of all safety and unit security functions of the hospital. The Asst. ED is the primary designee to act on behalf of the ED at the hospital as well as a Local Governing Body representative in the absence of the ED; oversees development of policies and procedures which facilitate and implement laws, State mandates, and departmental Policy Directives that govern the overall operations of the State Hospital; and ensures that the state and federal laws and regulations are consistently met at the highest achievable level of compliance to meet the needs and expectations of internal and external stakeholders.

The demands on the executive administration of the hospital have increased significantly with the overall increase in demand for State Hospital beds and the accompanying need to make efficient use of limited resources. The hospitals are responding to the consistent increase in the rate of patient referrals while managing through the impacts of COVID-19 that made the staffing resources more difficult to obtain and the need to re-designate bed space. Bed pressures have been the result of the Stiavetti court case that will require Incompetent to Stand Trial patients (IST) to be admitted within 28 days and Coleman court oversight emphasizing an increase the mentally ill inmate population. These court oversight pressures are in addition to ensuring we admit other commitments (Sexual Violent Predators, Lanternman Petris-Short, Offenders of Mental Health Disorders, Not Guilty by Reason of Insanity) timely. The Asst. ED will be responsible for census manage and oversight of the utilization management committees to ensure length of stay aligns with patient commitment goals. The Asst. ED will manage these population challenges by presenting data outcomes through the hospital quality improvement program.

The delivery of care and managing staff and aging facilities has become more complicated and time-consuming and that has drawn the attention of the ED in different directions. With increased external agencies requirements/standards/regulations, it is critical to have an additional leadership position to help oversee compliance so there is not disruption in hospital operations and to avoid citations. Related to oversight external agencies, both the California Department of Public Health (CDPH) and The Joint Commission have added requirements/standards over the past few years that significantly increases workload. One notable major project is the replacement of all ligature items within the patient environment, which is a Joint Commission requirement. Monitoring our effort to making a ligature free patient environment is a task that the Asst. ED would oversee. CalOSHA is another agency with added requirements and recent attention towards patient on staff violence. The Workplace Violence and Injury programs has many facets that the Asst. ED will oversee and monitor compliance through direct oversight of the Standards Compliance department. Effective response to these items also necessitates effective internal communication and change facilitation across hospital departments consistent with department goals of transparency and state of the art treatment services.

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: The demands on the executive administration of the hospital have increased significantly with the overall increase in demand for State Hospital beds and the accompanying need to make efficient use of limited resources. The hospitals are responding to the consistent increase in the rate of patient referrals and this has only increased in the context of a pandemic that made the staffing resources more difficult to obtain and the need to re-designate bed space. The delivery of care and managing staff and aging facilities has become more complicated and time-consuming and that has drawn the attention of the ED in different directions. With increased external agencies requirements/standards/regulations, it is critical to have an additional leadership position to oversee compliance so there is not disruption in hospital operations and to avoid citations, penalties, and fines as well as not jeopardize quality of patient care. Effective response to these items also necessitates effective internal communication and change facilitation across hospital departments consistent with department goals of transparency and state of the art treatment services. The Asst. ED would be responsible for providing direction to Executive Team members and situation management. The ED will focus on systemic issues, succession planning, strategic planning, statewide issues impacting the delivery of services to our patients, etc. The ED is responsible in responding to all stakeholders, both internal and external, and the ED office is absolutely critical to fulfilling the department's mission to ensure that each DSH hospital continues to provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings.

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.

DSH hospitals have come under increasing scrutiny from oversight agencies and interest from stakeholders. Examples include, increased Public Request Act's, underground regulation challenges, involvement from CalOSHA when applying workplace violence reporting requirements and emergency management planning, Office of Law Enforcement Support (OLES), as well as additional time spent on legal matters. Besides workplace violence, CalOSHA has been focused on our Aerosol Transmission Disease Plan which has created increased workload. The Joint Commission and CDPH requirements have also significantly increased. For example, The Joint Commission monthly submission of a Ligature Report provides an ongoing evaluation of our progress towards mitigation and steps to full compliance. Related to OLES oversight, recent documentation has been added for use of force incidents which require a more critical case review from the ED office. Maintaining operations and quality of care to the high standard required for an increasingly challenging patient population as well as an increasing rate of referral has significantly increased the demands on executive management of the facilities. Providing treatment within a safe environment is mission specific and focusing on this and reacting to external pressures has increased need for business and treatment changes. Successful and timely implementation necessitates expansion of leadership at the hospital level.

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 new CEA position will have influence and oversight of policies regarding safety and security, direct patient care nursing staff, unit and hospital operations, oversight of the care provided and the community standard, and compliance with regulatory agencies. The Asst. ED will oversee the following policies:

- Unit Safety and Security of DSH Facility

The Asst. ED will be responsible for the oversight and management of safety policies and procedures for the patient population served. Policy oversight will include: Contraband, Unit/Relationship Security, Therapeutic Relationships, and Unit Security. Treatment environments shall be therapeutic and free from abuse, neglect, and exploitation. The Asst. ED will also be responsible for ensuring staff develop and professional relationships which includes strong and professional boundaries that result in safe and therapeutic interactions with all persons committed to the Department of State Hospitals with a trauma informed approach which cannot be accomplished without a safe and secure environment. The Asst. ED will assume the role of operating officer and will be responsible to ensuring compliance with all safety and security policies and will oversee and chair committees and applicable policy development and/or revisions. (Policy Examples: DSH Policy Directive 5102, Administrative Directives 150, 230, 302, 310, 314, 322, 326, 330, 806, 810, and 838)

- Standards Compliance/Regulatory Compliance

The Asst. ED will be responsible for the oversight and management of all compliance related activities at the facility. This includes but is not limited to: CDPH Licensing and Accreditation, CDPH Environment of Care, Joint Commission, Cal/OSHA, etc. The Asst. ED will be tasked with reviewing/approving survey findings and overseeing the completion of Plans of Correction. The Asst. ED will also serve as the senior executive liaison with the compliance agencies. (Policy Examples: DSH Policy Directives 0002, 3400, 9000; Administrative Letters 2012-04, 2014-02, 2014-06; Special Orders 112, 237-01, 261, 263, 315-05, 522, 701.01, 720.01 etc, Administrative Directives 130, 134, 138, 140, 141, 182, 768, 830)

- Direct Care to the patient population

The Asst. ED will be responsible for the oversight and management of the care and treatment provided to the patient population. Working in collaboration with the Nurse Administrator, Clinical Administrator and Medical Director, the Asst. ED will provide guidance and direction to ensure DSH facilities maintain the community standard of care and meet all regulatory compliance standards. As the Asst. ED, they will assume responsibility to managing day-to-day operations which includes patient housing decisions, nursing care, and patient movement. The Asst. ED will ensure operations continue while providing guidance and direction to leaders in a multidisciplinary approach. The Asst. ED will assume oversight responsibility for all policies and procedures directly related to nursing care, patient movement, and hospital milieu including the formulation of new policies and revisions to existing policies. (Policy Examples: There are more than 50 statewide and local policies governing the care and treatment of patients.)

C. ROLE IN POLICY INFLUENCE (continued)

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

The Asst. ED will operate as the second in command at the hospital and would oversee daily hospital operations. The Asst. ED will have the same decision-making authority as the ED for all aspects of the daily operation of the local hospital facility. Exceptional situations would be referred to the ED. The Asst. ED would be involved in development and oversight of local hospital policies and procedures, day to day operations, and hospital level decision making and guidance.

The ED will maintain responsibility for system-level decision making including as a member of the Governing Body and the statewide Executive Team. The ED would maintain responsibility for involvement in system-wide policy and procedure development. The Asst. ED would fill for the ED on system-level decision and policy making in the ED's absence.

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

The Asst. ED will be developing and implementing new and interpreting existing policy at the local facility level. This position will be a member of the local hospital Policy Management Team and collaborate with other departments to ensure engagement compliance with operational planning for new and revised policies and procedures. Additionally, the Asst. ED will work with the ED as well as the executive leadership of the department on policy analysis and modifications where needed on an ongoing basis. Examples include leadership and recommendations for new policies and initiatives, such as Diversity, Equity and Inclusion Initiatives; Electronic Health Record implementation; and local Workforce (recruitment/retention) project implementation.